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Chapter 1: General Introduction to Thesis.

The meaning of family and motherhood is increasingly under scrutiny in contemporary society as individuals make new reproductive and parenting choices. Social change has occurred in the structure and form of family in the last three decades and family 'structures' generally have been fragmenting, changing and reforming (Morgan, 1997, Allen, 1999, Silva & Smart, 1999). New forms of families have included those created by lesbian couples, who found new routes to parenthood either through donor insemination or adoption. The focus of this thesis is lesbian couples who became parents as partners and the distinctive issues that arose with respect to their experiences. The reproductive choices of these parental couples evoked particular political debates in relation to bio-ethics, religion and naturalness. Lesbian led families were achieved through a complex array of negotiations. These included negotiations between themselves as to who would be the biological mother (in the case of DI families), and how, in the absence of a father figure, the role of 'mother' is defined for both of them whether their children are born biologically to one of them or adopted.

Contemporary sociological approaches to family practices (Morgan, 1997) and various experiences of new families are considered increasingly in the context of theories of reflexive modernity (Beck, 1992; 1994) and individualization thesis (Giddens, 1992). These suggest that ideological boundaries which previously surrounded accepted social categories are increasingly removed. Consequently, there is an erosion of traditional constraints surrounding many aspects of personal life including reproductive choices, for example. Individuals are more able to pursue

their own choices in the phase of reflexive modernity (Giddens, 1992). During this era some have suggested that families have been in 'crisis' and the lack of a father in many families is highlighted by some as a major social problem (Murray, 1990; 1996, Dennis & Erdos, 1993). More nuanced sociological approaches have presented new and emerging family formations as an aspect of living in the context of wider transformations of contemporary society (Giddens, 1992). Many social changes in relation to personal life including the possibility for lesbian couples to become mothers are unprecedented.

Theories of reflexive modernity (Beck, 1992) engage with conditions for change in contemporary society and seek to contextualize the consideration of unprecedented social change:

Modernization involves not just structural change but a changing relationship between social structures and social agents. When modernization reaches a certain level agents tend to become more individualized that is decreasingly constrained by structures (Beck, 1992:2).

The relationship between men and women and between paid and unpaid work changed as a result of both economic and ideological forces including the impact of feminism. The consequent process of individualization has led to ideas about individuals living their own lives and “becoming progressively freer from structure” (Beck, 1992:2). In the realm of family life many of the old certainties are gone and family practices are varied, complex and diverse. The emergent possibilities for

change in relation to personal lives and intimate relationships appear to be reflecting a transformation (Giddens, 1992). The nuclear model of family which exemplified a gendered dichotomy (male breadwinner v female nurturer) was no longer relied upon as an inevitable arrangement. With more women in paid work the expectations of women and men shifted both inside and outside the home (Beck, 1992:14). This research potentially exemplifies “a changing relationship between social structures and social agents” (Beck, 1992:2). Against a background of social change in the parameters of personal lives, the respondents in this study imagined reproductive possibilities and family lives. Methodological techniques surrounding narratives are utilized in explicating their experiences and ‘reflexivity’ was integral to the research process. In this case the social agents are lesbian mothers and co-parents. They provided narratives of their lesbian parenting with detailed accounts of their negotiations with each other, the state, families of origin and their children.

Both lesbians and gay men become parents in many different situations, and until recently most had their children in previous heterosexual relationships (Weeks *et al.* 2001). The respondents all identified as lesbian and created families which are legally fatherless and parented by two women. The emergence of this ‘new’ family is problematic for society not least because lesbians have not traditionally experienced cultural acceptance as mothers (Lewin, 1993). The idea that two women can be parents/mothers together appears to subvert many dichotomous relationships, for example mother/father, feminine/masculine, provider/nurturer, emotionally attached/emotionally distant. These dichotomies have come under scrutiny in late modern society for a number of reasons. The position of all women underwent

change and during recent decades the 'rules' of gendered relationships began to change to some extent (Giddens, 1992; Jamieson, 1998). Gay liberation and feminist politics have challenged the power and place of patriarchal values. The advances made in human reproductive technologies during the 1970s and 1980s created the possibility of separation between sex and reproduction. Lesbian couples seized opportunities and chose routes to parenthood in uncharted ways. They aspired to create family lives for themselves and achieve personal ambitions to have their own or adopted children. In so doing they began to invent for themselves a place in society, and new parental and family identities. Demographic shifts opened the way for these possibilities (Lewin, 1993, Gabb, 2005a, Ryan-Flood, 2005). The respondents embarked upon a new form of motherhood and family which (at the time of interviews) had no frame of reference in tradition or policy frameworks for parenting. Thus a process of change, flux and fluidity began. The problems they faced were both cultural and structural. The policy and legal framework for parenting were underpinned by assumptions that heterosexuality was the prerequisite identity for parenting. The effective power embedded in these assumptions was theorized in the following analysis of social policy:

The normalizing effect means that we commonly believe sexuality to be an inherently natural and biological drive and that the natural and normal direction of the drive is heterosexual. Applying the normalizing judgment means that it is commonly felt that it is 'normal' to be heterosexual and that it is 'abnormal' to be lesbian and it is natural and 'normal'

for women to want to be mothers albeit in certain contexts. By the same token, it is considered 'natural' for children to have both a female and a male parent – a father and a mother (Carabine, 1996:61).

Such underpinnings of the naturalness and normality of heterosexuality created a legal and policy framework which did not easily accommodate this new family form. Cultural understandings of family and its meaning are embedded in every aspect of society and informed by dominant ideology, medically, legally, socially and in relation to policy. Thus the assumption of heterosexuality pervades the regulatory aspects of social policy resulting in the 'normalization of heterosexuality' (Carabine, 1996) which will be referred to in this thesis as heteronormativity. The experiential constructions of lesbian motherhood found in this study reveal the relational processes of their maternal and parental identities.

1.2 The changing context

Much has changed since the time of this research and the data was collected before the changes in the UK legal framework. The data was gathered between 1998 and 2002. Much of it is therefore dated and reflects a particular time span which predated legislative reform. It should be read in the light of rapid pace legal change between 2002 and 2006. The introduction of the Civil Partnerships Act 2004, gave joint parental responsibility to lesbian couples in cohabitation situations, and the Adoption and Children's Act 2002 allowed gay and lesbian couples to adopt as a couple. Consultations and subsequent updating of the Human Fertilization and

Embryology Authority guidelines constitute significant legal changes in this field. During the HFEA consultation process new possibilities for lesbian prospective mothers were considered:

The government seeks a view on whether: Where one of the civil partners carries a child as a result of assisted reproduction treatment, the other civil partner should be treated in law as the parent of the child in line with married couples, and the response was; We think that such provision would create consistency with adoption law and would be in the spirit of the Civil Partnerships Act 2004. There should be a provision for civil partners to be able to receive treatment as a couple and for both partners to be given the opportunity to consent (Response by HFEA to the DOH Review of the HFE Act, 24/11/05:37).

This would offer legal recognition of the lesbian couple's intent to be parents as a couple and include both of the lesbian partners from the moment of agreement that 'treatment' will be made available. The document also discussed lesbian partners who had not registered their partnerships under The Civil Partnerships Act 2004. The suggestion was that they too, like unmarried heterosexual couples should be afforded the same treatment in law as a prospective parental couple. These proposed legal changes however suggested that the position of the lesbian co-parent and civil partner

should not be established in the same way as a father. The outcome of these discussions in the current code of practice is that legal fatherhood is to be clearly defined through consent. The most recent guidance from the Human Fertilisation and Embryology Authority to licensed clinics states that medical practitioners should:

Explain that there is a difference in law between the legal status of 'father' and having 'parental responsibility' for a child and, where applicable, that when a child is born to an unmarried couple, the male partner will only automatically have parental responsibility for that child if he is recorded as the child's father in the register of births . The centre should adopt the procedures set out in this guidance to assist in the prevention or resolution of later disputes about legal fatherhood. In any case in which people seeking treatments have doubts or concerns about legal parenthood or parental responsibility for a child born as a result of treatment services, they should be advised to seek their own legal advice.

(HFEA Code of Practice, 6.9.1 updated on 10/62008).

The lesbian co-parent can now consent to treatment and therefore declares her intent to take parental responsibility but this is not the legal equivalent to 'father'. The point remains that legal fatherhood is established for heterosexual husband and

partners who consent to sperm donation. Despite this observation on the limited form of consent for lesbian co-parents, the UK has seen rapid legislative change since the collection of the data in this thesis. Current debates regarding new forms of parenting and mothering are centred on distinctions between father/parent and mother/parent. Whilst the assertion of the committed couple and their family has received the state response of structural adjustment, in terms of the Civil Partnerships Act 2004, the Adoption and Children's Act 2003 and the new HFEA rules, the importance of genetic kinship is being reinforced through the removal of anonymity for sperm donors, and new legal rights for children to know their genetic heritage. Whilst lesbian motherhood is created outside of hetero-normativity, the terms of motherhood for lesbians are partially, but significantly set by statute, the medical profession and prevailing cultural beliefs.

1.3 Terminology

The term 'mother' is used as a noun, the term 'mothering' is used as a verb and the term 'motherhood' denotes the 'institution of motherhood' (Rich, 1976). The respondents chose to be identified either as a mother or as a parent and this sometimes changed depending on the situation they were describing. Although some of the couples chose to be seen as two mothers, I decided to make distinctions between birth mothers and other mothers by using the term co-parent. In the data chapters the term 'biological mother' is used to denote the mother who has biologically given birth. The term '' is used to denote the partner who has 'opted in' (Dunne 1998d) to parenting and making a family, but she is not the biological mother. I used the term 'adoptive mothers' to denote lesbian couples who adopted

their children. These decisions were made to highlight and distinguish between the participants and to denote their routes to motherhood/parenthood.

The discussion of parenting practices (see chapter 6) illustrates the difficulties in using the word 'parent'. Whilst I have denoted the non-biological parent as a co-parent, the word 'parent' is used as a verb by the respondents to refer to the daily practices of parenting. It is also used to describe both parental partners in some contexts. The use of these terms varied depending on how the respondents identify themselves in various situations. Biological mothers often referred to their parental partners as 'full and equal parents' in attempts to create an equal relationship with their children. The definitions of both emerge from the data sections. The use of the term 'lesbian mother' has often been represented as a contradiction in terms (Lewin, 1993). Dominant ideals of femininity and procreation suggest a culturally appropriate femaleness is necessary as a prerequisite to motherhood:

Just as motherhood is viewed as the most natural expression of women's essential being, lesbianism is associated with violations of the natural order in the popular imagination. Lesbian sexuality is transgressive both because it seems to make lesbians independent of men and because it is, by definition, non-procreative (Lewin, 1995; 106).

Most debates surrounding motherhood revolve around essentialist and non-essentialist understandings of maternal identity and behaviour. For lesbian mothers,

debates also emerge surrounding the supposed ‘unnaturalness’ of their real or proposed motherhood. In the last two decades contemporary industrial societies have seen an increase in lesbian couples choosing to create families (Ryan-Flood, 2000; Gabb, 2005a). Motherhood occupies a place at the heart of many wider political struggles. Whilst assumed to be a private concern, evidence suggests that motherhood is contested in discussions of war, conflict, economies, religious debates and beliefs, and the social order of civil society in democracies:

Abortion rights, the ethics of reproductive technology; children’s rights, the establishment of maternity leave policy, women’s entry into the priesthood: some of the most heated social and political debates taking place in late 20th century America turn out to revolve around disputed meanings of mothering and motherhood in contemporary society (Glenn, 1994:1).

Motherhood, mothering and the definition of ‘mother’ are located in a global and political context. Glenn (ibid) argues for a perception of motherhood that is both a private and a public identity, and her work places motherhood and women’s reproductive choices at the centre of world, economic and social issues.

1.4 Contested terminology

The terms ‘lesbian mother’ and ‘lesbian motherhood’ are qualified with commentary on the critiques of the terms. The literature reveals that we have a

problem if we use the term 'lesbian mother' in a monolithic way to refer to the experiences of lesbians who choose to be mothers (Hallett, 1999). The term is not culturally understood in the same way across time and space. The concept is contested at the level of theory and in social practices. Different views on the usefulness and the appropriateness of the term emerged in the interviews (Hallett, 1999). Lesbian mothers occupy a tenuous position in a society that disapproves of single biological motherhood and fails to substantially recognize the parental relationship of the non-biological mother/parent. The non-fixity of terms and categories favoured by post modernist and queer theorists illustrates the problem of using the term 'lesbian' in an unqualified way. The meanings and significance of the term shift over time and across cultures, and within one culture may be understood differently. For some the term lesbian:

Describes a relationship in which two women's strongest emotions and affections are directed toward each other. Sexual contact may be part of the relationship to a greater or lesser degree, or it may be entirely absent (Faderman, 1981:18).

In the previous decade Adrienne Rich's notion of a 'lesbian continuum' embraces all intensities between women (1977). Further to this 'lesbian' in early 19th century sexology was a medical term to describe a malfunction of women's sexuality. For most of the 20th century this legacy had an impact on cultural understandings that lesbian was something, somebody abnormal. Lesbian sexuality would be positioned opposite 'normal' heterosexual women's sexuality. The word was therefore closely

associated with ideas of unnaturalness, and therefore lesbian motherhood since its invention has been positioned opposite 'real' motherhood (Hallett, 1992). Negotiated meanings of lesbian identity are complicated in the case of lesbian motherhood. For some lesbians, the experience and identity of mother is separate from their choice of intimate and adult sexual life.

Lesbian identity is problematic in the context of this thesis, and consequently the term 'lesbian motherhood' is problematic. Neither are universally understood nor accepted in the same way. A more detailed discussion of identity is included in chapter 2. The category of lesbian mother is therefore contested in various ways. Hequembourg and Farrell (1999) and Lewin (1993) suggested that the term lesbian mother is often depicted as an oxymoron (contradiction in terms). In critical social theory, the category of lesbian as an identity is scrutinized by post modern and queer theory feminists (Butler 1994), where it is argued that there is no specificity to sexual identity. For different reasons, the term lesbian is not accepted by some black women who have primary sexual and love attachments to other women, "Lots of black lesbians I know won't use the word lesbian, because they see it as a white word" (Ainley 1995:70). Ethnic difference of women therefore underpins constructions and experiences of lesbian motherhood. Questions of difference and how existing identities relate to the identity of 'lesbian mother' are discussed in detail in chapter 7.

The findings are presented in the light of post research changes in legal and cultural contexts. The terminology used to describe sexual and parental identities is open to change and redefinition. Whilst the focus is specifically placed on lesbian couples who choose motherhood together, literature surrounding the position of all

women is discussed. The research design and methodology is located within contemporary sociology and its emphasis on narratives and reflexivity.

Chapter 2: Setting the context

2.1 Introduction

This chapter provides the context for considering the phenomenon of lesbian motherhood and the consequent emergence of familial identities for lesbians. The growth of the welfare state is discussed and the process of social change which led to tensions for the gender order of work and family. Further sources provide evidence of significant shifts in thinking in relation to women's participation in the workforce and in relation to acceptance of lesbian and gay identities. Despite such shifts, three main points emerge from these sources; that lesbians who chose to become mothers were met with fierce and negative reactions in the popular media. The arguments against lesbian motherhood were numerous; secondly, these arguments are flexible and cut across health, politics, media, law, policy and religious debates; thirdly; that media and parliamentary coverage of the Human Embryology and Fertilisation Act 1990, encompassed societal concern with the absence of a father and the child's right to know his/her genetic origin.

Demographic change, and increasing diversity in family form and structures posed further challenges to dominant ideologists of the family. It became increasingly difficult to identify one coherent narrative of the relationship between

the state and family (Dale and Foster; 1986, Pascall, 1986). Whilst the architects of the welfare state had intended to maintain the family and its relationship to the economy, other material and cultural changes were impacting gender relations. At the material level, binary opposites of gender pervaded the legal and policy framework of parenthood in all late modern societies particularly the breadwinner/nurturer dichotomy. The idea that family finance, for example, is based on the assumed dependency of women and children was embedded within the infrastructure (Pateman, 1987). Women however were beginning to realize the possibility of economic independence and this coincided with apparent dissatisfaction with marriage. Cultural and critical writers had reflected concerns with the order of women's lives, such as the restraints of marriage and motherhood (Friedan, 1963), and the idea of inevitable motherhood was questioned as some women began to question maternalist ideas in general (Mitchell, 1974). Family, paid work and women's relationship to both were structurally changing:

Patterns of paid employment for women, particularly for those who were married and those with caring responsibilities continued to change despite attempts to keep women at home and tensions emerged between conventional gender relations in the family and the principle of equality of opportunity (Arnott, 1999:52).

By the 1980s sociologists were documenting difference and diversity in family forms (Barrett and McIntosh, 1983). Contradictions emerged between women's new experiences of sexual and potential economic independence and domestic ideology.

The dominant ideology was that women should have primary responsibility for their children and husbands' needs. Furthermore, this pervaded social and public policy, despite shifts and counter-ideologies. For women, paid work could be allowed but only if subordinate to their domestic duties (Land, 1976). Ideologies of motherhood and maternity played a key role in the economic structure and the division of reproductive and productive work.

During this time the reality that many lesbians who had become mothers as married women lost custody of their children following separation and divorce (Hanscombe and Forster, 1982). Lesbians were regularly deemed unsuitable to continue parenting if their marriage breakdown was due to their lesbian sexuality and various campaigning groups acted on their behalf to change this (Rights of Women Lesbian Custody Group, 1986). The idea that sexual minorities had rights gained some currency in this period. The vague possibility of lesbians choosing motherhood from the position of their out lesbian relationship was beginning to emerge (Lewin, 1981). Their existence as couples who created families challenged patriarchal values, and dominant forms of kinship integral to patriarchal societies. Theoretical frameworks concerned with similar questions regarding the social positioning of heterosexual mothers were explored in earlier literature (Pateman, 1987; Lister, 1993). Initial questions, therefore, focussed on the positioning of lesbian mothers in civil and economic arrangements in contemporary society. Initial thoughts focussed on the idea that two women (in a lesbian relationship) mothering together, fundamentally disrupt the dualities of breadwinner/nurture, father/mother, masculine/feminine. The focus on motherhood and mothering reflected the centrality of motherhood in my own feminist interpretation of social relations. The societal

position of women was theorised extensively in the 1970s and 1980s (Pateman, 1987, Lister, 1996). The respondents in this study could be perceived as breaking the sexual contract (Pateman, 1987) on every level; personal, economic and political. Furthermore, this has implications for the citizenship status of lesbian mothers, co-mothers and their children. Whilst this research focuses on the minority of couples who are 'out' lesbians, the potential empowerment of all women may be connected to potential repositioning and redefinition of motherhood status:

mothering is central for every woman in patriarchy, whether or not we bear or care for children, and that an understanding of mothering, both as it exists in patriarchy and as it might exist (if at all) in women centred communities, is central to feminist theorising (Treblicot, 1983:1).

Motherhood is produced and constituted within gendered relational practices. Mother is an identity bound up with father, femininity and naturalness. Motherhood is understood differently across time and space and as such is open to change and redefinition. Various meanings and significance are attributed to it. Motherhood as a social construct is contingent:

By itself, the experience of mothering can tell us little about the conception of motherhood prevalent in a society at a certain time, or differences in the conception that are prevalent in different economic

classes or different racial and ethnic groups (Ferguson, in Treblicot, 1984:153).

The social arrangements for human reproduction vary through time and space, but motherhood is inevitably at the centre of them. The study began with consideration of the context in which lesbians' reproductive choices became possible, followed by analysis of their negotiated position and the forces that influenced their choices. The data demonstrate social change and socio-legal adjustment which now accommodates this new form of motherhood. The place of men in the demographic and ideological changes to family life is scrutinized in recent social theory (Lupton and Barclay, 1997, Collier, 1999). This very particular social change challenges patriarchy, dominant forms of kinship, family and the accepted place of men within all of these.

The integral conceptual framework of gender and sexuality provides a basis from which to consider their new emergent identities:

Butler sees a fundamental interdependency in the social construction of gender and sexuality, focused on the ideological fiction of marriage and the family as the normalized and privileged domain of sexuality (Alsop, *et al.* 2002:127).

The co-parent (the non-biological parent) in lesbian parental couples is in a unique and difficult position in their chosen kinship arrangements. Her construction

of parental or motherhood identity is particular to her situation. She had (at time of interviews) no legal or citizenship recognition of her place in this unorthodox family, where she has no bloodline to any other member in it. Citizenship of lesbian mothers cannot be addressed without attention to their societal position. Unless both women can opt into parenthood with certain rights and responsibilities assured, their citizenship status could be forever ambiguous. The implementation of the Civil Partnerships Act 2004 in the UK now offers a legal framework for the recognition of parental couple status, where there is new recognition that both partners have shared parental responsibility. The creation of this new parenthood was not easily accommodated legislatively or culturally. Many legal changes have taken place post this research. Furthermore, during the era preceding the research, fierce opposition was found, particularly in debates surrounding fostering, adoption, bio ethics and reproductive technologies. Processes of inclusion and exclusion emerge from all of these questions. The exclusions experienced by the participants in this study are both material and cultural; most are detailed in the data chapters.

Feminist analyses of the public and the private dichotomy drew attention to patriarchal ideology and examined women's experiences within it (Oakley, 1979). The positioning of women in the domestic (private) sphere was both material and ideological (Walby, 1992), and motherhood ideology appeared to affect all women. Most women in societies chose and wanted motherhood. The idea that this was a natural force was however coming under scrutiny. Feminist perspectives made a critique of the state and patriarchy in relation to motherhood (O'Brien, 1981; Smart 1992; Phoenix, *et al.* 1991; Delphy, and Leonard, 1992). The hetero-normative context of motherhood occupied a central place in conceptual approaches (Rich,

1977; Treblicot, 1983). Distinctions were being made between motherhood as an experience and motherhood as an institution:

Two meanings of motherhood, one superimposed on the other: the potential relationship of any woman to her powers of reproduction, and to the children, and to the institution, which aims at ensuring that all women shall remain under male control. This institution has been a keystone of the most diverse social and political systems. It exonerates men from fatherhood...it has alienated women from their bodies by incarcerating them in them (Rich, 1977: 13).

Debates within academic feminism on the question of motherhood focused on the institution as oppressive (Delphy and Leonard, 1992; Walby, 1992; Oakley, 1974) whilst grassroots feminism consistently supported women in their motherhood role. Motherhood was being presented as universally oppressive for all women by many white western feminists, which led to critique from black feminists. Issues affecting black women have led to a debate about difference and different histories of motherhood (Hill-Collins, 1990). Black feminist approaches to motherhood rely on an understanding which incorporates the fact that motherhood does not take the same form across cultures, ethnicities or through time. The anti-essentialist underpinning of black feminist perspectives provides a strong theoretical direction for feminist studies on the social world and in particular on motherhood.

The social constructionist approach incorporates issues of class, race and culture in examining the wider structural issues of social policy, law and ideology (Pollock, 1983; Cook, 1984; Hausen, 1989). Whilst challenges were being made to naturalist understandings of motherhood, pro-natalist ideologies continued to affect women, but in different ways depending on our sexuality, ethnicity, class and marriage status. The structural position of women in the labour force was characterized by pay inequalities, hierarchical exclusion of women, and male exclusionism in manual trades (Cockburn, 1989, Walby, 1992). The systematic disadvantage experienced by women in the workplace was directly linked to ideologies of motherhood, and the idea that women could not be full time key workers because of their assumed role in the private sphere. The demographics of private life in the 1970s and 1980s revealed a picture of challenge to the gender order (Barrett and McIntosh, 1982) and many legislative changes were achieved in relation to abortion, contraception and divorce. Feminist politics had focused on domestic violence, equal pay, sexual and reproductive freedom. The demands of the women's movement were directed at the state:

In 1969 the WLM formulated four demands; equal pay, equal opportunities, abortion and contraception and 24 hour nurseries" (Coote and Campbell, 1982) The signs reflected women's changing expectations and the impact of feminist politics. Women were going back into higher education and training (EOC Annual Report, 1986), women with children were taking paid work, women were leaving marriages and having

children outside of normative structures and by 1995
one third of all children were born outside of marriage
(Arnott, 2001:63).

The lesbian couples who chose to have children as a couple posed particular problems before the aforementioned legal changes because they appeared not to fit into the hetero-normative model of family. They created families, usually with legally fatherless children where at least one parent has no 'bloodline' to any other member (McNeil, 1990). Traditional and authoritative sources of knowledge identify the biological relationships between generations as the definer of family (Haines, 1993) but it could be argued that biological links are always understood within cultural and social contexts (McNeil, 1990). Patronymic lines of descent are common in western societies and these are fundamentally altered if society accommodates this new parenthood choice. The implications for altering kinship structures through legal accommodation of lesbian motherhood are far reaching, as are the implications of reproductive technologies. Although this represents a small minority of mothers in contemporary Britain, their experiences may tell us something about fatherhood, new constructions of kinship, how motherhood is understood, and possibilities for work/life balance. They could potentially subvert the meaning of motherhood and traditional definers of kinship systems. Two women parenting together challenge the binary structure of father/mother, breadwinner/nurturer, but also create families with no male head of family.

The decisions made by women from their position within lesbian relationships are dependant on a multiplicity of factors; their partner's choices, their own families' reactions, the state and material issues, the medical profession and in

some cases the sperm donor. Some lesbians who seek informal means of finding a sperm donor decide, with him, that he may have some role in the child's life. In the research carried out so far, evidence suggests that there are numerous difficulties and barriers experienced during the process of making this seemingly straightforward reproductive choice (Donovan, 1992, Lewin, 1981). The only apparent simplicity is the women's certainty and desire to be mothers or parents. Lesbian women in the UK, Europe and USA are increasingly making this choice (Dunne, 1998b).

The idea that lesbian couples could create families of their own, either through donor insemination of one of the partners or through adoption, is very recent. Lesbians, either in couples or as single women, are choosing to become mothers/parents either through assisted biological reproduction or adoption and long term fostering. The reproductive/parenting choices of lesbians are not easily accepted or legislatively accommodated. The media have taken a particular role in challenging 'lesbian mother' as a new social category. The creation of possibilities for lesbians to become mothers/parents appeared to be threatening. The reactions against lesbian motherhood imply a sense of fear that the 'order' of reproduction will be distorted. There are many fears expressed by those who oppose lesbian motherhood but most prolific fear appears to be the issues surrounding legally fatherless children.

2. 1. 2 Historical invisibility

Lesbian motherhood has been historically invisible, in terms of societal recognition in Britain. It has not been referred to in policy or legislation in relation to

family law, parenting rights and responsibilities, or in debates and legislative changes around children's rights. This absence is also revealed in literature surrounding motherhood. In recent years the concept of motherhood has been contested in both the political and theoretical arenas. This is largely due to feminist theorising and the critique of patriarchal relations in which motherhood is defined. Lesbian identity has often been problematised in such debates and much of the work on lesbian motherhood has been focused on rights and custody issues.¹ Critical social theory reflects the separation of lesbian identity from other (dominant) defining characteristics of 'womanhood' and 'femininity'. Such invisibility of lesbians' experiences of motherhood, combined with the absence of analyses, helps to create an image of the women as pioneers. It is important to consider the profiling of lesbian-led families, against the background of invisibility.

In studying the lives of sexual minorities, we see that complex forces appear to affect individual's choices and sense of self. Some influences on choice emerge from sexual politics and others from constraint and prejudice. The nature of government pronouncements, policy shifts and the reflection of these responses may or may not have an effect on women's understanding of themselves as mothers. Theoretical understandings of how and why most women continue to choose motherhood range from sociological to psychoanalytic approaches (Oakley, 1974; Chodorow, 1979). The process of researching lesbians' experiences of motherhood has revealed powerful ideologies of patriarchal family structure (discussed later in this chapter). Pro-natalist ideologies affect all women (Treblicot, 1983), particularly in relation to reproduction. The reaction against lesbian women having children was

¹ See for example Lynne Hare (1997)

also powerful. Processes of inclusion in, and exclusion from, motherhood are not an exclusively lesbian story. Pro-natalist ideologies affect different women in different ways depending on race, class, disability, and geographical location. Black feminists have argued at various times that whilst white women were arguing for the right to control reproduction they have had to fight to be allowed to reproduce (Hill-Collins, 1990). Similarly the experiences of disabled women surrounding their desires to become mothers are stories of restriction and exclusion from motherhood (Morris, 1991).

The current arrangements for mothering are based on a gender division of parenting and work (Treblicot, 1983: 3). We have a policy framework that facilitates full time nurturing motherhood and a full time, income earning, absent father. This divide is affected by economic restructuring, social changes in the doing of marriage and co-habitation and by the increased expectation that women no longer permanently absent themselves from the workforce. There is however, a particularity of experience for lesbians. In part this is due to the connection between their sexual preferences and emotional affinities for women and their maternal desires.

2.2 Public debates surrounding lesbian Motherhood

The respondents' stories which are detailed in chapters 4-8 were elicited through the research process and a semi-structured interview (see chapter 3). The research process was formulated against a background of perceived opposition to lesbian motherhood. The nature of objections was expressed in the media, in parliament and in public discussions regarding changes in HFEA (Human Fertilisation and Embryology Authority) regulations. Furthermore, the rules for the

provision of reproductive medicine encompass automatic exclusions and this is discussed. The issues surrounding the suitability of lesbians for motherhood first came in to public awareness in regards to custody decisions:

Lesbian mothers first became a focus of public attention in the 1970s following a rise in the number of child custody disputes involving a lesbian mother where women had given birth to their children within the early years of marriage, and before coming out as a lesbian. In custody disputes between heterosexual parents, it is usually the mother who is awarded care and control of her children, when the mother is a lesbian custody is denied (Tasker and Golombok, 1997:2).

Women who left heterosexual relationships to choose lesbian relationships routinely lost custody of their children to the biological father in the 1970s and 80s (Martin, 1993). The demarcation between the public and the private is explicit in some judgements; L.J. Watkins stated:

This is neither the time nor the place to moralise or philosophise about sexual deviance and it's consequences on those who practice it but possible effects on a young child living in proximity to that

practice is of crucial importance to that child, and the public interest (ROW, 1986:121).²

There were many custody cases involving lesbians battles to gain custody which centred on judges interpretations of lesbians 'fitness' to mother for example:

Even taking account of the changes of attitude to which I have referred, a lesbian relationship between two adult women is an unusual background in which to bring up a child (Lord Justice Glidewell, Court of Appeal, cited in, Boyd, 1992:269).

The 'fitness' of lesbians to mother would be presented in terms of psychological fitness, but the effects on the children were also taken into account. These judgements were often made without specialist knowledge, and based on interpretation:

The decision to deny lesbian mother custody of her children has often been made in the absence of expert evidence. When experts have been called, the witness produced on behalf of the father has generally proposed, on the basis of psychoanalytic theory, that if the children stay with her they will experience

² The Rights of Women Lesbian Custody Group was formed in 1982 to campaign and research the difficulties lesbian mothers faced in retaining custody of their children. The project offered advice, information and publications on issues related to lesbian mothers and custody. Lesbian Mothers legal Handbook, Womens Press 1986

psychological difficulties (Tasker and Golombok, 1997:10).

The idea that lesbian motherhood was unnatural had an influence in the courts in custody cases. In British legal practice, judges are informed often by experts. The legal profession relies heavily on the 'scientific', moral and ethical judgements of the psychiatric and medical professions in cases where parenthood is contested (Daniels and Haines, 1998). The underpinning ideology of the 'right' family applied across discipline boundaries of medicine, law and social policy (Williams, 1989; Carabine, 1995) where lesbians who had children from marriages would often have court decisions where custody was granted to men. The judicial system nearly always awarded custody to the father when a custody case was contested by a lesbian mother. The attitude of the courts is exemplified in this House of Lords judgement in 1976:

Changes in public attitudes should not entitle the courts to relax in any degree the vigilance and severity with which they should regard the risk of children at critical stages being exposed or introduced to ways of life which may lead to severance from normal society, to psychological stresses and unhappiness and possibly even to physical experience which may scar them for life (in Hanscombe and Forster, 1981:67).

This is an example of attitudes which later were employed to restrict access to reproductive medicine for lesbians. This created a force against the emergence of lesbian motherhood. The legal cases, which brought lesbian motherhood into the public arena, were centred on custody and evoked a societal and legal reaction against lesbians mothering their children on the grounds that they were unfit or unsuitable. The argument that it is unnatural for lesbians to have children was much more prevalent in the introduction of the Local Government Act 1988. The Act included the words:

A local authority shall not a) intentionally promote homosexuality or publish material with the intention of promoting homosexuality b) promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship” (II (a) 1988).

The section of the Act was seen widely as a concerted effort on the part of the new right to actively construct opposition to gay and lesbian people being parents. At that time the use of the word ‘unnatural’ was more prevalent in media coverage of moral and governmental discussions Weeks (1991). The introduction of the section 2a of the Local Government Act was a particular legislative moment that was aimed at ‘protecting’ the young against the influence of homosexuality:

In Britain nowhere has the dominant attitude towards non-heterosexual relationships and children been

articulated more clearly that in Section 28 of the 1988 Local Government Act, which outlawed the promotion of homosexuality in schools and created the concept of the pretended family relationship. This symbolised the widespread belief that young people were peculiarly susceptible to proselytising by adult homosexuals, which by implication made parenting by them peculiarly dangerous (Weeks *et al.* 2001).

Thus feelings of fear and danger were encapsulated in legislative regulation. The rhetoric of previous governments in Britain around 'back to basics' and 'return to family values' and the morality of traditional family life appears to have been replaced in the late 1990s with a concern for the children particularly since the Children Act 1989 which included the phrase; "in the best interests of the child". At certain times the sexuality of the mother has been seen as a main factor in children's confused sense of identity. There were many concerns expressed about the welfare of children, for example:

All kinds of assumptions have been made in courtrooms about the difficulties children are likely to experience as a result of being raised by a lesbian mother and little attention has been paid to what is actually known about such children (Kleber, Howell & Tibbits-Kleber, in Tasker & Golombok, 1997:3).

Furthermore, if sexuality is not made explicit then the environment for the child becomes the problem as in the case of some religious arguments against lesbian mothers. The idea that a stable relationship between a husband and wife was the only proper context in which to conceive a baby was aired in newspapers (The Times, 12/3/91). The idea that lesbians were unfit to be mothers was a dominant one in the media and governmental debates between the 1970s and 2001. If we are to explore the decisions lesbians are making about reproduction, it is important to look at the nature of social and legal shifts that created a space for the new phenomena of lesbian couples 'opting into' motherhood (Dunne, 1998d). Against a backdrop of social and cultural revolution, the technical development of a pharmaceutical product to prevent reproduction could be seen as a 'fateful moment' (Giddens, 1991). From then on the rules of gender in relation to sex were changed irrevocably. Giddens suggests:

Fateful moments are times when events come together in such a way that an individual stands at the crossroads of his existence there are of course fateful moments in the history of collectives....They are phases when things are wrenched out of joint, where a given state of affairs is suddenly altered by a few key events (1991:113).

It could be argued that the impact of reproductive technologies in as much as sex was separated from reproduction constituted a 'fateful moment'. When this happened in Britain a discursive space opened up where moral, political and bio-

ethics were discussed in religious contexts, in parliament, in the media and in the associated professions. The realisation that out lesbian couples would seek assistance to create families was one such possibility. This was reacted to with fierce opposition, but nevertheless lesbians increasingly chose it. The emergence of lesbian motherhood was received with worry, concerns about danger to children and to society and with opposition. The objections raised against lesbians being mothers were expressed forcefully in the media and attitudinal barriers were openly discussed in terms of lesbians being unsuitable for motherhood. These assertions were made in bio ethics debates, particularly those which surround the rules and guidelines relating to access to donor insemination. Society had to pay attention to the choices lesbians were beginning to make. Giddens (1991) has argued that at the time of 'fateful moments' both individuals and collectivities are in a stage of transition "during fateful moments individuals must sit up and take notice of new demands as well as possibilities" (Giddens, 1991:143). Individuals are faced with new choices and also a new set of risks and at the same time these choices represent a threat to the social order; "Fateful moments are threatening for the protective cocoon that defends individuals against ontological insecurity" (Heaphy, 2007:100). The extent to which individuals are allowed to invent new identities is affected by legislative impossibilities and the discursive power held by institutions, for example medicine and law. Some of the restrictions are illustrated by further discussion of media sources.

During the 1970s and 1980s in the UK the issue of lesbian motherhood was most often aired publicly in custody cases (Handscombe and Forster, 1981; Golombok, Tasker, and Murray 1997). The idea that lesbian motherhood was

unnatural had an influence in the courts in custody cases, where lesbians who had children from marriages would often have court decisions where custody was granted to men. In the *Guardian* in 1998, Julie Wheelwright reported the first known lesbian to have become pregnant in the mid 1970s by artificial insemination by donor:

The first openly lesbian mother to go public about having a child by AID, Janis Hetherington, now 53, was denounced as ‘unnatural’ and became the subject of parliamentary debate with MP’s calling for ‘the practice to be banned among homosexuals’”. Hetherington had her son Nicky with the help of a sympathetic doctor who artificially inseminated her with his own sperm. (Wheelwright, 1998:8).

At certain times the sexuality of the mother has been seen as a main factor in children’s confused sense of identity. During the 1990s the issues surrounding the Child Support Act 1990, the Children’s Act 1989 and the introduction of the Human Embryology and Fertilisation Act 1990, implicitly suggested that heterosexual parenthood was best. Where this is not made explicit various rules express the view that having the need for a father or male role model is essential for a child’s well being at the heart of the children’s interests.

Some media coverage highlighted the fact that sexual identity of out lesbian women was a key problem accounting for the lack of acceptance of their parenthood. It was the most important factor in denying parenthood to lesbian women. Much campaigning and some legal challenges regarding lesbian co-parents have given

visibility to the issues of lesbian mothering and more individual power in some cases to those lesbians who choose motherhood by donor insemination. This was challenged by the New Right agenda to deny parenthood to lesbian women. The political rhetoric of 'return to family values' and 'back to basics' effected the material lives of both single heterosexual mothers and lesbians in parenting relationships. The above mentioned choice for lesbians to become mothers and parents was contested in various ways, and objections were usually couched in terms of clear objections to lesbian motherhood. Against this background, lesbians continued to "opt into motherhood" (d, 1998). The new phenomenon of lesbian couples creating and living in families with two parents of the same sex, in an emotionally committed relationship is increasing in the UK, Europe, and the USA (Dunne, 1998b). The politics of the Gay Liberation Front (Weeks, 2000) and subsequent theorising of sexuality in academia has underpinned many campaigns around identity. Within this political movement, lesbian motherhood has not been widely accepted and within feminist politics reactions have been mixed (Calhoun, 2000).

Various legal challenges regarding lesbian s gave visibility to the issues of lesbian mothering and more individual power in some cases to those lesbians who chose motherhood by donor insemination. Various political responses opposed lesbian motherhood and sought to deny parenthood to lesbian women. Dr Adrian Rogers, of the Family Institute, and who later became adviser to the campaign group Family Focus, which both promote traditional family values, exemplified the New Right in his views that lesbians disadvantage their children by providing only one life-style option and that is unnatural to allow lesbians to have children without male

partners or husbands (Clarke, 2001). Such ideas of naturalness and unnaturalness pervade the public debates surrounding lesbian motherhood.

2.3 Legislative context

In 1978 baby Louise Brown was born as a result of using in vitro fertilisation technique. Her birth was the result of the first IVF procedure, and she became known as the first ‘test tube’ baby. The successful arrival of Louise was followed by a legislative and moral debate regarding the use of reproductive technologies. This created the discursive foundation for the legislative process, which led to the enactment of the Human Fertilisation and Embryology Act in 1990. When the medical profession realised the possibility of creating human life outside of heterosexual sex, it opened up a discursive space. First, a moral and political space, opened up with fierce debates surrounding ‘naturalness’, morality, costs and definition of family. The responses discussed in this chapter illustrate the fact that various forces sought control over the regulation of new forms of reproduction. Secondly, a space was opened up for sexual minorities to make families in unorthodox ways.

The Human Fertilisation and Embryology Act 1990 was the culmination of a legislative development process. It began with “the commissioning in 1982 of the Committee of Inquiry into Human Fertilisation and Embryology, by Norman Tebbit and headed by Mary Warnock subsequently known as the Warnock Committee” (Franklin, 1993:98). The report of the Warnock Committee was published in 1984 and represented the initiation of a regulatory framework for new reproductive

technologies (NRT). The report covered specific areas but in summary they were “infertility services, status of children born from new technologies and embryo research” (Franklin, 1993:99). Publication of the report stimulated public attention and there followed a series of parliamentary debates regarding different aspects. The first public debate following publication of the report was on embryo research. Pro life organisations entered into confrontation with the medical profession and scientists over the use of embryos in research. Soon after, one of the collective fears about surrogacy was legislatively allayed with the Surrogacy Arrangements Act, which banned commercial surrogacy. There appeared to be a general dichotomy in response between ‘traditional family values’ and the advance of science. In 1987, the White Paper entitled Human Fertilisation and Embryology: A Framework for Legislation (DHSS 1987) was presented to Parliament. The white paper presented an opportunity to discuss possible formulations of the Human Fertilisation and Embryology Bill, and was based on the report (1984) and the following consultation paper entitled, legislation on Human Fertility Services and Embryo Research (1986). The report had recommended that all clinics providing any of the named ACT’s (assisted conception techniques) should only work under license (Donovan 1992: 13).

The white paper eventually became the Human Fertilisation and Embryology Act 1990, with the creation of an accompanying, HFEA Human Fertilisation and Embryology Authority, which is were responsible for the licensing of specific treatment services. Medical practitioners licensed under the above provision were faced with an array of different women and men seeking ‘assistance’ with reproduction. The debates surrounding these reproductive technologies were centred

on morality, naturalness and patient selection (Haimes 1990; Donovan, 1992; Franklin, 1993). The issues and dilemmas surrounding access to reproductive technologies and 'services' was complex and changeable (Stanworth, 1987, Donovan, 1992, Stacey, 1996).

Developments in this field opened the possibility for single heterosexual women to become pregnant and for lesbian couples to become parents/mothers. This presented a challenge to medical practitioners who presented donor insemination as a medical response to male infertility. In the specific case of DI the couple are seen as a whole for the purposes of treatment and referred to as the 'infertile couple'. Infertility as a problem or condition is applied to the couple. In the context of sharing resources, the idea that treatment should be made available to 'healthy' single women or lesbians posed a dilemma for most medical practitioners in this field:

The issues surrounding access and funding become more complicated when DI is used for non medical purposes by fertile single and lesbian women raising critical concerns over the allocation of health care resources for non health related purposes (Blank, 1998:141).

The Human Fertilisation and Embryology Act (1990) was the legislative response to the perceived need to regulate reproduction:

The Act applies to the bringing about of the creation of an embryo outside the human body...Treatment services means medical, surgical or obstetric services provided to the public or a section of the public for the purposes of assisting women to carry children (HFEA, 1990: 5).

This issue of patient selection, (who should and who should not have access to named ACTs (assisted conception techniques) became and continues to be controversial. In most countries where DI is available there is a concern expressed legally and politically about the legitimacy of children born from DI. The regulatory mechanisms vary from country to country (Blank, 1998), but usually legitimacy of the child born from DI rests on consent of the husband, the infertile partner. In the UK context, establishment of legal parenthood had to be assured in the structural arrangements for the accommodation of children born from ACTs. The Human Fertilisation and Embryology Act 1990 included a clear set of rules about who, legally, was to be seen as father and who was to be seen as mother. Family ties which are achieved through bloodlines have an established order but for lesbian parental couples is based on negotiation. From the legislators' point of view this was dealt with by the insertion of rules and definitions and guidelines to potential licensed centres. The structure became primary and whilst lesbian DI families may have genetic connections between biological mother and child, these are not seen to be enough (McNeil, 1990). The issue of the father is a central element in the structural arrangements for the normative family model. In cases of DI to heterosexual couples the definition of mother is relatively straightforward, as the woman who is

inseminated with sperm from an anonymous donor is the mother, and the doctor has the consent of her husband to do this.

2. 3.1 Legal construction of ‘father’

The position of men as donors and fathers was relatively straightforward until lesbian couples and single heterosexual women began to seek medically assisted reproduction, in the form of DI. The provision of DI was primarily for married heterosexual couples. Where the man was infertile, he could consent to the impregnation of his wife (with the sperm of a stranger). He then would become the legal father. Throughout this study the absence of a father figure prevails as one of the most important factors in the making of lesbian families. The provision of assisted conception in the UK is regulated by the medical profession and by statutory law. The legislative positions of both the donor and the legal father were clearly set out in the Human Fertilisation and Embryology Act 1990. The law provided a structure that would uphold the hetero-normative creation of family even though biological ties were to be disrupted. The construction of a family where the social ‘father’ would have no bloodline to any other member in the family was accommodated in the rules for donor insemination. The HFEA 1990 clearly set out the rules as follows:

This section applies in the case of a child who is being or has been carried by a woman as a result of the placing in her of an embryo or of sperm and eggs or artificial insemination.

A man shall be treated as father if;

- a) At the time of the placing in her of the embryo, sperm or eggs or her artificial insemination, the man was party to a marriage and
- b) The creation of the embryo carried by her was not brought about with the sperm of the other party to the marriage.

Then subject to the subsection below, the other party to the marriage shall be treated as the father of the child unless it is shown that he did not consent to the placing in her of the embryo or the sperm and eggs or to her insemination (as the case may be).

In relation to donors of sperm: he is not to be treated as father when;

- a) The sperm of a man who had given such consent as is required by paragraph 5 of the schedule 3 to this Act was used for a purpose for which such consent was required or
- b) The sperm of a man, or any embryo the creation of which was brought about with his sperm after his death (HFEA, 1990: XX VII).

These rules apply to formalised procedures carried out in licensed centres by the HFEA. The sperm donor is not the father and the man who consents to his wife

receiving 'treatment' is the father. Traditional ideologies of gendered parenting underpin these rules and therefore, lesbians are not easily accommodated by this legislative framework. It is embedded in naturalistic and essentialist understandings of family and heterosexuality. The establishment of 'father' in laws surrounding assisted conception uphold the normative structure of family and kinship. The emphasis above is on the consent of a man either as the other party in a marriage or as a donor. Men play an important part in the processes of assisted reproductive services. In this situation, fatherhood is achieved legislatively and not biologically, and only on the grounds of consent. The man (other party to the marriage) is required to sign a consent form allowing his wife/partner to be impregnated with the sperm of a stranger. He, the infertile man, opts into parenthood by signing the consent form. These rules present an unambiguous construction of parenthood for children born from, in this case, donor insemination. The rights and responsibilities of the legally established fathers are the same as biological fathers. The children will most likely carry his surname, he will sign consent forms for that child in education and health issues and he has automatic parental responsibility. The original Act included the rules about who is defined a father and mother but it did not afford children the right to know their genetic origins until the 2005 amendment. The Act stipulated that donors of sperm should be anonymous but that children born from DI should be able to identify the health records of the donor.

The structural arrangements for legal establishment of parenthood in the above example, implicitly expect that only heterosexual, preferably married couples will be seeking assistance from licensed practitioners in reproductive medicine. Furthermore the law steps in to remove potential ambiguities regarding the identity

and family relationship between the non-biological father and child. When two women present themselves to the medical profession as a prospective parental couple, for donor insemination the hetero-normativity (Carabine, 1996) underlying the procedures excluded them from being treated as a couple (at the time of the research) and the biological mother was treated as a single woman for all official purposes. For example, she signed the consent form for herself to be impregnated with the sperm of a stranger and the co-parent had no stated position.

The formalised process of insemination was regulated but informal arrangements for self insemination created ambiguities of parenthood status, which created problems for the state and policy makers, for example, the Child Support Agency. During the 1990s lesbians had been required by the Child Support Agency to 'name fathers'. The agency stipulated a distinction between children of DI arranged through the NHS and children born from informally arranged DI. The latter were subject to the rules of the Child Support Act (The Independent, 17/6/95). Media coverage of this debate divided lesbians into good and bad lesbian mothers, depending whether they were prepared to 'name fathers' (Freeley, 1994:8). The nature of these objections to lesbian mothers focussed on the issue of financial responsibility. The strongest objections to lesbian motherhood on the grounds of resources were to be found in the leader columns of the Daily Express for much of 1996. Many of the objections to lesbian motherhood were articulated in opposition to New Labour and its support for lesbian mothers. This was combined with the repeated concern regarding the absence of men in the lives of children who are born through donor insemination. Some commentary goes further than the absence of the

male role model argument to the point of worrying about the gender order and reproduction. For example the following point was made:

More than one quarter of live births are outside marriage, marginalising the father in the family, the role of breadwinner is under threat and the final nail in the coffin is - women who want to become pregnant through artificial insemination. This could represent departure from the old fashioned male-female relationship (The Independent 17/6/95).

The main fears encapsulated in this quote were those of potential costs to the state, and that the perceived role of men in reproduction is open to question and also poses a perceived threat to normative heterosexuality. The need for a father in this context was perceived as the need for someone to be named provider. The identification of father in social policy has been and continues to be debated as families are created in a variety of new ways. The identification of the father through legal means for heterosexual couples is paramount in their procedure for access to donor insemination. The absence of a father for the lesbian couple is perceived as the key problem relating to economic dependence. There are deeply embedded assumptions about women's dependent place in relation to men (Pateman, 1987) and in the social order. This pervades the policy framework and lesbians who decide to parent together place themselves outside of any normative arrangements for reproduction and this effects general acceptance of them as a family.

2.4 Patient selection for Donor Insemination

The issues surrounding patient selection, who should and who should not have access to reproductive technologies, continue to be controversial and challenging.

Although it might make sense to limit access to medical techniques and services to persons with clear medical conditions, drawing lines would be difficult and enforcement would be virtually impossible (Blank, 1998:133).

A regulatory model was needed to give authority for the provision of treatment services and for society to keep a check on reproductive possibilities. The Act required a regulatory body enact the law and to draw up guidelines for medical centres to be licensed to administer reproductive medical treatments. This was established under the title HFEA, Human Fertilisation and Embryology Authority. The guidelines on ‘inappropriate mothers’ were open to interpretation by the doctors/consultants. In most cases this was interpreted as single women and/or lesbian couples, and disabled women. The debate about suitability for access to reproductive medicine occupies much time and debate inside and out of the medical profession (Donovan 1992; Haines, 1990). The selection of patients is based on

physical conditions, but also it can be linked to a doctor's ideas about who is 'suitable' as a recipient of treatment services, (Donovan, 1992; Franklin, 1993).

Furthermore, a late amendment to the 1990 Act stated that:

A woman should not be provided with treatment services unless account has been taken of the welfare of any child who may be born as a result of that treatment (including the need of that child for a father) and of any other child affected by that birth (HFEA 1990).

The establishment of the HFE Authority provided an advisory body but discretion was left to the judgements of doctors within the framework of the law. Neither the Act nor the authority gave guidance on how this ruling should be interpreted and "it became in effect left to the clinicians' judgement" (Franklin, 1993). The difficult position that doctors were now in was that they had to make decisions based on medical grounds in a field where the maintenance of family in the normative model was in their hands. Inevitably, many of their decisions about patient selection were based, not on medical evidence but on ideological beliefs about the 'right' family to be supported:

It would seem that there are no medical reasons for excluding single, heterosexual women and lesbians from DI but only social or non-medical ones which are based on subjective belief systems about families and parenting. The most important social criterion would

appear to be what the structure of the potential DI family will look like. A heterosexual, monogamous, nuclear family emerges as the most vaunted structural context for raising children (Donovan, 1992:21).

Most clinics restrict access to those in heterosexual/married relationships, and few clinicians are prepared to offer treatment services to single women or lesbian couples. The guidelines for medical practitioners require them to consider the environment in which children will be brought up. The dilemma for sympathetic medical practitioners is that they are being asked to extend 'treatment services' on non medical grounds.

2.5 Adoption framework

The legal framework in relation to adoption and fostering has changed in the last few years, but historically married heterosexual parenting had been the ideal reflected in legal guidelines to authorities. For both lesbians and gay men, fostering and adoption have potentially offered ways for them to become involved in parenting. However, concerns with 'environments' had been aired earlier in the 1980s in the health and social work professions around fostering and adoption. Department of Health guidelines in the 1990s made reference to how the 'chosen way of life of some adults may mean that they would not be able to provide a suitable environment for the care and nurture of a child' (Hicks and McDermot, 1999:234) and this has been used to exclude some non heterosexuals as potential

adopters. In the paragraph 16 of the consultation DOH paper on foster placement (1991) it was stated that:

It would be wrong arbitrarily to exclude any particular groups of people from consideration. But the chosen way of life of some adults may mean that they would not be able to provide a suitable environment for the care and nurture of a child. No one has the right to be a foster parent...equal rights and gay rights have no place in fostering services (Department of Health, 1990: para 16).

Since the mid 1980s, the issue of fostering and adoption by gay men and lesbians has come into the public eye. Campaigning groups such as Positive Parenting (a support network for prospective gay and lesbian adoptive parents) organised objections to the inclusion of the phrase 'gay rights' in the above paragraph, and the statement evoked more general lobbying and campaigning on the part of gay and lesbian communities (Hicks and McDermott, 1999). The Children's Act (1989) included guidance on fostering and adoption and drew attention to the best interests of the young gay or lesbian person. Paragraph 9.53 stated "gay young men and women may require very sympathetic young carers to enable them to accept their sexuality and to develop their own self esteem" (DoH, 1991, Para 98). The contradictory messages from different areas of legislation during the 1980s and 1990s suggested that sexual minorities' desires to create parental couples and

families could not easily be accommodated within the rules for adoption or donor insemination.

The organisation PROGAR³ was made up of social workers in the fields of fostering and adoption. They have campaigned for consistently for openness in adoption procedures. The issue were related to children who had no knowledge of their own identities after adoption. This group argued for grown adopted children to find out the circumstances of their adoption and identities of birth parents. They went on to make similar arguments for the removal of anonymity on the grounds that anguish and heartache could be inflicted on the children born from DI. The child's right to know their genetic parents is particularly salient in this field of social work. Parallels are drawn between fostering and adoption and donor insemination:

The view of the British Agencies for Adoption and Fostering is that society's responsibility, in considering the present issues (DI) is to look further than the needs of the childless couple to have a child. The needs of the children born as a result of 'treatment' must be addressed – we think this can best be achieved by learning from the adoption experience and affording them the same access to genetic/birth parent information (Bentley, 1990:11).

2.6 Lesbians realising possibilities

³ Project Group on Assisted Reproduction – set up by the British Association of Social Workers.

In the UK, USA, and Australia and in Europe, lesbians are making unorthodox reproductive and parenting choices. The political and cultural landscape of Britain between the 1970s and the 1990s was characterised by a polarisation of political thought. New Right agendas were matched with social and political movements with two different histories emerging within agendas of 'sexual freedom'. Feminism had articulated the oppressive consequences of traditional roles and argued for the emancipation from the biological imperative of motherhood. Feminism had reproductive politics at the heart of its movement. Women could be freed from inevitable marriage and motherhood. Consequently, feminist politics centred on waged work, contraception and abortion. The historical possibility of women becoming freed from childbirth and motherhood gained considerable currency in the feminist movement (Calhoun, 2000). Within lesbian and gay politics, the emphasis was on the 'right' to a sexual identity. For many 'out' lesbians who had counted themselves out of motherhood because of their preferred relationships and affinities with women, the possibility of becoming mothers without men started to emerge, largely as a result of increasing awareness of new reproductive technologies and the emergence of "community knowledge" (Weeks, *et al.* 2001).

The new phenomenon of lesbian parenthood evoked a moral and political debate. Different legislative and social forces had converged to make it possible for lesbians to become mothers. The last two decades have seen the emergence of 'fateful moments' (Giddens, 1991) the most significant of these key moments being the separation of sex from reproduction. Within the context of medical advances in reproductive technologies, dominant constructions of motherhood and parenthood

have come under scrutiny. The medical profession developed a range of Assisted Conception Techniques with the help of advances in scientific knowledge. In this context, lesbians began to see possibilities for living openly in their relationships and creating families of their own. The phenomenon however is relatively new:

The notion that parenting can be chosen by openly non-heterosexual people is relatively recent, and marks a radical change in the relationship between non-heterosexuals and child care. It was not until the 1970s that there was any real urgency among lesbians to claim the right to motherhood as lesbians.... While it has always been possible for women whose emotional affinities and sexual desires were primarily directed towards other women to be mothers, it has been very difficult to be openly lesbian and be a mother (Weeks, *et al.* 2001:159).

2.7 Opposition to the idea of lesbians becoming mothers

The idea that women can fulfil the parenting role not only is written about as if unacceptable, but almost as if it is an attack on the normative route to parenthood. The use of the word 'unnatural' has appeared to greater and lesser extents, and often implicitly rather than explicitly. Media coverage of reactions to the phenomena reflects a shifting acceptance and gradual blurring of the boundaries surrounding understandings of who can be parents. By 1999 such increasing awareness and even

acceptance is reflected in the following article: *Family Law* (Clare Dyer, Legal Correspondent, 16/10/99) headlines with the words: Gays can bring up Children – Head of Family law division boosts equality for homosexuals while attacking ‘hypocrisy’ of divorce’. The pronouncements of Dame Elisabeth Butler-Sloss revealed shifts in attitudes between the 1970s and 1990s. She points out that research into the welfare of children raised by lesbians has been influential in changing the bases for some legal decisions. She said:

It would be quite wrong when looking at the welfare of the child not to recognise that different children will need different types of parents. We should not close our minds to suitable families who are clearly not within the old fashioned approach.....In the 1970s and 1980s women who left their husbands to live with a lesbian partner had difficulty gaining custody of their children. But following research in Britain and the US which found that children brought up by gay partners were no more likely than others to grow up gay or to be teased at school, sexual orientation was seen as much less important than other factors such as the bond between mother and child (*Guardian*, 16/10/99).

The social and legal changes discussed above reflect theories of reflexive modernity and its effect on the terrain of family life:

Its not that one type of family will displace the other but that a broad spectrum of variations on familial and extra familial forms of living together will arise and continue to exist side by side (Beck,1992:119).

The effects of modernity and the increasing individualization (Giddens, 1992) created the possibilities for the individual pursuit of new identities:

And for modernization successfully to advance, these agents must release themselves from structural constraints and actively shape the modernization process (Beck, 1992:119).

The changing nature of the relationship between social actors and social structure (Beck, 1992) causes tension and in the case of lesbians choosing parenthood the evidence cited in this chapter surrounding opposition to them illuminates the force of reactions against their choices. Identities are constituted in relational practices (Finch and Mason, 2002) and this includes motherhood, maternal and parental identities. The remainder of the study explores the precise nature of the background to the relatively new phenomena of lesbian motherhood. The respondents' need to 'reflexively monitor their actions' (Giddens, 1992) in day to day life is explored through the family narratives captured in the research interviews.

For those families created outside of the biological hetero-norm (through DI for example), the law (HFEA, 1990) and structure of the

medical profession stepped in to reinforce the norm of the nuclear family (even if it is one that only 'passes' as a biological family). This is illustrated above in the rules for establishing the identity of the father in DI families. When women chose motherhood within the social relations of a lesbian identity, the media sources suggest that they were seen as a threat to the traditional order of family and parenting arrangements. The next chapter explores feminist and sociological approaches to heterosexual and lesbian motherhood and their place in both kinship structures and wider society. Chapter 3: Conceptual approaches to motherhood: the literature

3.1 Introduction

The one unifying, incontrovertible experience shared by all women and men is that months long period we spent unfolding inside a woman's body...most of us know both love and disappointment, power and tenderness, in the person of a woman...yet we know more about the air we breathe, the seas we travel, than about the nature and measuring of motherhood (Rich, 1977:11).

This chapter reviews the literature surrounding heterosexual motherhood, and more recent accounts of the emergence of lesbian motherhood. The literature surrounding motherhood is both immense and interdisciplinary. The meanings and

significance of motherhood to women and men is extensively theorized (Chodorow, 1978; Treblicot, 1983; Ruddick, 1982; Smart, 1992; Hill-Collins, 1990). Given the statement above, the literature reviewed in this chapter provides a partial overview of what we do know. It is structured around the following themes: Feminism and motherhood; discussion of motherhood as a biological imperative; the centrality of black feminism to this field (Davis, 1982; Hill-Collins, 1990). The central premise of this perspective is that meanings given to motherhood and the social practices of motherhood are largely contingent on time, place, ethnicity and class. It is argued that motherhood is constituted within relational practices and therefore other definers of identity and status in society are integrally linked to constructions of maternal/parental identities. The anti-essentialist theories of black feminists therefore hold a central place in current theories of motherhood as an identity and an institution. This section is followed by; motherhood as constituted in relational practices and as a relational identity; the material framework for motherhood, and; the emergence of lesbian motherhood.

3.1.2 Feminism and motherhood

Contemporary debates about sexuality and social policy include issues of lesbian 'rights', reproductive technologies, the legal context of gender relations and single motherhood (Silva, 1996, Richardson, 1996). In particular, feminist approaches have had a major influence on theorising motherhood. Motherhood has been theorized as a relational identity where it is seen as part of wider structures of kinship (Finch and Mason, 2000: 14). The unifying critique inherent in all feminist approaches suggests the institution of motherhood within patriarchal society carries

oppressive consequences for all women. This focus on the institution however, negated the experiential accounts of mothers themselves. Growing recognition of this absence resulted in more experiential literature:

In the 1970s feminist theory directed considerable attention to dismantling the ideology of motherhood by understanding its patriarchal roots and by underscoring that it did not represent the experiences of mothers themselves. As a result, the mother's subjectivity, her ability to reflect on and speak of her experience has become an important ingredient in altering myths and changing social reality (Bassin, *et al.* 1994:3).

The institution of motherhood (Rich, 1974) continues to occupy a central place in studies of women's lives, and in the politics of gender equality. Constructions of motherhood are underpinned by naturalist and pro-natalist ideologies (Treblicot, 1983). The constancy of motherhood in human societies suggests a natural explanation; "Reproduction is seen as a constant atemporal phenomenon.... part of biology, rather than history" (Millett, 1971:173). Essentialist understandings of motherhood are closely bound up with essentialist understandings of heterosexual marriage. Whilst the processes of human reproduction certainly have constancy, the literature discussed in this chapter reveals two important facts for the basis of analytical work on this subject. First, that motherhood is a contested category (Silva, 1996). Secondly, the 'mother' identity takes different forms across time and space (Moore, 1994). Motherhood is an identity which is most closely associated with

naturalness and femininity and at the same time is at the centre of debates surrounding abortion, contraception, reproductive technologies, teenage single mothers, women's work, war, gay and lesbian parenting and economic generation (Glenn, 1994). All of these revolve around contested meanings of motherhood. Whilst essentialist explanations for mothering occupy a dominant cultural position, motherhood paradoxically happens in different ways in different contexts. Some mothers nurture their own children, some do not. The notion of physically nurturing the children of other people is part of the experiential history of black women in the US context and poor white women across Europe (Aries 1973, Lewis 1986). Motherhood, in the context of the family has always been a site of contention. The status of all women appears to be affected by dominant pro-natalist ideologies (Treblicot, 1983). The primacy of motherhood in feminist theory is understood as a necessity for understanding the cultural, political, social and economic position of all women.

This study of women's lives is informed by the need to understand the self in relation to others (Brah, 1993). Academic studies of minorities, therefore, should not only have implications for the minority in question, but also, as in the case of this thesis, heterosexual mothers, women who choose to be child free, disabled women who are child free against their own choice (Morris, 1991) and the lives of Black and Asian women of different ethnicity. Societal objections to lesbian motherhood (see chapter one) are rooted in ideological assumptions of what motherhood should be. These dominant ideas are embedded in the cultures within which we all grow up. Despite cultural, geographical, class and ethnic differences, the reactions against lesbian mothers are most likely to be connected to ideas of unnaturalness. In this respect some commonalities in experiential accounts of exclusion from maternal

identity for lesbian women and heterosexual disabled women are evident (Donovan, 1992). There are contradictory tensions expressed in these debates. For example, the dominant idea that it is natural for women to have maternal instincts only applies to married, heterosexual women. Furthermore, depending on her cultural context she must be the right age. These arguments are followed by the idea that it is unnatural for disabled women, lesbian women and very young women to have children (Morris, 1991).

Differences of race, sexual identities, class and disabled identities underpin experiences of family, parenting and the place of motherhood within cultural and social contexts (Morris, 1991, Hill-Collins, 1990, Silva, 1996). The literature surrounding all these aspects set out the theoretical terrain for the exploration of lesbian motherhood in late modern British society. The naturalness of motherhood has come under scrutiny by both white and black feminist writers:

Mothering and motherhood are not; contrary to popular belief 'the most natural thing in the world' they have taken different forms at different times and places.... The social construction of mothering was about the societal reconstruction in post colonial situations (Moore, 1996:58).

Black and Asian writers have highlighted the importance of 'locating ourselves in relation to each other'⁴ in our feminist approaches to the analysis of

⁴ The idea of locating ourselves in relation to each other is taken from Avtar Brah, cited in Womens Studies Reader. 1993 Ed Stevi Jackson

women's lives. Brah (1993) argued for the politics of location. To understand where we are in relation to each other:

I believe that it is possible to develop a feminist politics that is global, but it demands a massive commitment together with a sustained and painstaking effort directed towards developing practices that are informed by understandings of the ways in which various structures of inequality articulate in given contexts, and shape the lives of different groups of women. We need to address how our position – in terms of class, racism, sexuality, caste, for example - locates us within systems of power vis a vis other groups of women and men (Brah,1993:31).

To study women's lives reveals differences. Brah has suggested that women are not to be seen in a monolithic way and our position in the world as black, white, disabled, poor or affluent informs our experience as women. Studies of women's lives therefore should incorporate these differences in our attempt to illuminate the interconnections. Following the ethos of this approach, this research, included experiential accounts of lesbian motherhood from white, Asian, disabled, working and middle class women's experiences.

3.2 Motherhood as biological imperative

Constructions of femininity and masculinity are inextricably linked to reproductive identities. In particular, motherhood has been integrally linked to dominant ideas of femininity and naturalness (Winnicott, 1964; Lewis, 1986) particularly in the influential field of psychoanalysis (Chodorow, 1978, Daly, 1978). Maternal instinct is, in commonly received knowledge, part of what it is to be a woman, and is inherent:

What complicates the matter is that whereas we do speak of parental affection, and paternal as well as maternal feelings, there is no talk of paternal instincts talk about maternal instincts, what they seem to be discussing are the prompting which induce women to care for their offspring. All this is frequently supposed to be connected to love in some way, and may even be considered to be a particular species of love (Whitebeck, 1983:186).

The idea that motherhood is special has caused tensions and dilemmas in feminist theory. Whilst I suggest that we have no definitive answers as to why women want children, the social relations surrounding this inevitable aspect of human life form the basis of this study. Experiential accounts of ‘maternal desire’ were found in some of the respondents’ comments (see full discussion in chapter 5). Questions surrounding women’s desire and deep held feelings about maternity have been the source of tension in feminist theorizing. The naturalness of such feelings has been

scrutinised effectively, but the debate about the 'specialness' of biological motherhood continues:

The fault line is especially 'sore' in feminist discussions of mothering. There is a particular resistance to giving up on the idea that motherhood is special. This has implications for feminist politics and the possibilities of imagining futures where motherhood could be different. It is not surprising that women want to particularise the powerful bodily and emotional experiences of motherhood: pregnancy, birth and breast feeding are such powerful bodily experiences, and the emotional attachment to the infant so intense, that it is difficult for the woman to have gone through these experiences and emotions and think that they do not constitute unique female experiences that create an unbridgeable gap between women and men (ibid, 1983).

The idea that women are 'driven' to have children is often couched in essentialist understandings of maternal instinct. The wanting of motherhood appears to be one of the continuities of human existence, and this wanting of children is deeply gendered. (Chodorow, 1979). The drive for human reproduction and the emotional constructions of motherhood, including attachment and parental love are theorized extensively in psychoanalysis (Chodorow, 1978, Dinnerstein, 1976). We do not know why many lesbians want or yearn to have children either biologically or

socially. There appears to be no 'truth' about why some women (lesbian and heterosexual), albeit the majority, want and desire biological motherhood, or to become mothers or parents other people's children. The findings of earlier research (Baetens and Brewaeys, 2001) found lesbians' reasons for wanting motherhood did not differ dramatically from heterosexual women.

It has been stated that lesbian couples explain their wish in a similar way to heterosexual couples: a common project of both partners desiring a child as an affirmation of their love (Baetens and Brewaeys, 2001: 513).

In addition, social construction and feminist analyses of motherhood highlight structural and material consequences, which subordinate women in patriarchal structures (Delphy and Leonard, 1992; Walby, 1992). In moving beyond questions about why women choose/want motherhood, this research is informed by questions about the meaning and significance of lesbian motherhood to the women who have chosen it. Competing arguments surrounding definitions of motherhood and maternal identities rest on distinctions between essentialist and non essentialist theories. Despite the complexities revealed in this field of literature, the underpinnings of maternal ideology are rooted in naturalistic understanding (Treblicot, 1983). Maternity has historically been understood in relation to nature, whereas paternity has been defined in culture and the public sphere, particularly in legal discourses (Smart, 1996). Historically women have had to withdraw from work in order to choose or opt into motherhood (Mitchell, 1974). This has been reinforced and justified. Historical

separation of home and work has been philosophically explained in terms of women and men are different or separate but equal. Feminist authors and activists critiqued biological and essentialist explanations in the 1970s (Millett, 1971; Rich, 1977; Oakley, 1974) and positioned the family as the major site of oppression for women. Firestone argued for the freedom for women “from the tyranny of reproduction” (1971). Distinctions were being made between motherhood as a subjective experience and motherhood as an institution (Rich, 1974). Ideology based on naturalness was strengthened by the separation of home and work, domestic divisions of labour and the institution of marriage. Motherhood was the major and irreconcilable difference:

Only women have the capacity to become pregnant.
Childbirth and motherhood have symbolised the
natural capacities that set women apart from politics
and citizenship (Pateman, 1987:26).

This suggests that the naturalness of motherhood and the natural differences between women and men are pivotal to the structural positions of men and women in society. The primacy of motherhood prevails across disciplines with key themes emerging in the literature. Definitions of motherhood in these naturalistic terms appear in many ideological, social and professional discourses from the 1920s in Britain to the present day. Feelings of contradiction do not feature in literature dealing with lesbian motherhood, although heterosexual motherhood studies include these aspects (Rich, 1977, Bassin, *et al.* 1994). Lesbian mothers, in research, talk about their joy and pride in their children and their own motherhood and on the other hand live with the experience of opposition and exclusion from societal acceptance of their identity as a

lesbian. The point at which we draw a line between nature and the social is especially fraught in feminist writings on motherhood, because many seem reluctant to accept the idea of motherhood being 'special' and unique to women. Women have had powerful, painful and life changing experiences as a result of their reproductive capacities. The fact that only women can experience pregnancy, childbirth and physical breast feeding, combined with the powerful nature of these experiences makes it difficult to give up the idea of the 'specialness' of motherhood. The literature, however, reveals different approaches in sociology and psychology:

Although there is a lot of psychological interest in individual differences, psychology has not generally explored the different ways in which mothers think about, experience and live their lives as mothers (Phoenix, 1991:7).

Qualitative research on the lives of women as mothers reveals cultural/historical differences, feelings of contradiction and ambivalence and shifting ideologies and meanings within the politics of reproduction. The 'specialness' of motherhood and marriage is highlighted and reinforced in many areas of policy and legislation:

Motherhood is defined in relation to other individuals and 'natural' motherhood is firmly located in a legal framework with a historical ideological background. Women have always had children; it is only with the

rise of late modernity that we see the emergence of the legal institution that we now recognize as motherhood (Smart, 1996:44).

This discipline had significant influence over the formation of early welfare policies in the 1930s and assumed it was natural for women to want to give birth and have their own children. It became clear that the maternal instinct did not extend to the doing of motherhood:

Childbearing advice of the 1920s and 1930s suggested that whilst it was natural for women to want to have a child and look after it, mothers did not know instinctively what was best for their infant (Richardson, 1993:44).

Specialists and health professionals had enormous impact on guidelines with naturalistic ideas about mothering:

You found yourself concerned with management of the baby's body, and you liked it to be so. You knew just how to pick the baby up.... Indeed you knew all this when you were a little girl and played with dolls. And there were special times when you did definite things, feeding, changing napkins, and cuddling...In fact by these things you could have known you were a

woman, and an ordinary devoted mother (Winnicott, 1964:6).

The 1930s were the first time in social policy, that the idea that nurturing was not natural was formalised. The early welfare policy makers voiced concerns about ignorant women as the source of danger in infant deaths and illnesses (Lewis, 1984). The role of 'mother' as primary nurturer was thus consolidated in early social policy interventions, particularly in the lives of working class women. Dominant ideologies of female nurturing were to be found in welfare policy and practice but not in the statutes surrounding parenthood. During this period motherhood as an institution was upheld by law and policy and at the same time policy suggested that women had to be 'taught' motherhood. Most of the emphasis was on the responsibilities of mothers but further back in time there was an absence of mothers' rights in law. This was historical and traced back to the undisputed 'father right' of the nineteenth century. The Victorian construction of the 'fallen' woman was a lesson against adultery as most women who were found guilty would never see their children again (Pateman, 1987, Smart, 1992).

3.3 Black feminist critiques

Maternal identity is experienced differently in different times and places, and dependent on status in society. Naturalistic understandings of 'maternalist identity' can hide these differences and dominant ideologies of motherhood can have the effect of subjugating difference. To have maternal feelings and emotions is taken as the basis of a motherhood identity. If, as sociologists, we argue against the 'naturalness'

of maternal instinct, and focus on social constructions of maternity, we can envisage that maternalism is experienced and understood differently. This is most clearly articulated in relation to ethnic difference.

The assumption that mothering occurs within the confines of a private nuclear family household where the mother has almost total responsibility of child-rearing is less applicable to black families. While the ideal of the cult of true womanhood has been held up to black women for emulation, racial oppression has denied black families sufficient resources to support private nuclear family households. Second, strict sex role segregation, with separate male and female spheres of influence within the family, has been less commonly found in African-American families than in white middle class ones. Finally, the assumption that motherhood and economic dependency on men are linked and that to be a good mother one must stay at home, making motherhood a full time occupation is similarly uncharacteristic of African-American families (Hill Collins, 1990: 43-44).

Black feminism generally challenges natural explanations for motherhood and naturalistic ideology of instinctive nurturing. Non-biological mothering has been a reality of all societies before, during and after the emergence of lesbian motherhood. Significant numbers of people in the UK have been 'mothered' by foster mothers, adoptive mothers, step mothers, grandmothers or by their fathers (Richardson, 1993). Questions surrounding the concept of the 'real mother' evokes discussion about whether this means the person who has most responsibility for looking after the child or the person who went through the pregnancy and childbirth (Richardson, 1993). The distinctions between motherhood as a biological process and motherhood as

social role open up possibilities for accommodating historically different and newly emerging forms of motherhood.

Themes such as the emotional attachment in the mother/child relationship and domesticity are connected to theories of mothering and sexual divisions of labour in white feminist approaches. Black feminist perspectives emphasise different themes such as different historicity of motherhood with slavery in the US context and the post colonial legacy of late modern society in the British context (Hill-Collins, 1990). Consequently, the role of motherhood requires different experiential analyses when black women's encounters with racism and exclusion are integrated as part of social construction. The dominant western motherhood model assumes a particular nuclear form. For Asian women in the British context, analyses of motherhood which are based on this assumed model of the nuclear family within one household do not always apply and it automatically excludes many family histories. For example, British Asian mothers have more common experiences of women living with, and sharing parenting with other female relatives (Trivedi, 1984). The negation of black and Asian experiences of motherhood formed the basis for theoretical critiques of white western analyses. Black and Asian feminists have criticised some white feminist claims about the oppressive nature of the family structure. It has been suggested that white theorists have failed to emphasize the crucial role of the family and community in the lives of Asian women in protecting them against racism (Trivedi, 1984).

The normative model of the nuclear family is critiqued in Marxist feminism, where the position of women in families is highlighted. Patriarchal family form is

located as a source of oppression (Barrett, &McIntosh, 1982). Analyses from the position of black and Asian women raise material realities (Coulson, and Bhavnani, 1986). For example, whilst feminism challenge ideologies of ‘family wage’ and the oppressive nature of family form, issues of immigration and the state involvement in separating families is not taken into account, therefore failing to account for the protection that family can offer black women in a white dominated society. Similarly:

attacks on ‘family wage’ fail to recognize the situation of black immigrant women who pay taxes but receive no benefit for children still in other countries (Muncie, 1995:27).

The ideological treatment of ‘the single mother’ highlights the ‘problem’ she causes for society in relation to financial dependence on the state, and political rhetoric has focused on this aspect at various times, in particular in the lead up to the Child Support Act 1990 in the UK context. Within these discourses ethnicity was highlighted with particular constructions of black single motherhood as more dependent and offering greater ‘problems’ than white single motherhood (Phoenix, 1991) even in the face of evidence to the contrary.

The centrality of black feminism to the study of motherhood has developed from these critiques through to a reconfiguration of motherhood from the ‘natural’ determinist understandings to motherhood as a material and cultural construction. The integral link between ‘race’ and motherhood is a legacy of the colonial history of the UK. As suggested above, dominant ideologies regarding motherhood are

underpinned with ideas of naturalness. These ideas of what is the ‘most natural thing in the world’ are not fixed or static. The notion of physically nurturing other people’s children, however, is part of black women’s historical experience (Pollock 1983; Aries 1973; Lewis 1986). Motherhood in social theory and feminist politics became a site of contention. Differences of race and class inevitably were centered in theories of motherhood. Black feminist approaches to motherhood rely on an understanding which incorporates the fact that motherhood does not take the same form across cultures, ethnicities or through history (Pollock, 1983, Cook 1984, Hausen 1989). The social constructionist approach therefore incorporates issues of class, race and culture in examining the wider structural issues of social policy, law and ideology. The critical impetus to incorporate diversity and difference emerged from critiques of euro centric approaches to women’s lives and mainly from black feminism but also from white and black feminists in relation to each other (Coulson and Bhavnani, 1986). The impact of feminist post modernism (influenced by French post structuralism) added to the critical impetus to recognize difference and diversity. Theorists from:

The mid 1980s...began to place such emphasis on diversity and difference between women, and on the instability, uncertainty and complexity of the category ‘woman’ that they reject any attempts at universalising women’s experience (Muncie, 1995:311).

The contribution of black feminism to the study of motherhood contributes to a reconfiguration from a natural ideology to an understanding which incorporates the

fact that motherhood does not take the same form across cultures, ethnicities or through history. The social constructionist approach incorporates issues of class, race and culture in examining the wider structural influences of social policy, law and ideology. Theoretical developments from the psychoanalytic framework (Chodorow, 1978; Dinnerstein, 1977) which offer explanations for the emotional construction of motherhood have been criticized for the seemingly essentialist premise of the 'deep sense of self' constituted in early childhood, and key determinant of women's need to mother. They are also criticised for their bases in the experiences of white Americans. They are therefore reliant on normative models of parenting and motherhood which are culturally specific:

Placing racial ethnic women's motherwork in the center of analysis recontextualises motherhood.Exploring the dialectical nature of racial ethnic women's empowerment in structures of racial domination and economic exploitation demonstrates the need to broaden the definition of maternal power (Hill-Collins, 1994:62).

3.4 Motherhood as a relational identity

Motherhood as an identity can only be produced within relational practices and ideologies. The myriad of relationships surrounding women who give birth to or adopt children include their intimate partnerships, kinship networks, the state and its agencies and medicine. Motherhood is produced within social relations and processes

and this includes kinship networks. Foucault (1978), and Butler (1994), have both drawn attention to kinship. The former offered theories of power located in discourse; “the discursive production and regulation of sexuality as forming a system somewhat autonomous of gender relations and anchored in kinship” (Alsop, *et al.* 2002: 127). The latter argued for “kinship as a site of redefinition which can move beyond patrilineality, compulsory heterosexuality, and the symbolic over determination of biology” (Butler, 1994:14). Most heterosexual women have sexual relationships with men to achieve pregnancy. The mother has a relationship with her child and she has relationships with all those extended family members who see themselves as linked through kinship to her and her child:

Kinship should not be seen as a structure or system but is constituted in relational practices- in communication and in dealing with day to day issues. Kinship is very much about doing, reasoning and working it out in your own relationships (Finch and Mason, 2000:14)

In sociological studies of family and motherhood the use of narratives is crucial for the illumination of the relational character of diverse family experiences:

Stories and narratives about family relationships provide a vehicle through which ‘my family’ and its character can be communicated (Finch, 2007:77-78).

The relational construction of parenthood is not necessarily inherently heterosexual. External acceptance and recognition emerges in the literature as the key

to the co-parents' construction of motherhood/parenthood (Hequembourg and Farrell, 2004). The family narratives of the respondents illustrate their struggle to balance genetic, cultural and legal kinship ties in their chosen family forms.

Motherhood as an identity is a complex one, and various studies present it as an identity which is based mainly between mother and child (Chodorow, 1978, Ruddick, 1982). Theorists of motherhood within these fields explore 'motherhood' as an institution, a role and an identity. As such, "motherhood exists as part of gendered dichotomies such as father/mother, provider/nurturer" (Richardson, 1993:6). Therefore motherhood is defined and experienced as one part of a relationship thus constituted in relational practices and relational identities are usually imbued with greater or lesser amounts of power. Motherhood was also constituted in relation to structures of welfare, where ideological developments based on naturalistic assumptions underlay the history and development of welfare provision. The patriarchal context for motherhood is problematised consistently in feminist literature, from different standpoints because organisation of motherhood, during the industrial revolution and into the 20th century relegated women to the domestic sphere with considerably less social and legal power than male breadwinners. The literature however demonstrates a shift in focus from the 1970s to the present day.

Within patriarchal structures the doing of motherhood is part of the sexual contract (Pateman, 1987), and being a mother outside this structure has been historically difficult. In the case of lesbian mothers, whether they are adoptive, biological or co-parents the issues of relational identities are complex. The adoptive lesbian mother has to have a relationship with her child's birth parents, in terms of

explanation at least, or as an arranger of contact between her child and the biological parents. The lesbian mother who becomes pregnant through donor insemination has a relationship with the donor because he enabled her pregnancy, and this has to be explained and accommodated within her family of choice. She also has a relationship with her child and partner. All three of them negotiate the 'absent presence' (Donovan, 2001) of the father/donor, as does the adoptive lesbian family. Parental rights, responsibilities, and identities are complicated but the demographic of second and third families post divorce and separation have opened up debates about definitions of mother and father (Silva and Smart, 1996). During the era of reflexive modernity (Giddens, 1992) individuals constantly monitor themselves and their choices particularly regarding their personal lives. The complex relational context for lesbian motherhood involves more social actors than traditional heterosexual reproduction. There are no established 'rules' and each of the actors are producing a new family form, but with tensions and unresolved dilemmas surrounding genetic, cultural and legal definers of kinship.

Because motherhood exists as a role in relation to employment and structures of employment (Walby, 1992), therefore, motherhood is relationally placed within dichotomous structures of productive/reproductive work, paid and unpaid work. Analyses of motherhood reveal the realities of women's position in society. I believe the power relations between motherhood and the constraints of a patriarchal society are central. Women, in relation to men have different embodied experiences in relation to desiring, birthing and nurturing children. The organization and control of reproduction carries a particular form of power. This is the power to decide on the use, and treatment of, women's bodies. Reproduction is identified as one of four

structures of women's oppression, the others being production, sexuality and the socialization of children (Mitchell, quoted in Richardson, 1993:118). Male control of reproduction, including the medicalization of pregnancy and childbirth since the 18th century has been identified as the key to the oppression of women (Mitchell, 1971, Firestone, 1971). Motherhood has been produced with in the social relations of patriarchy and medicine as an institution since the enlightenment.

Motherhood and marriage are the key definers or points of entry for women into the political order (Pateman, 1987). To have a place in the political order a woman must be married. Motherhood becomes possible in relation to men who are either biological fathers or legal/social fathers to their children, as long as legal fathers' rights have been established. The strong links between motherhood and the dominant ideology of womanliness and femininity are deeply embedded in political culture. Pateman (1987) traces the emergence of the patriarchal right, or father right within the emergence of civil societies. Men were created as equal citizens through contract. The civil contract replaced slave contract. Women however, were only brought into the political order through their role in, first, marriage and then reproduction. As wives and mothers women are brought into the political order:

The patriarchal interpretation of patriarchy as paternal right has had the paradoxical consequence of obscuring the origin of the family in the relation between husband and wife. The fact that men and women enter into a marriage contract – an original contract that constitutes marriage and the family – and are husbands and wives

before fathers and mothers is forgotten. Conjugal right becomes subsumed under father right and as... patriarchy revolves around powers of mothers and fathers – so obscuring the wider social question of the character of relations between men and women and the scope of the masculine sex right (Pateman, 1987:28).

Motherhood is located in the wider debates about women's position in society by materialist feminists (Delphy & Leonard, 1992) and looked at from the perspective of internal family dynamics (Chodorow, 1978). Different strands of theorising motherhood set the context for examining the precise nature of lesbian motherhood. The perceived problems that lesbian motherhood could create for society are related to the absence of a father, and the unnaturalness of the lesbian relationship. Analyses of women's position in society have focussed on citizenship (Lister, 1992) and the civil position of mothers and women (Pateman, 1987). The debates surrounding citizenship status of sexual minorities have included the articulation of rights, the extension of civil rights to social rights.

In these debates, lesbians and gay men are identified as a sexual minority. For this study the particularity of lesbian's experiences is the focus. Historically citizenship possibilities are constructed historically differently for women than for men. The claims for intimate citizenship or sexual citizenship are based on identity and the assertion of a right to an identity, and to make claims on the state within which we live from the position of that identity. Theoretical analyses of the lives of sexual minorities need to include other definers of identity: class, 'race' parenthood

and gender. The citizenship status of lesbian mothers cannot be addressed without attention to contract, in other words, without attention being given to the position we are already occupying in a patriarchal structure. The positioning of women in society defines their opportunities for motherhood. Pateman's (1987) arguments about the differential positions of men and women suggest that women and men 'contract into' parenthood from different positions. Thus consideration of lesbian mothers and co-parents requires an understanding of the position from which they 'contract into' parenthood. The relational aspects of motherhood as an identity are identified in most feminist approaches:

Women's maternal role has profound effects on women's lives, on ideology about women, on the reproduction of masculinity and sexual inequality, and on the reproduction of particular forms of labour power. Women as mothers are pivotal actors in the sphere of social reproduction (Chodorow, 1978:11).

Motherhood as a role is located within wider social processes. Contemporary definitions of the child's rights in these debates are movable and flexible and objections to lesbian motherhood are often couched in terms of what children need, they need both a father and mother, they need a male role model, and now in the 2000s they need to know their genetic origin. The child's right to know his or her genetic origin, is becoming a central concern in the current decade in the context of debates surrounding assisted reproduction. Lesbian couples are allowed to have an identity of open lesbians, although with limited permission. But when they decide to

become parents together, they subvert the binaries of father/mother, breadwinner/nurturer, and father as subject/mother as object. It could be argued that lesbian parents are subjects in relation to each other. In this thesis the co-mother, non-biological parent, is considered key to the construction of lesbian motherhood. The possibilities for her parental status and citizenship are however different to that of biological mothers or step fathers. She (co-parent) had (at time of research) no position from which to contract in to parenthood (Nelson, 1996; Tasker and Golombok, 1995; Saffron, 1994; Dunne, 2000).

Mothers have limited forms of citizenship and for the lesbian non-biological mothers in this study questions of intimate citizenship have been ambiguous. They have played no reproductive role in the creation of their families and often remain the only family member with no blood ties to any other family member:

How is motherhood to be understood? And does motherhood refer only to the relationship between mother and child or does motherhood also refer to women's standing in the political order (Pateman, 1992: 20-21).

The difficulties faced by lesbians choosing motherhood are not only attitudinal. There were, at the time of this research, structural and ideological barriers which prevailed until the introduction of the Civil Partnerships Act which was implemented in December 2005. Before this legislative change, the biological mother was prevented from naming her partner as the other parent in the context of the

Human Fertilisation Embryology Authority (1990) rules for donor insemination. Following the introduction of the Human Embryology Fertilisation Act (1990) the two women can share parental responsibilities. The co-parent can, since December 2005, be held responsible financially for the upkeep of the couple's child/children, whereas previously she could not be named for purposes of financial support in the case of relationship breakdown, and she could not previously have been given permission in medical decisions about their child. My reading of this legal change is that a co-parent can opt into a parental relationship with the biological mother and legally be obliged to take responsibility for care and upkeep of a child. This does not mean however that she has a legally recognised status as parent in terms of kinship. She could not give her name to that child or have the same rights as a legal but non-biological father. This results in a limited form of parental status.

The interconnections between the structural frameworks discussed above and the post modern explanations for identity in more recent years (Butler, 1994) proved a theoretical opportunity to explore further questions (Pateman: 1992:20-21). Lesbians choosing biological motherhood and their partners choosing non-biological motherhood present a number of challenges in relation to their standing in society. The citizenship and status of the non-biological parent in the lesbian led family is problematic, because of her non-biological reproductive role and because of the status of her sexual identity and relationship with biological mother. Female citizenship has been so closely bound to women's reproductive function that the meaning and significance of lesbian motherhood poses a number of challenges to the state and legislative frameworks around parenthood and reproductive technologies:

Motherhood, as feminists have understood for a very long time, exists as a central mechanism through which women have been incorporated into the modern political order. Women's service and duty to the state have largely been seen in terms of motherhood and ...women's duty is connected to men's service as workers and soldiers (Pateman, 1992:19).

The literature suggests that motherhood is relational and highlights the fact that motherhood as a role has to be negotiated within both private and the public spheres. Motherhood is a negotiated identity/role rather than a naturally determined identity/role. The separation of the biological process of conceiving, carrying and giving birth from the day to day practices of doing motherhood is emphasised in the literature and this is a key distinction in analyses of motherhood identity. Acknowledgement of this separation is important in exploring the politics of both.

3.5 Material framework for motherhood

The parameters set by the state in Britain in late modern society are considered in the exploration of the social construction of lesbian motherhood. Gender and sexuality are closely intertwined in the public and policy aspects of parenting, even though it is implicit. The key institution of marriage has caused much controversy inside and out of gay and lesbian politics in the decade that lead up to debates surrounding civil partnerships:

The vexed question of gay marriage demonstrates that the relationship between the British State and its lesbian and gay citizen is unique in so far as the state actively intervenes to prevent them both fulfilling the obligations and responsibilities of citizenship and benefiting from its privileges. Since this group pays exactly the same rates of tax, national insurance and community charge as its peers this is unjust (Trades Unionist against Section 28, 1989 quoted in Tatchell, 1992).

The apparatus and ideology of the state are located in much of the feminist literature as a site of power in relation to the position of mothers. The construction of parenting as a choice that can only be made within a marriage or heterosexual cohabiting relationship has exclusionary effects for other groups, such as single heterosexual mothers.

The exclusion of lesbians and gay men from marriage disallows many aspects of citizenship enjoyed by heterosexual couples and their children. Some benefits that accrue to couples on the basis of their coupledness have now been incorporated in the Civil Partnership Act 2004. Gay and lesbian couples can now register their partnerships in a local town hall, although this is clearly not a marriage. Definitions of marriage in law and religion are based on heterosexual unions. The preliminary requirements of marriage within England and Wales illustrate the point that legal marriage is only available to two people of the opposite sex:

Two unmarried people of opposite sex and at least 18 years of age are free to marry, provided they are not closely related members of the same family

<http://www.statistics.gov.uk/nsbase/registration/marriage.asp>

The questions regarding women's citizenship include their position as mothers, their capacity to reproduce, and their position in relation to marriage. The choice not to marry carries different consequences historically for women than for men. The economic position of women is deeply embedded in the state structure as one of dependence. The wage structure remains inequitable with the gender pay gap of 12.6% difference between men's and women's median full-time hourly earnings (Annual Survey of Hours and Earnings 2005). The labour market, therefore, remains gendered with women predominating in low paid less skilled work, often part time and temporary. Men are still in predominant positions with an almost monopoly on high paying high-powered professions and occupations. The consequent position of women inside and outside the home is defined in relation to men. This is true whether or not we live with men or interact with men. Women occupy a position of dependence. Possibilities for parenting which is autonomous from men are being achieved despite the culturally minority status of lesbian identity and the economically disadvantaged position of women in relation to men. Social inclusion and exclusion carries implications for citizenship status:

Female citizenship is so closely linked to women's reproductive success; this raises interesting questions about the ways in which British politicians have intervened to make it impossible for lesbians to become mothers. At various times since 1980 parliament has considered legislation to prevent clinics providing fertility treatments to lesbians (indeed at all to single women), to make it illegal for local authorities to place children with lesbians or gay foster parents. To prevent lesbians adopting children and to prevent discussion about lesbian and gay families from taking place in schools (Smith, 1983).

The idea that women's citizenship status is closely linked to their capacity to reproduce not explicit in liberal democracies but was made very explicit in some political and social contexts (Treblicot, 1983). In contrast, contemporary British society has accommodated motherhood in different ways, with generational shifts around acceptance of children born outside marriage. Despite demographic changes in relation to the above and increased frequency of second families the law and social policy of Britain does not accommodate the lesbian parental couple. On further exploration of the position of women in relation to citizenship, it is argued that citizenship as a concept is not gender neutral:

To be a citizen of a nation state is to have certain rights and responsibilities – 'civil rights' – some of which are

enshrined in law. Even at this very basic level, gender and sexuality have an important effect. Citizenship is not a gender neutral concept. The typical citizen is almost always assumed to be male. The duty to give life, should it be necessary to do so, in order to maintain and generate a political order, is one of the central duties of citizenship (Dunn quoted in Pateman, 1992:23)

Motherhood has become possible for women within the institution of marriage and from their position as non-income or secondary income earners. This normative model does not include the experiences of many women but ideologically, reproductive choices outside of it have been problematic, and in the example of Afro-Caribbean women were pathologized (Mirza, 1997). The experiences of heterosexual black mothers and the experiences of lesbian mothers (Dunne, 1998a) provide an insight into the economic and power relations of the normative model. Dunne (1998a) found arrangements to be more complex and fluid in the absence of a male parental partner. She found that motherhood was 'reshaped' with much more negotiation surrounding decisions about paid and unpaid work. Domestic work was 'demystified' with no more or less importance given to it than paid work, and the ideology of 'breadwinner' was challenged. However later research on lesbian families found more or less variation and complexity (Gabb, 2005b). It appears that material arrangements for the construction of family become more open to negotiation when the gender hierarchy of male /female parental couples is replaced with female couples.

3.6 Emergence of lesbian motherhood

The new phenomenon of open lesbian couples becoming parents from their position as a lesbian couple began in the 1970s in the USA and UK; “It was not until the 1970s that there was any real urgency among lesbians to claim the right to motherhood as lesbians” (Weeks, 2000:159). Lesbians began to express desires to be mothers and guidance, advice and legal handbooks appeared in response to this. Lesbian motherhood started increasing and the new phenomena created different configurations of family (Pollack and Vaughan, 1987). Parenting manuals and advice texts offered information on how various routes to motherhood (Harne, 1984, Martin 1989). Parenting manuals for heterosexual women were in the main about nurturing your child and how to ensure their physical, intellectual and emotional development. In contrast manuals for lesbian mothers were usually about the law and how to keep your rights to parent your children (Martin, 1989) focussing mainly on the biological mother. Themes of maternal ambivalence and contradictory desires appeared largely absent from accounts of lesbian motherhood. There appeared to be one exception (Pollack and Vaughan, 1987) where studies of lesbian motherhood cut across disciplinary boundaries of cultural studies, sociology and psychology. Black and white experiences of lesbian motherhood were documented in the US context (Pollack and Vaughan, 1987) where different voices testify to feelings of joy and fulfilment but also of desperation in experiential accounts of motherhood where authors ‘admitted’ to feelings of ambivalence and contradiction about their motherhood.

These choices began to be represented in feminist campaigns and in feminist theoretical literature (Hanscombe and Forster 1981, Pollack and Vaughan, 1987,

Lewin, 1993, Martin, 1993). The creation of legally and culturally fatherless children emerged as a key concern for opponents. The role of the HFEA (1990) was in part to re establish the legal position of the father in heterosexual families who had created families through assisted conception techniques. The absence of a father and the negotiation of lesbian families through donor insemination became a focus for research (Haines, 1990, Saffron, 1994).

The emergence of the lesbian mother raised questions in relation to a new identity. As a social category, this new form of motherhood challenges the gender order and binary framework for the hetero-normative model of family, with 'father' legally and culturally established at the centre of this model. Two women parenting together also challenge dominant ideas about maternity and its 'natural' basis. Maternal love can be de-constructed as an elective, emotional investment in a child (Gabb, 2001a). Mainstream ideology stigmatized some experiences as 'unnatural' but alternatively the lesbian family can be seen as potentially opening spaces for new possibilities (Gabb, 2001a). The idea that motherhood could be defined as a relationship to a child, in one instance seems logical but in contrast to dominant ideologies of motherhood being relational to a man can appear threatening. The argument from a (2001a) has radical implications for the reconfiguring of parenting and family in the next century. To move away from a Chodorowian relational field (1978) analyses of family, gender and sexuality to an understanding that the main relationship is between mother and child has far reaching implications for policy and law. Feminist socio-legal perspectives offer similar frameworks for considering a legislative and cultural future which could be applied to the experiences of lesbian mothers (Fineman 2003). The conceptual developments in relation to gender appear in

most recent research on the lesbian family (Gabb, 2001b, Sullivan, 2004). The legal recognition of intimacy is questioned from ideological and socio- legal perspectives. Fineman (1995) has suggested that relationships between different types of dependencies should be reconfigured in the interests of empowerment of women and mothers:

Where the mother/child dyad is the intimate connection to be protected and subsidized by state policy and law.... .Mother/child would provide the structural and ideological basis for the transfer of current societal subsidies (both material and ideological) away from the sexual family to nurturing units (Fineman, 1995: 233).

Some lesbian couples are involving gay male couples and making families with four parents. Lesbians are, however mostly, creating families headed by themselves (the female couple) with known donors, unknown donors, known and involved fathers and single lesbians without another parent (Saffron, 1994). In this context, understandings of maternity, maternal love and identity are explored:

Lesbian mothers' extraordinary maternity is not dependent on a feminist egalitarian ethic but instead comes from families' strategic articulation of same sex parenthood, whereby gender is done and undone in multiple and contradictory ways (Gabb, 2005b:585).

The gender identification, parenting and love relationships of the lesbian headed families continue to present challenges to the idea that heteronormative families are a better place for childrearing. The parental identities within these new families are innovatively negotiated rather than defined by external frameworks or expectations. Lesbian-led families are seen by Sullivan (2004), for example to be 'undoing gender'. Such claims evoke further theoretical reflection of the construction of gender and whether it is restricted to the divisions of labour within family units. The dynamics of families internally are affected by the external world and the interaction between public and private are theorised in recent critical work (Lewin, 1993; Hequembourg, 2004; Gabb, 2005b). Lesbian mothers are in some sense both lesbians and mothers, but they shape their identity and negotiate its meanings at every turn and on a day to day basis. They invent and reinvent themselves as they negotiate their way as families in uncharted territory:

Lesbian mothers are neither resisters nor accommodaters – or perhaps that they are both. A more accurate way of framing their narratives is that they are strategists using the cultural resources offered by motherhood to achieve a particular set of goals, these goals are framed by past experience in a hetero-sexist and perhaps patriarchal society, and that these resources are culturally constrained and shaped by the exigencies of gender, does not simplify analysis. Some organise their experience with reconciliation to traditional values.... The search for cultures of

resistance continues to be a vital dimension of the feminist academic enterprise. At the same time it cannot limit our analyses of women's lives to accounts of victimisation (Lewin, 1993: 11).

During the last decade lesbians have increasingly 'opted into' (Dunne, 1998d) motherhood/parenthood through donor insemination (DI) or adoption and fostering. The sociological literature dealing with experiential and analytical approaches to the new phenomena have continued to be concerned with emergent definitions of gender and sexuality and the possibilities for cultural and legal accommodation of same sex parenting (Hicks, 2005; Ryan-Flood, 2005; Almack, 2002; Jones, 2005).

Within this new field, the effect on children raised by sexual minorities has occupied a central space (Green and Bozett, 1991; Tasker & Golombok, 1997; Stacey and Biblarz, 2001). Debates have emerged about the question of difference in family forms. Whilst earlier psychological research (Tasker and Golombok, 1997) argued for the 'no differences' conclusion (i.e. they found no discernible differences in emotional, social intellectual development of children from heterosexual and same sex families), Stacey and Biblarz (2001) argued that differences did exist. Their interpretations of the differences were positive where they saw: "children of lesbians and gay men being freed from a range of restrictive and traditional gender expectations" (Stacey and Biblarz, 2001:168).

These debates evoke a challenge to the perceived need to compare the outcome of lesbian and gay families with heterosexual families (Stacey & Biblarz,

2001, Hicks, 2005). Most studies are finding flexibility in divisions of labour, new configurations of 'mother' as a social role and generally 'good' parenting practice. The policy frameworks and social conditions within which these forms of family became possible have been explored comparatively (Ryan-Flood, 2005) and the implications for cultural changes surrounding patronymic naming systems and other cultural markers of patriarchal society have also been explored (Almack, 2004, 2005). The main pattern is that children take their biological mothers surnames even though there is evidence of attempts to negotiate alternatives amongst lesbian parental couples.

This chapter indicates the centrality of feminism to understanding motherhood. Furthermore, the evidence from the literature supports the view that motherhood exists in relation to other individuals and the state. As an identity it is inherently relational and therefore produced within particular sets of social relations. The current literature surrounding lesbian motherhood with its tendency to 'compare' lesbian and heterosexual families is illustrative of how dominant western definitions of motherhood and marriage have encoded all possibilities for parenting and family formation. Societal objections to lesbian motherhood (see chapter one) are embedded in the cultures within which we all grow up. The term 'lesbian mother' is used but qualified with commentary on the critiques of the term. The lesbian was inevitably characterized as the 'mannish' woman throughout the 20th century. Following the medicalisation of sexuality, which began in the late 19th century, the identity of 'lesbian' became synonymous with absence of femininity. The term became categorized with other 'abnormalities' outside of the heteronormative ideal. She (lesbian) was positioned as opposite of normal married heterosexual, feminine women. The identity of mother, on the other hand is closely bound to naturalistic

understandings of femininity. Maternal identity, on the other hand, has become idealised as the natural and exemplary femininity. The underlying driver in this ideology is instinct. Maternal yearnings are presented in dominant ideology as natural and integral to heterosexual love, therefore women are 'driven' to fall in love with men and have 'their' children (Whitebeck, 1972).

Current literature reveals that we have a problem if we use the term lesbian mother as a category or in a monolithic way to refer to the experiences of lesbians who choose to be mothers (Hallett, 1999). The term is neither universally accepted nor culturally understood across time and space. Lesbian identity is often problematised in such debates. On the other hand when a lesbian choose biological motherhood she is opting in to an age old expectation of women. Lewin (1992) suggested that lesbian mothers are both resisters and accommodators. The position of the co-parent however is contingent on external acceptance. Recognition and validation from the outside world emerges in the literature as the key to the co-parents' construction of motherhood/parenthood (Hequembourg, 1998).

These questions of difference amongst women are complex and nuanced but crucial for the consideration of 'stories' or narratives of lesbian parenting and their relationship to the wider social world. This chapter illustrates the varying forces that situate motherhood as integral to wider social relations. The structural, cultural, and patriarchal definers of motherhood are not fixed across time and space:

By itself, the experience of mothering can tell us little about the conception of motherhood prevalent in a

society at a certain time, or differences in the conception that are prevalent in different economic classes or different racial and ethnic groups (Ferguson, 1983:153).

The terms of motherhood are changeable and various forms of 'mother' emerge at different times and places. The identities associated with motherhood also change. The next chapter covers setting up the research process which allows the implications of personal stories, the standpoint of the researcher, and the production of narratives to emerge in a method that connects all of these with wider social and political implications. **Chapter 4: Methodology**

This chapter deals with the design of the research project. First, there will be an explanation of the research question and general aims of the project. This will be followed by discussion of sociological approaches to the use of narratives, reflexivity and standpoint theory (Harding, 1987, Plummer, 1983, Heaphy, 1998). The remainder is concerned with sampling techniques, research issues, methods, data analysis and ethical problems arising from the research. The process included; setting up a structure for investigation, analysis of the data and generation of theoretical insights and conclusions. There are methodological questions about the need for the researcher to be accountable. The researcher decides on the subject matter for investigation, and this is to be explained below, including theoretical orientation of the research, the time scale available and the potential ease or problems with accessibility to research participants. Finally the researcher alone is responsible for;

the conceptual frame of the project and the validity and reliability of results, all of which will be discussed.

4.1 Narratives, reflexivity and standpoint theory

In late modern society, in an era of reflexive modernity the need for reflexivity has become compulsory (Giddens, 1992). The relationship between modernity and reflection suggests that in the absence of traditional definers of self, individuals are increasingly expected to tell their stories. In the telling of their stories they make sense of the social world and their place within it. For the respondents in this study, the questions about when to tell their stories is part of everyday life. The respondents were compelled to tell their family story in a variety of contexts such as the hospital, the children's school, or to Social Services. The data discussed in chapters 4-7 suggests an experience of family life that is different from the hetero-normative family, distinctive and constructed through a mixture of their negotiations with each other and agreed the agreed telling of the 'family story'. In a diverse world reflection becomes ever more important. We reflexively offer versions of ourselves in different contexts. We can all produce a narrative and we can all change the self but this is done in relation to others. Identities emerging from the respondents' reproductive choices are constructed, but with the help of others. Life histories have inevitably become an important part of social thought (Plummer, 1983) and increasingly sociologists rely on people knowing their own stories. Narratives have been of enormous importance to contemporary sociology and give precious material to our research. The importance of narratives is also evident in day to day social lives as they enable people in interpret their own social world. The relationship between story

telling and the wider social structure is integral to sociological research as Plummer explains “story telling is at the heart of our interaction” (1995:22). The gathering of life stories and the creation of narratives raises questions about what a narrative is. Plummer (1995) points out that the “narrative is not the life” (1995:185) and the telling of the story is couched in cultural conventions. The respondent may have a narrative of triumph or loss, or being victimized or one of achievement. The narrative structure is part of everyday cultural life. Narratives have conventions and the creation of them is a social process. Plummer (2001) suggests: “The narrative has to be present in every life document and life story”. The telling of the life story however offers a pattern and in the telling of it the respondent manages to give a picture of how their life unfolded and changed. The researcher gathers the story but then has to make sense of it without changing it and in this sense the ability to listen, make sense of the story and represent is a crucial part of the research relationship:

Life stories perhaps more than any other method can sensitize a researcher to key issues. Life stories can help generate miniature sensitizing concepts, built up through listening closely to what people have to say about their lives (Plummer, 2001:130).

Story telling is a social action and therefore an interactive process and whilst they may be seen as representations of a persons' life Plummer (1995) sought to remind us that they are socially produced : “The sexual stories I will be telling must be seen to be socially produced in social contexts by embodied concrete people” (1995:16). The subsequent process of “narrativization” (Plummer, 1995) enables

researchers to develop a structure for dealing with the stories in a coherent and sociologically meaningful way:

Narrative structures enable us to speak, and the multitudes of fragmenting experiences that constitute our lives come to be patterned into some seeing sense of order. Indeed without such a narrative thrust within life, chaos may rule (Plummer, 1995:185).

Narratives and story telling have emerged in sociology as a crucial element of social culture and a rich source of information and methodologies have developed which seek to listen to stories and at the same time broaden the social context. Story telling has a place in culture and specifically in sociology where particular attention is paid to the process and to the social impact of the told story. In this sense there are points of connection between feminist standpoint approaches and narrative techniques as both draw from the traditions and importance of symbolic interaction. It follows from both that the position of the researcher and the researched should be a visible part of the process.

4.2 The ideology of the researcher

The researcher is responsible for deciding the most appropriate methods and methodology for investigating the social world. Those of us within sexual minorities who wish to investigate the forces of inclusion and exclusion have a particular position, in relation both to the study and to the people whose lives we investigate. To be in a minority in terms of sexual identity carries with it a different set of implications. Such recognition of the specificity of sexuality is an important part of

my approach, along with locating me as the researcher in relation to the research. It could be argued that the particularity of exclusion on the grounds of sexual identity could be experienced as individual and institutional hetero-sexism. These aspects are an equal part of my own experience as an out lesbian mother as they are a part of the participants' experiences. From this point of view I had a particular position at the outset of this research. It has been recognized by qualitative researchers that the ideology of the researcher is a crucial and integral part of the process (Holliday, 2002). The researcher is responsible for deciding the most appropriate methods and methodology for investigating the social world. Those of us within sexual minorities who wish to investigate the forces of inclusion and exclusion have a particular position, in relation both to the study and to the people whose lives we investigate.

The issue of trust is all-important in the building of the research relationship. For me the decision to be out to all of the potential participants on first contact was vital. The research relationship has been highlighted by feminist methodologists as a potential area for exploitation and appropriation. Some have expressed concern that those being researched are not objectified in the research relationship (Acker, 1991). Trust and sharing of experiences have been argued for by some, for example Oakley (1998) who suggested reciprocity and collaboration are part of the process and that womanhood would provide the bond. This has been critiqued by many analyses from the era of post modern feminism, where it is argued that there is no single truth and black feminism has consistently critiqued the idea that we are the same just because of our gender. This has become an issue in this thesis as I have interviewed one respondent who identified as disabled and one Asian woman and middle class women, with whom I share limited aspects of experience, that is to say, we have

become parents and have an ‘out’ lesbian identity. In relation to class, ethnicity and disability I could not and did not assume a shared experience.

4.2.1 Standpoint theory

The methodology is also influenced by the ideas of standpoint theory (Harding, 1987, Hartsock, 1983) and the exploration of motherhood as described by the respondents was informed by standpoint principles. Feminists have argued that women’s experiences are valid and acceptable sources of knowledge and the traditions of symbolic interactionism (Plummer, 1995) and feminism appear not to contradict each other. Feminism is central to this study for two main reasons. The ideology of the researcher is feminist⁵. Secondly, the theoretical study of both heterosexual and lesbian motherhood is rooted in feminist intellectual critiques of motherhood. Within this thesis, the term feminism is utilised as an approach rather than a method thus reflecting consistent and complex debates on feminist methods and approaches to research. Harding (1987) argued for a feminist approach rather than a distinct feminist method.

4. 2. 2 Positioning the researcher and the researched

I sought to locate myself and state my relationship to the study, as my own motherhood status and sexual identity drove me to investigate the forces which make possible or hinder motherhood for lesbian women. I therefore positioned myself as an ‘out’ lesbian and as an academic who would eventually publish my own work as a

⁵ The conceptual framework of feminism is drawn upon throughout this thesis, but I use the term feminism to signify my approach rather than a specific feminist method.

result of undertaking this research. I was 'out' to all of the participants and this was important and establishing some initial trust. The processes and findings of research on sexual minorities highlight the need for trust and mutual interests. Dunne (1997) refers to the need to establish a particular level of trust with participants who are defined as being in minorities:

I believe that face to face contact was important for enabling respondents to make an initial assessment of my trustworthiness (1997:27).

Dunne's emphasis was on the need to identify with the participants in some way. This reflects the fact that lesbians and gay men are astutely aware of academic interests in sexual minorities.

This is about the participants having an unspoken belief that I am not going to 'trash' their stories or their lives. Their story is as valid as anyone's. There are also dangers to being out, such as assumption (Dunne, 1997:28).

The decision for me as the researcher to be open about my own sexual identity has a political significance suggested by the standpoint principles of Sandra Harding where she stipulates the need for:

The inquirer her or himself to be placed in the same critical plane as the overt subject matter.... That is the class, race, gender assumptions, beliefs and behaviours of the researcher herself must be placed within the frame of the picture she wants to paint (1987:9).

Standpoint theory offers the possibility of placing ourselves in the research process. Harding (1987) argues for the need for women to locate themselves in relation to the women they are studying. When successful, this has implications for the way we construct knowledge, through research on sexuality. She argues that we should seek to 'study up' rather than 'study down'. As Harding explains:

Knowledge is supposed to be based on experience ...Thus the standpoint theorists offer a different explanation than do empiricists of how research that is directed by social values and political agendas can nevertheless produce empirically preferable results of research (1987:185).

Feminist standpoint theorists have insisted on studying ourselves and placing ourselves as "real historical individuals with concrete and specific desires and interests" (1987:9) firmly in the research frame. We therefore lessen the possibility of being the distant authoritative researcher whose own life is invisible in the outcomes. As researchers we place ourselves in the same critical plane as the researched, therefore becoming part of the process. Consequently, our identity, relationship to the

study and our own beliefs are as open to scrutiny as any other evidence and claims made in the process of research. The application of standpoint theory to research on sexual minorities enabled me to explicate my own position in relation to the subjects. This automatically brings up the question of commonalties, difference and power in the research relationship. Whilst many feminists have stressed the importance of commonality between the researcher and the researched (Stanley, 1990) the principles of standpoint suggest a scrutiny of our own location in terms of the project. Commonality is indeed important, particularly on questions of trust (discussed below). My own standpoint is a consequence of my experience, political approach, privileges accrued to me by virtue of being white in this society, my experience of being in a sexual minority and my class location. These are bound to affect the motivation and design of my research project. Standpoint allowed me to recognize my own position in relation to the participants, and at the same time have discussion with them about how their experiences might be represented in my writing up. Issues of gender and sexuality could also be thought about in these terms. For example, if men want to research women, then standpoint approach would mean that their position in relation to the women they research would be as much a part of the evidence as anything else. This was particularly important in my analysis of the interviews with disabled and Asian respondents. The scope for interpretation is limited, because the researcher has no knowledge of what it is to be in a minority ethnic group and to be a lesbian mother. In the analysis of these interviews, the social model of disability and conceptual approaches to race and ethnicity, are drawn upon. The limitations of my interpretation will be acknowledged, as facilitated and expected within a standpoint theory approach. Harding (1987) asserted that if we attempt to place the researcher in the same critical plane as the researched, this does not

necessarily mean we have to be the same. It is our relationship to and positioning of our own self with the participants that allows us to put our self beside their experience:

The inquirer herself is placed in the same critical plane as the overt subject matter, thereby recovering the entire research process for scrutiny in the results of research. That is, the race class, culture and gender assumptions, beliefs, and behaviour of the researcher herself must be placed within the frame of the picture that she attempts to paint.....We will see how she suspects that this (attitudes, class, race, culture) has shaped the research project (1987:9).

The specificity of researching lesbians' lives is such that standpoint theory (Harding 1987) can be usefully drawn upon in the research design. The use of this framework raises wider questions about ethics and politics in academic research activity, which investigates the lives of sexual minorities. The relationship between the researchers and the researched is a problematic one from this perspective and open to criticism. For example it could be argued that the use of respondents' stories in the development of our own theoretical perspectives is potentially exploitative, yet the politics of how we represent our findings to the world of politics, policy and academia could be informed by principles from standpoint theory. The critical point is that women have often been objectified in 'malestream' research. Standpoint theory emerged during the feminist debates of the 1980s, and the key phrase 'thinking from

the lives of women' informs these research process and dissemination procedures. This discussion continues to offer some clarity and guidance in the context of increasing interest in researching lesbians' lives. The approach is based on the creation of a process, which enables empowerment and inclusion. The political issues around how and why we structure our research to be inclusive and empowering can be seen as part of the process rather than separate. Methodological perspectives were considered in my attempt to avoid the appropriation of the participant's stories in the development of the thesis. Various feminist approaches to methodology (Stanley & Wise, 1990; Oakley, 1998; Oapie, 1992) illustrated the need to address power in the research process. Oapie (1992) addressed the potential appropriation of women's voices for the purposes of academic endeavour. From her perspective I drew on the principle of including and negotiating participation with the respondents. As lesbians researching lesbian lives we engage with discussions about accountability and how we represent our findings and our understandings to the political, policy and academic worlds. To be reflexive in our position as researchers about the relationship between us and those who we seek to draw in to our research process is an important methodological step. The research process involves constructing a power dynamic that is not hierarchical. Furthermore, both researcher and the researched can scrutinize the reason for academic research:

The goal of inquiry is to provide for women the explanations of social phenomena that they want and need rather than providing the information for the state, medical and welfare professionals (Harding, 1987:10).

This principle can be applied to research and academic inquiry into the lives of sexual minorities generally.

4.3 Feminism and methodological approaches

Feminist approaches to research and analysis have had an impact on the methodological constructs and techniques in qualitative work. For the purposes of this study, feminism is utilized as an approach in the development of a thematic reading of the data. The idea that there is a particular feminist method has been criticized and has increasingly come under attack. Feminism is used as a term within the frame of this study to refer to a perspective rather than knowledge. Whilst grounded theory (Glaser and Strauss, 1967) has its origins in symbolic interactionism, many feminist methods have been informed by and drawn from phenomenology. Adherence to scientific method where surveys and questionnaires elicited knowledge from people was seen to be limited in terms of the range of human experience that could possibly be gleaned from these methods. The structures for knowledge themselves came under scrutiny as feminist scholars started to shift attention from the public to the private and to research the realities of privatized domestic life (Oakley, 1980). Some feminists argued that many aspects of women's lives could not be predetermined or known about except from the voices and perspectives of women themselves. With these developments came the questions about power in the research process. The feminist concern to empower women was seen as hampered by traditional 'study down' techniques in social science, where the researcher necessarily objectifies the participants. In the field of feminist philosophy questions emerged about the subject versus object relationships in research. The

consequent changes in feminist work moved away from statistics and figures. This is not to say that feminists did not necessarily require statistical analyses but certain issues emerged in feminist approaches to research. These included: confidentiality, anonymity, empowerment of the participants and conducting research which was for women and by women.

Feminist critiques and arguments applied to more foundational questions about who is allowed to know. The 'thinking from the lives of women' is particularly resonant in the structure for investigating lesbian motherhood, as this approach takes account of the marginal position of minorities in society. Hartsock argued:

Feminist theorizing is grounded in women's material activity and must as well be a part of the political struggle necessary to develop areas of social life modelled on this activity. The outcome could be the development of a political economy which included women's activities as well as men's...be a step to redefining and restructuring of society as a whole on the basis of women's activity (in Harding, 1987:12).

Much of the critical work on lesbianism was explored in the framework of identity politics in the 1980s and more recently within the frameworks of queer theory and post modern analyses. In order to investigate the social category of 'lesbian mother' I sought access to respondents who self identify as lesbians. The issue of identity emerged from the interviews as a core category, but for me it was important

not to make assumptions about the sexual identity of potential respondents at the outset.

4.4 The research process

The proposed research was presented to the Chair of the Ethics Committee at University of Sunderland and gained approval. Letters were sent to prospective respondents with a written explanation of the research with verification from the supervisor. The letter included an attached consent form. We arranged a time convenient to respondents and all interviews took place in their homes. In seven of the interviews, the children were present, but only one child volunteered some responses to the questions, and he was 15 years old. The interview did not start until written consent was received, and a copy of the interview schedule had been given to respondents. This was explained to all and consent forms were signed. I asked the respondents to read the schedule so that they knew exactly what would be included in the discussion. I explained that their names would be changed and they could choose their own research name if they wished. I explained that they could choose to decline to answer any questions if they so wished. This did not happen. All respondents were very willing to talk about every issue covered in the interview. They were told that they would each receive a draft copy of their transcript and only when they had agreed the accuracy of the record would I use it in the analysis. I explained that I might use some quotes from their transcript. Confidentiality and anonymity were assured for all respondents.

4.4.1 Access

Initially, a letter inviting participation from couples was sent to specific organizations associated with lesbians. These were National Friend, Bolton Lesbian Line, Rainbow Café, National Network of Single Parents (Scotland), other researchers in the academic network, Researching under the Rainbow (University of Lancaster), Lesbian Study Group of the British Sociological Association, and to the national magazine Diva. The letter contained a summary of my research aims, assured anonymity and confidentiality. I asked couples to contact me if they would be interested in taking part. I received one response from the network in Scotland and one response through the academic network and subsequently interviewed the couples. When the formal routes did not elicit much response, I chose an informal route, and passed on the details of the research with summary aims and objectives to people who knew lesbian parental couples and waited for women to respond. One of the problems of researching, particularly new parenthood is that it is a very busy time for parents, and making time for a researcher would often not be a priority. Most of the interviews were achieved through ‘snowballing’ within informal networks. I sought to gain contact with lesbian parental couples and as I had decided that access would be through a third party, I waited for women to contact me instead of approaching them myself. There were some misunderstandings, for example, one couple replied to the advertisement explaining that they were a couple and had decided together to become parents, but would need to get married first. I learned to be very specific and to later stipulate that participants should be parents at the time of interview. I also received a positive response from one woman who explained the circumstances in which her family had been constructed and they appeared to ‘fit’ the criteria. I arrived to conduct the interview and was told that she had separated from her partner some time ago. I made the decision to include the interview, as the couple

continued to negotiate a shared parenting arrangement. Nonetheless, I am aware in my analysis that the s' views are missing. Given the key themes from the literature, I was determined to include experiences of black and disabled women. When black or disabled respondents were not forthcoming, I changed my strategy by theoretical sampling (Heaphy, 1998). I actively sought responses from lesbian and gay academic and community networks, and I also snowballed through known contacts in the field of disability politics. Eventually I received positive responses from a disabled woman and her partner who offered an interview, with the provision of a pre interview discussion. At her request we discussed the social model of disability, and she wanted assurances that my writing of her story would be within an understanding of the social model of disability. Through further 'snowballing' in the academic field I received a positive response from a woman of Anglo Asian heritage and her partner, who enthusiastically offered an interview. This response was fortunate for me for two reasons: they were adoptive parents and a dual ethnicity family. I had wanted to include adoptive parents, because the focus of the interview is on the decision and process in becoming a family (not necessarily through DI) and the understanding of motherhood (which does not have to include biological motherhood).

The use of standpoint principles provided a 'safeguard' against over identification. On balance the decision was made that I would 'come out' to the respondents. This became an important factor in establishing understanding and mutuality in the research process (1998). I decided that the appropriate moment to be 'out' was when women had contacted me to offer an interview. At that point I explained something about myself, my identity and my interests in pursuing this research. Most of the respondents asked me about my sexual identity before I offered

the information. The next step was to explain the project and some of my reasons for doing it. There followed nine successful appointments from nine return calls. This inclusion of information about me continued in the research process and in conversation during the interviews. The benefits of a shared identity were apparent throughout the research process. I did not explain my sexual identity in any formal way, or in the correspondence with the participants. I did however, as stated above, explain my identity and my personal interests in pursuing this research during the initial conversation. I therefore achieved 'insider' status at the outset of my face to face contact with the participants. The importance of insider status is evident in much work in this field (Heaphy 1998; Gabb, 2004c). It is considered to be an advantage and to elicit more detailed data than otherwise would be forthcoming. I experienced difficulties with this part of the research process, as the amount of time to reach participants and to receive responses was about three years (with due consideration to the part-time status of my studies). On one level the difficulties could be perceived as practical obstacles, such as new parents having too much to do, but I have given consideration to the problems of researching 'hard to reach' groups and to the nuances of identity (Weeks, *et al.* 2000). I had stated, in the fliers and posters that I sought 'lesbian mothers', but I became increasingly aware that this automatically excluded many women who did not use those words to identify themselves. I received no positive responses from any of the printed material (except for the couple who had not had any children at the time of contact). All nine interviews were a result of snowballing and the participants often took quite a long time to decide and arrange a date. I was also aware for some of them that I was being 'checked out' informally through people who they thought would know me. This was about trust and whether I could be trusted to deal with their stories in a sensitive and professional way. One

couple explained to me on the telephone that they had terrible previous experiences with the local press regarding their parenting. They agreed to be interviewed without a tape recorder.

The 'hard to reach' factor with sexual minorities, requires us to think through strategies quite carefully:

Our recruitment strategy and particularly the issue of theoretical sampling raise the question of who is included in the research. In terms of sexual and racial identities of our interviewees, self identification was the key to our sampling approach (Weeks, *et al.* 2000:202).

I had some success with theoretical sampling, in a relatively small sample, but on reflection, the question of self identification poses some thoughts for future research. Further work in this area may require me to avoid assumptions about a language for sexual identities. The difficulties in getting response from the printed media have had a fortunate effect. Through snowballing, I have included women who would not identify themselves with the 'scene' or a lesbian lifestyle.

4.5 The Sample

The issues of confidentiality and anonymity were discussed with respondents. They were assured that they would not be identified in the research. Consequently

research names were chosen or given. Similarly fictional occupations which were closest in terms of required qualifications, professional status and salary levels were chosen or given. The interviews took place in Britain, with a wide geographical spread in order to avoid possible identifications from within a local lesbian community. The sample included a separated couple (who continued to share and negotiate parenting), an adoptive parental couple, white women, one Asian woman and one woman who self identified as disabled and two women who were in long term receipt of disability benefits. The interviews took place in Sheffield, Manchester, Northumberland, Newcastle, Stirling and Bristol. Below I give a pen picture of each interview.

Interview 1

June 31 years old Biological mother and worked as a shop assistant in the past. She has held one paid job in the past, and receives long term invalidity/ disability benefit. Her partner was Marion 27 years old and co-parent. She had trained in the past as a dental nurse, but claiming sickness benefit long term. She had one 8 year old daughter from previous relationship with a man, and the daughter lives as part of her present family, with contact arrangements with biological father. June and Marion had a son Michael was eight months old. He was born through informal DI. The parents preferred to be seen as mother (to their respective biological children) and other parent. The sperm donor was 'a friend of a friend'. Both parents and Michael have the same surname, achieved through deed poll. (Daughter of June has her biological father's surname).

Interview 2

Carol was 34 years old and was the biological mother. She was also a in a professional managerial position in the voluntary sector. She returned full time to work following maximum statutory maternity leave entitlement. Her partner was Ruth, 34 years old who saw herself as other mother. She had in the past, worked in homes for disabled people at the time of interviews she was claiming disability income support. She undertakes the majority proportion of daily parenting tasks for their twins. They were 18 months old, Luke and Daisy, born through formal, anonymous medically assisted DI (licensed clinic) The parental couple preferred to be seen as two mothers “it’s a gender thing...if I’m a woman and I do what I do for these children every day then I’m their mother” (Ruth). Luke and Daisy have Carol’s (biological mother) surname.

Interview 3

Rose was 36 years old and the biological mother. She held job as radiographer in the past and was at the time of interviews a senior administrator in education working part time (she has a 0.5 contract). Her partner Laura was 40 and co-parent. She worked full time teacher in a private college. She has undertaken the role of main provider, and therefore remained in full time, well paid occupation during parenting years. They were together for 8 years. They had 5 year old son Joshua. Having children was condition of the commitment they made to each other. The negotiation around distinction between mother and parent were not clear or negotiated in an agreed understanding that was satisfactory to both. Joshua was born through informal DI.

They chose a known sperm donor who was the brother of Laura (co-parent). Joshua has Rose's (biological mother) surname.

Interview 4

Molly was 50 and biological mother. She was also a senior public service manager. She returned to work full time following maximum statutory maternity leave entitlement. She undertook the role of provider, therefore remained in full time, and well paid occupation whilst bringing up their child. Jane was 52 and co-parent. She undertook unpaid work in the home and also worked as a voluntary classroom assistant 10 years earlier (in their son's school). Their son was 13 year old Liam. Academically gifted and was awarded scholarship to private school and he was present throughout the research interview. Parental couple preferred to be seen as mother and other parent, and Liam refers to them as mom and Jane. Jane is seen by all family as a full and equal parent. Liam was born through anonymous DI. Conception took place at clinic before the introduction of the HFE Act 1990. Liam has Molly's (biological mother) surname.

Interview 5

Annabel was 42 years old and biological mother. She was also a massage therapist and health trainer. She was working irregular part time hours. She and her partner had separated and both women continue their shared and equal parenting of the three children. They had three girls aged 9, 5 and 3. The former partners shared parental responsibility, time and tasks. The co-parent has undertaken to be provider; therefore

she remained in full time well paid occupation during parenting years. As a parental couple they preferred to be seen as mother/biological parent and other parent. Three children were born through anonymous DI. Conception took place at a licensed clinic. All three children have Annabelle's (biological mother) surname.

Interview 6

Maura was 37 years old and co-parent. She was a full-time solicitor and undertook role of main provider therefore remained in full time higher professional occupation. Her partner Chris was 34 years old biological mother. She was an accountant. Working in voluntary sector/ returned to work part time following maximum statutory maternity leave entitlement. They were together for 11 years at time of interview, with 2 year old Cain, and planning for a second child. As a parental couple they preferred to be seen as two mothers "we are definitely two mothers" (Chris). Cain was born through DI at a licensed clinic and the sperm donor was unknown. Cain has Chris's (biological mother) surname.

Interview 7

Corrine was 37 years old, registered disabled co-parent and administrator. She was a part time trainer and consultant on diversity issues and self employed. Her partner was Lesley, 37 years old and biological mother. She was also a part time clerical officer. There was no clear demarcation between provider/nurturer. Both women see themselves as both. They had a daughter who was 2 year old girl Jessica was born through formal anonymous DI, with medical assistance in a licensed clinic. The sperm

donor is unknown. This couple was together for 7 years before the birth of their daughter. The couple preferred to be seen as two mothers and Jessica has Lesley's (biological mother) surname.

Interview 8

Jan, was 34 years old and was the biological mother. She was a management consultant. She returned to part time work following maximum statutory maternity leave entitlement. Her partner Kate was 40 years old and co-parent. She was a self employed computer analyst. Both women work partly at home unpaid and both see themselves as both providers and nurturers. Their son Adam 18 months old and was born through informal self insemination (known donor). As a parental couple they preferred to see themselves as equal parents, and neither had a strong need to be seen as mother, but a definite need to be seen as equal parents. The sperm donor was known and he is the nephew of Kate (co-parent). Adam has Jan's (biological mother) surname.

Interview 9

Nita was 44 years old and the adoptive mother of three girls. She was also a counsellor and rights adviser. She worked half time. Her partner Clare was 42 years old and the adoptive mother to three girls. She was a part time educational worker/works half time adoptive mother. They have been together for 15 years and have three adopted daughters, aged 17, 7 and 3. The couple share work at home and in their professions, and to make sure that one of the parents is at home on any day of

the week. They each work at home half the week and in their jobs half of the week. As a parental couple they preferred to be seen as two mothers. They became mothers through formal state adoption as single women. The birth fathers and birth mothers of the girls are known to the family and one meeting has taken place between each of the biological fathers, the adoptive parents and the daughter. The oldest girl has her birth father's surname, and two younger girls have Clare's surname.

4.5.1 Specificity of the sample

The specificity that they had to be couples, who had chosen to have their children together, was informed by the literature. First, they were hard to find in the literature on motherhood. Second, in relation to societal objections to lesbian motherhood, it appeared that this category was the most problematic for opponents of lesbian mothers. In terms of legal, cultural and kinship perspectives they were in a different position to lesbians who have children from previous relationships and marriages. The sampling was also informed by debates highlighted in the first chapter. It is the lesbian couple that takes up the media coverage of lesbian identity and parenting. The absence of a biological father is ideologically accommodated for heterosexual couples where the man is infertile, and for single women and to some extent for single lesbians. For the lesbian couple contemplating parenthood, the absence of a man is the most common issue in arguments against lesbian motherhood, as discussed in chapter one. The mothers in this study were (at the time of the interviews) treated as single women, for official purposes. For lesbian couples to adopt they must choose one of the parents to be named as parent for official purposes because two women cannot be recognized as a parental couple. Lesbian couples are

seeking to become a parental couple on the basis of their emotional attachment to each other. They could be seen as a replication of the heterosexual conjugal pair, albeit without the possibility of being married. The heterosexual conjugal couple is presented as the cornerstone of the family in dominant ideology (Carabine, 1996). At the time of the research, there was no legislative recognition of their parental status as a couple.

The suitability of my sample was established in relation to the aims of this project. The restriction to lesbian couples embarking on motherhood/parenthood as a couple automatically excludes different forms of lesbian family. Recent critical, evaluative work on methodological issues in the study of lesbians lives (Gabb, 2004c) raises questions of exclusion. The specificity of people we choose to interview could be a factor in excluding difference and diversity:

Decisions to restrict the breadth of sexual-familial diversity within the academic sample reduce the complexity of lesbian parent family lives to specific 'categories' of being (Gabb, 2004c:171).

Further, it is argued that complexity is reduced and that researchers' differences in findings are due to the subjective positioning of the researcher. These reflective points are crucial in considering the sociological future of researching lives of sexual minorities. Whilst I generally agree that there are problems resulting from subjectivity in the research process, I envisage a myriad of research projects from a number of different standpoints, making contributions to a much larger picture of the

lives of lesbian families in Britain. Following the principles of standpoint (Harding, 1987) we make our standpoint as open to scrutiny as any other data in the research.

The researcher has a theoretical sensitivity. The sensitivity can come from a number of sources; “one source is literature.... a rich background of information which sensitizes you to what is going on with the phenomena you are studying” (Strauss and Corbin, 1998:42). For this study, theoretical sensitivity was derived from earlier engagements with feminist approaches and life experience of lesbian identity and becoming a mother. The merger of both personal and professional experience furthered my interest in this topic. Theoretical ideas of the researcher inevitable form the beginnings of the research. The researcher decides what she wants to make sense of. The combination of theoretical sensitivity and the theory generated by respondents’ experiences create possibilities for theory to emerge from the data, although the researcher is responsible for the conceptual map of the study (Strauss and Corbin, 1998). The concepts are put in place by the researcher and can influence the findings in one direction or another. For example, the respondents spoke most frequently about the fathers and sperm donors because I asked them directly. The researcher has theoretical sensitivity and this affects the conclusions. The use of this concept is an important part of the research process (Strauss and Corbin, 1998). The first source of theoretical sensitivity for this research was feminist standpoint theory, and particularly academic interest in how to research and produce knowledge about women lives, and particularly a group of women and their children in society for whom their family forms occupy marginal positions in terms of social policy, cultural acceptance and rights. The second source was from the process of analysis.

4.6 The interview

The interview schedule was composed following an in-depth reading of the literature surrounding motherhood, lesbian identity and lesbian and gay parenting. The research question was; what is the experiential construction of motherhood for lesbian couples in contemporary Britain? The choice of a semi-structured style interview with key themes was the most appropriate strategy. It allowed for flexibility and provided a relatively open method for gathering data. The literature review informed the drafting of the interview schedule. I was able to discern a number of themes coming through in both sources of literature. These included feelings of wanting either one baby or children, decisions about when or how to have children and so on, the naming of one's children and ideas about nurturing and raising children. From these themes the semi structured interview schedule was designed. Whilst life history approaches have benefited in some studies (see Plummer, 1985) from open and rambling conversations with respondents the need for a semi structured interview has been accepted as a more useful technique to ensure reflexivity of the interviewer and respondent:

Methodology based on semi structured interviews...can provide a way of exploring shifting nuances of identity by providing brief life- histories of the subjects, and allow for the development of narratives on intimate and family life (Heaphy, 1998:455).

The schedule was composed into three main sections. These were the decision (time before the children) including the decision about who would be the biological mothers, where appropriate. Secondly, the process of becoming mothers/parents, for most this involved the means of becoming pregnant and events surrounding the birth, and for one couple this part focused on the state apparatus for adoption. Thirdly parenting, participants were asked about how they had become this family. They were asked about planning for parenthood, how it was achieved and how their lesbian identity had affected this decision. In the second section they were asked either about the process of application to adopt, or about how they arranged donor insemination. Further in this section, they were asked to speak about their ideas about the donor and who he was in their lives. In section three, they were asked about day to day decisions regarding the parenting of their children. The key theme throughout the questions was negotiation and how decisions are arrived at. (Full copy of the interview schedule is in Appendix 1).

The interview schedule was further developed through the initial four interviews, all with couples where one woman was the biological mother. The interviews were taped, and usually lasted two hours. In the interview where I was asked not to use the tape recorder I took notes. They trusted me but were very unsure about having their voices and experiences left on a tape again as the previous experience of having their story taped had been damaging to their family. Their choice affected the narrative that was produced from that couple in the sense that I gleaned less from my notes than from a taped conversation.

The couples were offered a choice about whether to be interviewed together or separately and all except Annabelle (who was separated from her partner at the time of interview) chose to be interviewed together. This raises questions of ‘narrative truth’ and whether the research was concerned with collective or individual stories or narratives (Duncombe and Marsden, 1996). Even though the joint interviews were what the respondent wanted, earlier researches in family and intimate life suggest that a mixture of collective and individual interviews produces different content in the narratives presented (Weeks, *et al.* 2000; Kearney, *et al.* 2000). In this research the narratives presented were of largely consensual negotiations between the parental partners. The interview covered the same areas for each couple and revealed points of tension and difficulty that they may have had with each other. Sometimes a respondent felt contradictory or not totally happy with decisions that had been made but the couples agreed decision was offered. This raised questions of whether the narrative was the agreed or ‘true narrative’. Similar moments to these were found in earlier research (Duncombe and Marsden, 1996) where “the contradiction for the respondent may have led him to answer in accordance with the presentation of the monogamous assumed and not discussed relationship”. There was a notable exception to this trend in this sample. In one of the interviews, it became clear that the couple were in conflict with each other, and had failed to come to negotiate decisions on their parenting status. The co-parent expressed deep dissatisfaction with the lack of recognition from her own partner. They became argumentative with each other, and one partner asked me if I provided counselling or back up after the interview. I replied that I could not offer specific follow up but could provide contact information.

On completion of four interviews initial analysis was undertaken. At this stage certain points were revealed as problem areas. In particular my timing of the interviews meant that I had too much data and I learned to be more accurate in timing and making sure that all areas were covered equally. Further areas of questioning were highlighted and the remainder of the interviews included one disabled woman and one Asian woman. The process of interviewing was developed with the intention of including representation from various regions, towns and cities within Britain.

4.7 Analysis of data

Consideration of techniques for analysis must allow the researcher to discover or explicate the storyline from the data (Glaser and Strauss, 1967). This storyline must be driven by the respondents and eventually the researcher must have revealed and analyzed the experiences as determined by the respondents. The analytical processes involved in conducting this investigation were informed by standpoint theory (Harding, 1987) and it became relatively easy to locate myself in relation to the study and to the respondents. My own position as an out lesbian and as a researcher became part of the methodological process from the outset and I had to decide how to deal with my own sexual identity in relation to recruitment of participants and in relation to the interview experience. Research has illustrated the benefits of establishing trust through commonalities between the researcher and the participants:

In practice we discovered that most individuals were very willing and eager to share their stories. This is likely to have been influenced in part by the fact that

we had disclosed our own non heterosexual identities.

We were aware, however of the danger of overemphasizing these commonalities. While respondents and researchers may share identities in terms of gender and sexuality, other differences, such as those relating to class, nationality and ethnicity may be at play in the research process (Weeks, *et al.* 2000:205).

The data was analyzed with a reflexive coding of data and I was therefore able to resist the tendency to 'know' the theoretical conclusions and to be open to the emerging analysis (Charmaz, 2006:4).

The positioning of the researcher as a subject along with the participants became part of the process and affected the dynamic of the conversations surrounding the interview questions. At the same time I retained my position as researcher. Harding (1987) argues for inter-subjectivity in the research process, and the need to find ways of investigating each other's lives and not objectifying the participants in the study.

Key categories for analysis emerged from the coding, including donor/father, parenting, decisions, naming of children, fears, mother/definitions of, lesbian identity, family, Jewishness, religion, ethnicity and disability. These were eventually collapsed into four core categories of father, mother, identity and parenting. These emerged as core categories are a result of the frequency with which these issues are talked about by the respondents in the interview. These are discussed further in the data chapters following this section. Having

completed the open coding stage the priorities of the respondents were reflected (Charmaz, 2006:5). Some of the themes emerging during this phase of coding the data seem to occupy much more time than others. From the above pattern the issue of the donor/father emerged as the most prevalent in the women's responses. Following this the categories of 'mother' role, the parenting arrangements and experiential constructions of identity emerged in that order. Thematic reading of the data was arranged into four chapters under the headings of the core categories. Critical discussion of these follows in chapters 5-8.**Chapter 5: Biological fathers and sperm donors**

5.1 Introduction

Radical explorations of father are going on. The emerging story about lesbians using SI is the use of known donors so that children will be able to identify their father (Saffron, in Donovan 2000:150).

The question of the father/donor occupies an interesting conceptual and political space in the sociological study of lesbian led families. The absence of a 'father figure' has evoked much public discussion (see chapter 1). The above quote encapsulates one element of current discussions regarding lesbians' choices, and a perceived move towards known donors in the UK (Donovan, 2000). This chapter deals with the complexity of negotiations surrounding decisions about the sperm donors and the biological fathers of children. Three main areas emerged in response to questions asked about the donor. Firstly the choices women make about who the donor will be, including the issue about involvement in the child's life. Secondly, societal concern with the absence of a father figures in the lives of children born from

DI or adopted by lesbian couples. Examples of responses given to children when they ask why they have no father/dad are also included. Thirdly, concerns regarding the absence of fathers, by professionals, lesbian mothers and society in general include; the child's right to know her/his genetic origin, the consequences for a child's development of the lack of a father, the difference between a donor and father, relationships with donor post conception and the needs and welfare of children born to lesbian relationships (Saffron, 1994; Haines and Weiner, 2000). The sociological preoccupation with fatherhood in late modern society (Lupton and Barclay, 1997; Lewis, 1987; Collier, 1999; Brannen; 2006) was inevitable as the legal and cultural positions of fathers have come under scrutiny. This is largely due to demographic changes in the rate of separation and divorce, and the subsequent emergence of second and third families (Kiernan and Wicks 1990). The position of men as head of household, as the breadwinners and as husbands has consequently come under scrutiny (Connell, 1993). Because of these changes and new legislation in relation to children, domestic violence and equality for men and women in the workplace, the boundaries surrounding the position of fathers, husbands and male breadwinners have become blurred. In relation to these changes, the reassertion of the 'fatherhood discourse' (Lupton & Barclay, 1997; Jagger and Wright, 1999), has gathered pace in governmental response and in cultural production such as films and television. In addition, this has been matched by a proliferation of debates surrounding bio genetic issues (Donovan 1992; Daniels and Haines, 1998). The HFE authority recently removed the rule ensuring anonymity of sperm donors. Subsequently, we heard more public discussion about the importance of genetic identity (see chapter one) which has created new debates about lesbian mothers' perceived responsibilities to disclose information about the 'father' of their children.

The responses surrounding the above themes are structured in eight sections below. I begin with the tradition of secrecy in relation to donor insemination for heterosexual couples. The remaining sections are based on key issues which emerged from the data. These are; negotiating the absence of a father figure, knowing the father, ethnic identity of donor or father, explaining the 'absent presence' and the consideration of the need for male role models in the lives of children born from DI. The position of the father/donor is unique in the study of families. There are also implications for kinship arrangements and constructions. If, in the future, grown up children of lesbians attempt to trace their origins and establish family lines for themselves and the identity of their own families, they could still be based on patronymic lines of descent, if the biological donor/father is identified as the 'parent'. Alternatively, family stories might emerge in the next generation that rely on one bloodline and one social line i.e. that of the co-parent. The adopted children of Nita and Clare have a kinship structure particular to their family. They have their lesbian mothers and in addition, full knowledge of their biological families. Their particular family story may result in a new perception of kinship. The children who were born to biological mothers and co-parents may have a kinship structure which is particular to their parents' method of conception.

The respondents talked about the 'relationship' between them as a family and the father or donor. The negotiation of the 'absent presence' was different depending on how the family had been envisaged, imagined and made a reality. In this study there were a variety of methods of conception and/or routes to parenthood. Five of the couples had chosen the medically assisted route to conception, through licensed

clinics, and therefore the sperm donors were unknown. One couple had chosen to ask an unknown 'friend of a friend' and self-inseminated (with no medical involvement). Two couples had asked blood relatives of the co-parents (nephew and brother) to be sperm donors, and the couples self inseminated (with no medical involvement). The adoptive parents had acquired full knowledge of the biological fathers of their children and had met two of them. The data suggest that there is no standard interpretation of the lesbian led family, its creation or the absence of a father.

5. 1.2 Secrecy

Donor insemination has been available in the UK since the 1940s (Donovan, 1992) and for most heterosexual couples who accessed it, the fact that the child was not genetically linked to the husband remained secret in their families (Haimes, 1990, Donovan, 1992). Historically, silence has surrounded both donor insemination and adoption procedures. Recipients of DI and adoptive parents have preferred to 'pass' the family as a biological family. For many DI recipients knowledge about the method of conception would often not be shared with the immediate family. The families of donor insemination treatment are seen as the 'real' family and therefore the concealment of the truth was paramount. The culture of secrecy was encouraged and maintained in general, until procedures started to come under societal and legal scrutiny in the 1980s (Haimes, 1990). A similar culture pervaded the rules for adoption for many years. Until the 1980s the tradition of the 'clean break' adoption resulted in a similar culture of secrecy for both new adoptive parents and the authorities. In the provision of DI to married couples, issues such as the stigma of

infertility, concern for children's emotional security and successful family relationships have been major reasons for maintaining a silence:

This desire to appear as a 'normal' family points to the main reason why couples chose to keep DI a secret; the fear of stigmatisation...Stigma is seen not just to attach to the 'unnaturalness' of the DI procedure itself but more importantly to the underlying condition of male infertility (Snowden and Snowden, Daniels, 1998:46).

Concerns about imbalances in family 'blood lines' and the implications for grandchildren were identified as further reasons for not telling about the use of DI; "DI would create a situation of imbalance with 'blood' relationships present on the maternal side but absent on the paternal side" (ibid). In contrast lesbian couples tell their children the truth about how they were made from as early a stage as possible:

For lesbians and heterosexual single women the question of secrecy is totally different. The majority of single heterosexual and lesbian women who use DI do not keep the information secret (Golombok and Tasker, 1997).

The lesbian-led families in this study are open and truthful about the methods of conception and where appropriate, the identities of biological fathers. The need for

honesty is a theme that runs across the nine couples. All of the respondents considered that the truth about the origins of their family would be told to the children at appropriate ages. Their main reason for being open and honest was that this was in the best interests of their children. The telling of the family story became an important element in building a secure and confident family identity, and truth was central to this. This fact places them in a different position to the married heterosexual parents, who had children through DI over the last fifty years. The approach of the respondents on this matter is exemplified by Annabelle (biological mother) when she said;

We decided to tell the children the answer to any questions that they asked truthfully but to be careful to give them information that they asked for, and not to give them more information than they could deal with at their age.

This decision has implications for the family process, as the children then make their own decisions about how to tell their family stories as they grow older. This became complex as parents also employed strategies for protecting their children against prejudice so the decision about whether to explain the absence of a dad and the truthful reasons for this would be left with children.

5.2 Negotiating the absence of a father figure

The negotiation of a family without a father figure was complex for all of the families where the couple invested a lot of time with each other in deciding the narrative of their family story. Mostly, the couples negotiated with each other and their families of origin a way to tell their family story to their child/children. In particular, each couples' negotiation about 'telling the story' of the father or donor was dependent on their chosen route to parenthood. For example, depending on whether the couple opted for adoption, a known and related donor or an anonymous donor, or a donor through the medical route, then the decision made about how to explain the identity of the man would be different. The adoptive parents, for example, considered knowledge about the identity of the fathers of their children to be fundamentally important. The couple shared the view that their girls' welfare was best served by having as much knowledge about both of their biological parents as possible. They considered that knowledge of the family line, ethnicity, languages of the biological families, and the regions of the world where families originated were crucial for the girls to have a strong sense of who they were. This decision was in direct contrast to the couples who chose absolute anonymity of sperm donor. The narrative of Nita (Asian adoptive mother) emphasised the issues of being in minority ethnic group in the UK. For her the need to know the fathers was directly linked to the importance of ethnic background for the children's knowledge of their own ethnic identities.

For those who chose biological relatives as donors, the family story and the negotiation of the absent father figure would have particular complexities. The need for a biological relative was requested by the co-parents in both cases. The reasons for

choosing a relative became less important for Rose and Laura as time went by. For example Laura (co-parent) explained:

What we wanted was a child who would be biologically related to both of us...it was actually about me feeling that I was related by blood....now I think that it is important the children have the same father, but the fact that he is related to me does not really matter any more.

Laura's comments illustrate a common experience amongst the respondents, in as much as they questioned their own perceptions of what was important as they embarked on their own family projects. We will see from the data in following sections that the respondents understand the role of the biological father or donor in various ways. Consequently, diverse understandings of the position of father/donor/dad have emerged from the interviews. In some cases knowledge about him was important for the couples to pass on to their children. Some of the respondents did not think about the absence of a father until they began to plan their families. For Maura and Chris their first engagement with this issue was during counselling for DI. Maura (co-parent) explained:

They made us think about the fact that this child would have an anonymous father, and how would we deal with that when he or she asks who their father is. That

was probably the biggest issue that came up at the time
in counselling.

Maura and Chris reflected on this and agreed that offering a full and truthful account of their relationship and means of conception would be the best strategy. For all nine couples, the most important elements of their family story were their own feelings and reasons surrounding the particular way that they achieved pregnancy and birth, rather than anything about the identity of the donor/father. In some cases, it was enough to know his hair and eye and skin colour, but I found that other aspects, such as ethnicity became centrally important. When Corrine (co-parent) and Lesley (biological mother) found out after the pregnancy had begun that the donor was from a southern European country they experienced anger at the clinic. Lesley (biological mother) said:

We absolutely trusted the clinic to provide a sperm
donor from our own cultural background.

When they uncovered this information, the major concern was about whether they as parents should help their daughter to recognise her 'roots'. The couple were surprised at their own reactions to this news, because it raised cultural issues they had not expected. They debated whether they should recognise the southern European roots in the story they would eventually tell. Similar responses revealed a concern with cultural roots in the section on ethnicity below. I found that other mothers/parents thought about issues that they had not expected to think about. When the reality of becoming parents was imminent, the women appeared to have

heightened awareness of their own issues about biological connections, genetics, culture and ethnicity. In addition, issues of health and personality became part of their negotiations.

From the data, the importance of the negotiated absence (of a father figure) involves decisions about how to choose a donor and how to form and tell their family story. Factors of ethnicity, personality, being a nice man, religion, hobbies, and medical condition emerged as important information for the women in constructing their families. This information later became important in the telling of their family narrative to families of origin, friends and to the children as they grow up.

5.3 Knowing the father

Choosing a donor, or even whether to choose DI, is difficult. Factors include the sort of family the parents want to create, their understanding of identity and the importance of biological identity for their children, but also for the two co-parents the wish to achieve some biological connection with the child. Saffron (1994) has identified four possible patterns: anonymous donor-no contact, named donor-no contact, known donor-some contact and full co-parenting. The choices surrounding which of these ‘types’ of donor are chosen are affected by feelings and thoughts (of the women) about helping to secure their children’s identity. For two couples, mentioned above, the choice of donor was also to protect the co-parent’s biological stake in the family. This issue has been theorised in earlier critical work on the “construction of implied (racial and cultural) bio-genetic links between donor-conceived children and co mothers, and to the co mothers’ extended families” (Jones,

2005:221). The centrality of biology and genetic ties are displaced in the creation of lesbian families, as the new construction of the co mother is social rather than biological. Yet Kate and Jan, Rose and Laura, negotiated 'bio genetic continuity' by choosing blood relatives of the co-parent as sperm donors so it is still important. The importance of biological ties is a central factor for some couples, but the means of achieving bio genetic continuity varies. In her study of gay and lesbian kinship, Weston (1991) defines family as not essentially biological. She argues that family has been constructed in a myriad of ways by lesbian parental couples. Jones (2005:222) for example illustrates various meanings that can be inscribed onto constructions of family:

Rather the concept of bio genetic continuity can be re-inscribed with specific meanings by particular subjects in their construction of familial relations - when using donor insemination (Jones, 2005:222).

Many different reasons are offered for the decisions made about how to become pregnant and by whom. For the adoptive couple, the choice to create a family through donor insemination was considered seriously before deciding on the route to adoption. Nita and Clare explained some of the reasons they decided against DI:

There would also be the question for us about looking for a white donor or an Asian donor, and how we would sort that out...I did not want to be the only black person in a white household (Nita).

Both Nita and Clare had adoptive mothers' issues surrounding ethnicity which will come up later in this chapter. The needs of the children are prioritised in the respondents' choices about how to deal with explanations of the donor/father. In some couples the need of the other parent to 'feel connected' became an equal consideration with the children's needs. These needs are understood and interpreted differently across the nine couples. For some, total anonymity is seen as the best thing in terms of the interests of the child. For others, the maximum amount of information about biological parents is seen as serving the best interests of the children. Kate explained:

I had started the process of finding a donor, I had some ideas about who I would want and I thought of my nephew...cos we are very close ...he's more like a brother and he was very flattered. We would not want him to be a dad, we would tell the baby he was his biological father but he did not have a dad.

The important need for biological connections between the child and both female parents was achieved for both Jan (biological mother) and Kate (co-parent), when the nephew of Kate (co-parent) became the known donor. This negotiated decision satisfied some of the concerns of the couple as Jan (biological mother) explained:

I didn't want an anonymous donor because I felt that it was important for a child to potentially have access to a person that was their biological parent, if ever

they wanted to know then we would be able to give a name...I know all the for and against arguments but I still ended up with a gut feeling.

The data suggest that there are tensions and contradictory beliefs surrounding bio-naturalising and social construction approaches to family. The couple have their own agenda about what family means and choose a known relative so that Kate is biologically 'keyed' in to a connection with her son. These negotiations illustrate the uncharted journey the parents have chosen as they try to balance legal kinship, genetic kinship and social kinship. The choice of donor in this example reveals that the 'bloodline' is seen as a definer of family connection. The donor is chosen with the specific aim of ensuring bio genetic continuity for the (Jones, 2005) or it could be argued to compensate for the lack of legal kinship by creating biological kinship for the co-parent. Whilst the couple came to a negotiated understanding between themselves and Darren (nephew of co-parent/donor), further family members saw themselves as connected to the child. Kate (co-parent) said that:

Darren had rows with his own mum ...She's had a bit of a thing about being a grandmother...he says to her I'm not his dad and you are not his grandmother, you are his auntie and he put the phone down.

The negotiated decisions of lesbian motherhood either implicitly or explicitly affected people outside the couple but within the extended family. Darren's mother understood that she had an identity of grandmother. She was reflecting the normative

understanding of family membership through genetic kinship which pervades society. Within the normative facts of genetic kinship Darren's mother was of course right to position of herself as grandmother. This perception is not matched by the perceptions of Kate and Jan. They resisted normative genetic definitions of family and kinship in their negotiated and constructed family. At the same time they privileged biology in order to authenticate Kate's connection to the child. This particular complication suggests that the narratives of lesbian led families are constructed both internally and externally to the relationship with each other and with the donor. Furthermore, that there are contradictory beliefs about genetic kinship. The reflexivity of the respondents on these questions reveals struggles to resolve tensions. The tensions exist between their chosen and socially constructed family form and the wider kinship network which may or not be connected through biology. There is a lot at stake on this precise issue. These negotiations define family membership and relationships. Where there is a biological connection the mother/parent has more genetic capital in making a claim to a family relationship and (according to normative understandings of genetic kinship) Darren's mother had more genetic capital in making her claim than Kate (co-parent). In Kate and Jan's case genetics were used to uphold a relationship to the child for Kate, but both Darren and his mother were denied a family relationship on the same genetic terms. The data here suggest contradictory beliefs surrounding bio naturalising and social construction approaches to family.

This balancing of legal, genetic and social kinship is crucial for the confidence and validity of the new family. The adoptive parents Nita and Clare experienced fewest tensions from their own families. Everyone in their extended family was happy to recognise the family relationships between them and the girls.

They of course had legal kinship, the law allowed their parenthood (albeit in a limited form as single adopters) but for the DI couples, extended families did not accept the family relationships and it was the co-parent who was least secure. She had (at the time of interviews) no legal position and no genetic kinship position. She had to rely on external validation and secure negotiations with her partner for the establishment of a familial identity and accepted parental status in relation to the children. The ambiguous status of the co-parent led to a need to know who the father/donor was. His identity in relation to the co-parent became a crucial link which for one respondent, Laura (co-parent) diminished in significance once the child was born.

The cultural and parental position of the co-parent is recently theorised in some sociological studies of lesbian families (Gabb, 2005b, Almack, 2004, Jones, 2005). Her vulnerable relationship to her constructed family is illustrated with further data. Rose (biological mother) and Laura (co-parent) also decided to ask a blood relative of Laura (co-parent), her brother Tom, to be the donor. When they were asked: “do you see the sperm donor as a father in any sense?” Rose explained:

He does not want children himself...the only thing to know about Tom (donor) is that he does not make commitments....but we don't want him (child) growing up saying 'hi daddy'.....we both wanted a child that we would both be biologically connected to.

During this interview there was some interweaving between the uses of the terms donor/father. The term 'donor' was used in the sense of distancing the donor from the little boy and later the term 'father' was used when explaining that the same donor has been used for the second pregnancy, with the explanation that it was important for both children to have the same father. In response to the question about the importance of the biological connection, Laura (co-parent) explained:

It was more for me. It was actually about feeling that I was related by blood. Now it does not make that much difference to me, but it is important that the children have the same father, but the fact that he is related to me does not really matter to me any more.

In families of more than one child (with the exception of the adoptive family) questions emerge surrounding the perceived need for the same donor to be used for second and third pregnancies. The donors/fathers are therefore important in terms of 'biological connections' between family members and, for some, the need to establish biological kinship between co-parents and the biological children of their partners. Ethnic constructions of family also emerged as a unifying element across the sample. Following conception, relationships with the donor were regulated by the arrangements negotiated during planning of the family. For Kate (co-parent), Jan (biological mother), Rose (biological mother) and Laura (co-parent), the donor was known and related, and no parental involvement followed on the part of the respective nephew and brother of the co-parent. The need to have clear negotiated parental and

kinship network, is thought about in detail in all nine households. Things did not always go to plan, however, and the effects of the negotiated family create differences of understanding. For example, Laura (co-parent), who had insisted on a biological connection to the child, later found that this diminished in importance when she actually became a social parent. Family connections are not always straightforward and sometimes, a wide range of people outside the couple are affected. From earlier research Haines and Weiner (2000) found that:

The process of finding a donor was shaped both by practical considerations and by women's different values and priorities. For the interviewees the process of finding a donor had consequences for their relationship with him post conception (Haines and Weiner, 2000).

For the couples who had created a family through insemination of one of the partners, the perceptions and understandings of the donor's importance varied. The reason for knowing the father is connected to: genetic connections, the hope that he is a nice man, health information (responses suggests that both formal and informal screening takes place in the varied ways of achieving DI) and ethnicity. Issues about ethnicity emerged as crucial in the making of family. Both majority and minority ethnicities are discussed in this data. There were, therefore, inevitable criteria for choices of donors. The data include eight couples who have used DI and one adoptive couple. The adoptive parents considered that it was important for their girls to know as much as possible about, and to have at least one meeting with, their fathers. In the

data regarding the DI couples, some women insisted on their children knowing who the donor was. For the eight DI couples interviewed the donor is either known with no contact, known with some contact or anonymous. There are no cases of the donor being involved in parenting. In the case of the adoptive parents, the fathers have no parental involvement.

Contradictions emerged along with a variety of thoughts and understandings of how knowledge of the donor/father helps to shape their children's sense of themselves. As discussed above, the motivations on the part of the mothers/co-parents are focused on the emotional security of their children, but also on the need to "protect the integrity of their family" (Donovan, 2000:161). The difference between knowledge about and involvement with the father or donor is important for the women in establishing boundaries around their family; "knowledge about the father is often distinguished from involvement with the father" (ibid: 2000; 162). For example, it is important, for some, that their children know the name and face of the man to recognise, but without having any involvement. In this scenario, knowledge of his identity is enough to help their children's sense of identity. Jan explained; "I didn't want an anonymous donor because I felt that it was important for a child to potentially have access to a person". For others, the anonymity of the donor is the most important element in establishing their joint parenting relationship: As Lesley explained:

We know a thumbnail sketch about him, and that's about it.....I wanted any child that we had to be ours and not to have to deal with a man. The CSA is an

implication. I did not want to get into all of that...and we felt like if we used the clinic, although it was much more medical then afterwards it would be just us.

This area of questioning produced complexities of meanings and significance. For all women, when first asked if the donor was important, the answer was 'no'. Later when questioned further, many factors about him did emerge as important for consideration. I found four main issues emerging: some respondents wanted to think that he was a nice person; some wanted him to be good looking and have good genes. In addition, his health and medical/physical condition should be checked and his ethnicity should be matched with the ethnic identity of the lesbian couple. There were variations in whether the lesbian couple should know his identity, but there were also variations in terms of whether the children should know his identity.

Of the five couples who had chosen anonymous donors, some had chosen the medically assisted route. Others used the sperm of friends of friends and self inseminated to get pregnant. In these cases the issues of medical histories and the issues of whether he was a 'nice bloke' or not was taken on trust and the word of friends. When the respondents reflected on their thoughts about the father/donor they spoke about his ethnicity, looks and his personality. Marion and Chris said that they knew very little about the donor, but jokingly, that they both blamed him when Daniel (son) behaved badly. Marion (co-parent) explained:

No nothing about him matters....but I mean we had to choose a donor from a computer database, so we knew

they either Civil servants or students....we knew height, weight, eye colour... the doctor said on the second visit, I know he's getting pregnancies, and we said ok we'll have him.

The medical professionals involved in donor insemination procedures would often inform the couples that the sperm of a particular donor had achieved a number of pregnancies. This information became more important than hobbies, or personality. The pragmatics of achieving pregnancy, i.e. the fertility of the sperm, would override the other preferences. Matching of ethnicity and colouring and height, however, remained as crucial factors. Some couples, whose pregnancies were achieved through DI, would seek information about 'the successful pregnancy rate' of particular donors on the list and this would sway the decision in his favour. Many of the concerns about the donor could be screened or checked in some way, but the issue of whether he was a 'nice man' was a wish expressed by many of the women. Annabelle (biological mother) explained:

It mattered to me that he was a nice person, a generous person and a kind person, and I guess by virtue of the fact that he's willing to donate his semen that he is.

The uncertain area of the personality of the donors was consistently brought up: for example, Marion, co-parent to Michael said; "I'm a great believer in personality as being hereditary". Ruth and Carol had chosen an anonymous donor through a clinic and said "we knew nothing about the donor, only that he was blonde

and blue eyed” and later in the interview they said that their son’s ‘father’ must be a doctor because they were informed at the clinic that only medical students were involved in donation at that particular clinic. This piece of information affected one of their key decisions ‘we did not want amnio tests – he has a very intelligent father’. In contrast, four couples who had asked a known donor were in a different position as they already knew the person and had almost all of the information they needed. Respondents who had chosen to acquire sperm through informal means had carried out their own sort of informal screening, but in all couples some effort had been made to find out the answers to specific issues and questions. Marion (co-parent) said:

We don’t know who the donor is and we have no intention of finding out....they had no intention of being the father, more a case of doing a favour for us.....all we know is that he had an AIDS test and that he was healthy and did not have any congenital problems in his family...we were not interested in whether he was a hunk or anything like that.....or brain surgeon, as long as he was healthy.

The concern about the health is further commented on in terms of worries about mental health. Kate (co-parent) said “we were worried about mental health and whether those sorts of problems are genetic, but then Darren (known donor) is so laid back”. Health screening of potential donors was apparent and seen as important. Screening is an automatic part of the formalised process of sperm donation, but it is being carried out informally amongst the women who have chosen not to use clinics.

Health concerns emerged as a pivotal factor in the women's decision making about a suitable donor. Marion (co-parent) explained "we were worried about whether there were any heart problems, not anything like Downs Syndrome... I've had a Downs daughter and that would have made a difference". Marion (co-parent) had become co-parent to Michael (8 month old son), in her relationship with June, but had an 8 year old daughter from a previous marriage. June (biological mother) and Marion ('s) family/household included the older girl. The issues about the father/donor had different implications for the two children, as the older girl had regular contact and a relationship with her biological father. Marion (co-parent's) concerns about disability were related to the disabled child she had when she was very young, and she would prefer not to have another child with Downs Syndrome. Disability is a factor in the choices made, and the need to screen for possible disabilities came up in a number of interviews, for example, Ruth (co-parent) described her concerns;

We talked about disability and hereditary genetic stuff....We had a lot of disagreements about it, didn't we? As far as I was concerned, that was not an issue for me, I would have brought up a disabled child (biological mother)....But I had issues with it, I had worked with disabled children and I knew that the quality of life is affected by the quality of care they are given outside the home...if we could not completely have the child at home then I thought it was not fair.

Marion and June conducted informal screening by asking questions about the donor. They questioned his friends about his health, his family and whether he had any physical problems.

5. 3.1 Ethnicity

The ethnicity of the donor/father has emerged as an important factor in the decision making process for all the respondents. The participants were asked if there was anything that was particularly important about the donor and the answer was initially 'no', in all of the interviews where this was relevant. Later with a prompt question checked that his ethnicity was of no importance and the responses were that the ethnic background of donors/fathers was the key criteria. The choice to be a lesbian and a mother place women outside of the traditions and expectations of most religious/cultural backgrounds. The difficulty for many lesbians is that culture, religious background and class identity forms a large part of our construction of self. The ethnic make up family has not been extensively theorised in the context of lesbian motherhood, but has for many years in adoption and fostering contexts. In earlier research Jones (2006) found the feelings surrounding Jewish identity were important for one of the lesbian couples, albeit in a different way to Kate (co-parent) and Jan (biological mother). In Jones's study the couple asked for a Jewish donor because the co mother was Jewish. Given that tradition suggests that Jewish-ness is passed through the female line and not the male line, the need/ desire for Jewish donor is about forming a cultural link between co mother and child. Jones has identified a number of ways in which lesbians seek sameness in their family construction:

I would suggest that the pervasiveness of ‘the genetically related ‘ family form in late 20th century Britain can generate a concern for sameness within both nuclear and extended lesbian family families (Jones: 2005:230).

For Kate (co-parent) and Jan (biological mother), bio genetic ties between Kate and the child outweighed the need/desire for a Jewish donor in their final negotiation. The following question was asked, ‘did anything about him matter to you?’ and the issue of ethnicity was raised in every interview. For Jan (biological mother), the decisions between herself and Kate (co-parent) about the donor were agreed if she compromised on issues related to her culture and background. Jan (biological mother) is of Jewish heritage, and this became important for her in a particular way when she thought about becoming a mother. Initially she had said to her partner that she wanted a Jewish donor. Jan (biological mother) explained:

It was important for me and that he had Mediterranean features...it felt like a compromise for me because Darren is Arian – blonde, blue eyes. It was hard and it raised a lot of cultural stuff. I went and talked to rabbis about it and what it means in terms of the religion....but I let it go in the end. It’s not easy and it is still an issue for me that he is not circumcised...if

Kate ever changed her mind then I would get him circumcised.

In this part of the interview Kate (co-parent) explained her thinking on the matter as follows, “as far as I’m concerned he’s Jewish I suppose, I am very anti religion, it’s not that I don’t want him to be Jewish I don’t want him to be religious”. This negotiation involved a significant compromise on the part of Jan in relation to her cultural and religious background.

The adoptive parents Nita and Clare (adoptive mothers Asian and white British) had very clear and defined strategies for talking about the girls’ fathers within daily family life, as they perceived their girls’ best interests to be best served by knowing their biological parents. For Nita and Clare’s daughters, knowledge of their ethnic backgrounds was a crucial foundation for building a secure identity in their adoptive family:

All three children have Asian heritage – and knowing the specifics of that is important...knowing places in the subcontinent where they come from. Not just that their father is a Pakistani or something – but knowing the language that their birth family spoke...with the oldest we tracked down her birth father and her paternal grandparents...the middle child’s birth father was in prison and we insisted on seeing him. We were told that he was very upset that his daughter had been

placed with lesbians, whereas actually he was completely relaxed about it.....he just said that he was sorry he could not look after her and his loss was our gain.

By comparing these points with previous quotations, there appears to be a qualitative difference between knowing the identity of a genetic father and establishing connections based on biology. The decisions vary and carry different significance for the couples. The adoptive parents comment elsewhere that “no one in our family are connected biologically and yet we could not be any closer if we were”. In this family the girls have different fathers but it is very important in the understanding of how they became the family that they are, that the girls should have a basic knowledge of their birth fathers (and mothers).

Nita and Clare (adoptive mothers) decided to disclose the identities of the biological fathers. The decisions made about how to tell their family story went further and requires further explanation. Each of the three girls has a life story book. In this, they document their birth families and their current family. These two adoptive mothers stated that they wanted the birth families to be very much present in the girls’ lives and in that sense the absence of the father is explained in terms of the present. They explain that their families could not keep them and that it is no one’s fault and they are in this family because they were chosen. Their current parents chose them, wanted them. For the parents in this family, the issues of ethnicity and cultural background are very important in their decision to keep present the birth families. It is connected to understanding why the girls have different names, and

parts of their stories are that their birth parents, and they, come from different parts of the Indian sub continent. Both the birth fathers' names and the birth mothers' names are important for the girls in order to place themselves culturally and ethnically. Some of the ways in which the father figure is discussed in this interview included references to 'father', the dads, absent dads and sometimes the feeling by the child of them missing a dad. For this family the fathers are absent but there is a real person who they should know and know his origins. One of the girls protested that "I miss my daddy". The parents laughed to themselves but explained to her that she had never actually met him so how could she miss him? They concluded that she missed the idea of having a dad, particularly as other children at school talked about their dads. They indicated that having their own children had been discussed and excluded as a possibility for a number of reasons. One of the most important reasons was that they wished to offer certainty about genetic and ethnic identity to children that they might have. Nita reflected on her own journey in coming to terms with her identity and explained:

I felt particularly strongly that as an Asian woman who had quite a journey to sort out my own identity, all through my teens and early adulthood, the idea of having an unknown donor and having a child where there would be an area of unknown in their heritage, would seem quite problematic to me. We would look for an Asian donor...I did not want to be the only black person in a white family, so some issues around race led to that decision.

When prompted by a question about ethnicity all the women identified it as important. Ethnic identity and choosing the ethnicity of your children emerged as a consistent factor in the decision making of all of the respondents. Ethnicity is central in the respondent's constructions of their families. The sample includes, white British, Australian, Jewish and Asian women. The prevalence of ethnicity was foremost in the Asian woman's family and the Jewish woman's family in particular ways. For the white respondents, the issue of ethnicity was also at the forefront, as each of them had chosen the ethnicity of the donor to be white, even if this was not consciously at the 'top of the list'. Corrine (co-parent) and Lesley (biological mother) had not specified ethnicity and later became angry when they found out that the donor was of southern European origin. They felt that they should have been told, not so as to exclude him as a possibility just so they would know the ethnic origin of their daughter if she ever asked. White ethnicity became the key criteria in choosing a donor. Ruth (co-parent) explained that "we would not have accepted a black donor, because there are understandably issues about two white women bringing up a black child". These concerns reflect the evolving politics of ethnic 'matching' in the Adoption and Children Act 2002.

Some respondents highlighted their ethnicity as a concern in planning their family. Annabelle (biological mother) explained:

Yes his ethnicity was important because it was important that it matched ours because I thought it would make it easier in terms of the child, having

lesbian parents and dealing with that and being mixed
race and even more questions about that.

Concerns surrounding mixed/dual heritage families were expressed by all respondents. For the adoptive parents (Asian and white British) particular efforts were made in the adoption process to ensure a matching of ethnicity with the Asian parent. The ethnic identity of the donor emerged as a key factor in the construction of the family. In earlier research Jones (2005) found that racial matching occupied much thought and precision on the part of her participant lesbian mothers. She recounted the story of a lesbian parental couple where the 'co-mother' was Afro-Caribbean and the birth mother white British. They specifically sought an Afro Caribbean donor. The need to 'look like a family' (Jones, 2005) informed their decisions about the donor. The fact that the licensed clinic did not question their choice was because, in view of the birth mother, this was a 'normalised heterosexual practice' (2005:534). Jones explained "Beverley and Fiona are in a lesbian relationship and hence not concerned with passing as a 'family' (i.e. heterosexual, genetic family). However their practices nevertheless suggest some need/desire to practice some elements of 'the family' that is the genetic family" (Ibid: 2005). Further statements in this study reveal the complexity of the choice the women have to make about the donor. There is a general pattern of knowing as little as possible about the donor but the respondents have varying views on the amount of information needed. Lesley (biological mother) explained:

It's not actually the donors' cultural background that is
important. We'll just never know whether that's the

influence of the donor or whether it's just part of her as an individual.

This area of questioning brought out these contradictory statements regarding the respondents' views about the importance of culture, ethnicity and language. It is important to note that the most articulate and thoughtful responses came from the women who, in the British context, have minority ethnic identities. The ethnicities of the donors are thought about by every couple in the sample, and definite choices are made about the ethnic construction of the family. Jones (2005) explored the significance of ethnicity in donor choice and considered the ways in which lesbians negotiate bio genetic continuity in their families. In a study of lesbian assisted reproductive experiences, she argued that bio-genetic continuity is about the negotiation of kinship ties (Jones, 2005).

5.4 Explaining the 'absent presence' to the children

The absence of a father figure has constituted an ideological and 'medical' barrier to lesbian's reproductive possibilities in recent decades. Haines (2000) has pointed out that access for lesbians to formalised DI, whilst considerably restricted in the 1980's gained more acceptance but only within the control and regulatory frameworks of a 'medical' procedure. The barriers to lesbians are explicitly highlighted;

Lesbian access to clinic based donor insemination was limited because it was seen to threaten both the

traditional family and the medical definition of infertility (Haines, 2000).

During the 1970s and 1980s most licensed clinics in the UK refused access to DI for lesbian couples. The ideological background of the medical profession and the personal views of many medical doctors favoured the reinforcement of the nuclear heterosexual family ideal; “over half of the medical practitioners said they would refuse lesbians access to DI because of their beliefs about what sort of families children should be brought up in” (Donovan, 2000:142). Prior to the Civil Partnerships Act 2004 the preferred model of a married heterosexual family was implied. There were publicly aired concerns surrounding the perceived problems associated with the lack of a father figure (see chapter 1). Since the Civil Partnerships Act 2004 the rules for access to donor insemination have changed to come into line with the spirit of equality enshrined in the said act, so lesbian couples should be treated in a similar manner to heterosexual couples. The issue which dominated the debate in the 1990s, however, was the question of financial provision for children born to lesbian families, and in particular that the CSA demand to know the ‘biological father’ when calculating a single mother’s benefits. The CSA required names of biological fathers and this impacted on some decisions, in as much as, two respondents linked the issue directly to their choice for anonymous donor insemination. Marion (co-parent) explained “It meant we were more certain that we did not want to know the donor- the truth, that’s the simplest way”. This was particularly important for her and her partner as long term recipients of state welfare. The question of how to explain the absence of the father figure to their children occupied much thought and preparation by the women. In the case of the adoptive

parents, their daughters were told that they had been chosen by them and that made them special. In this family special efforts had been made to find out as much as possible about the childrens' birth families, so for them the truth was as full a picture as possible. The idea that the creation of the family was a loving positive choice to make, posed some difficulties for the respondents. I asked a specific question about how the family that they were would be explained to their children. Marion (co-parent) explained:

Well I think about it a lot and I don't actually have an answer yet, in terms of what I actually say – I anticipate him saying why haven't I got a daddy? I think I'll get the point across about different types of families...Then when he is old enough to understand we'll tell him why we chose a donor.... For me it would be somebody (the donor) who did want to enable a family, and he knew, he had a choice about whether the sperm went to a lesbian couple or not...and it was important to get across to Cain that it was about us wanting a child and not about a man not wanting his son.....it was about wanting to give someone else the opportunity.

All respondents considered the truth about means of conception and their children's origins to be important in the telling of the family story to the children. The truth about the beginnings of each family varied, for some it was total anonymity of

the donor, for the adoptive mothers, truth meant having as much identity information as possible. For others it was merely 'knowing a face' (of the biological father). Whatever choices the respondents made in relation to the father/donor their motivation was the same. That was, to ensure a strong sense of belonging and secure identity for their children. The perceived means of achieving this varied depending on how 'belonging' was defined, whether they had a desire for biological connection with her family, and how 'family' had been imagined by the parental couple. There were explanations which were given to the children and the respondents thought about the wording and the meaning of these explanations from the beginning of their plans to have a family. Ruth (co-parent) said:

Part of the planning was talking to other lesbian parents about how they did the story about how their children were conceived.....We'll tell them that we wanted to have children and that we went to the clinic, because at the time that was the only way we could ever have children... We'll tell them as well about the egg and the seed and how pregnancy happens and we are not going to leave it until they are 16 because children ask questions from an early age.

The data from this sample reveals an ongoing process in the lives of lesbian families in which they seek to explain, make sense of and create positive new types of families in the absence of a father. The picture of this process revealed in these interviews illustrates the relational importance of the donor/father in the creation of

their families. The families are created in a relational context, from the basis of a loving committed relationship of two women. The relationship was not sustained by one of the couples although their parental relationship continued after separation.

The man who either is the birth father (adoptive parents) or who has donated sperm is also part of this relationship. His existence or absence occupies a large part of the knowledge about the origins of this family. He is important, for the bodily matter (sperm) without which the children would not be born, his ethnicity, state of health, personality and intelligence are all important to the families.

5.4 Male role models

The absence of a father has been highlighted as the key problem by opponents of lesbian mothers. The legal implications are now largely resolved with the Adoption and Children Act 2002 and the Civil Partnerships Act 2004. The legal accommodation of joint parental status offers a structural system for joint financial responsibility, joint care/residence arrangements either pre-separation or post-separation. The Human Fertilisation and Embryology Act were passed in 1990. The need for a male role model, or father figure was included in the HFEA guidelines for clinicians in relation to their decisions to offer access to assisted reproduction. Haines (2000) pointed out that lesbian access to clinic based donor insemination was not prohibited by the HFEA guidelines, but that doctors should take account of the welfare of any child including the need for a father or male role model in their lives, when making their decisions. I asked a specific question of the respondents; “much has been written in the media about the need of children, particularly boys to

have male role models and how do you react to that?" The data suggest that the idea of gender role models is questioned. Laura (co-parent) replied:

Isn't it amazing that people think that. Well I'm not clear about this. These wonderful male role models, where are they? All these wonderful families with these male role models. How come all these boys are behaving in the way they are? How can they feel seeing that their dads treating women terribly...I think it's a load of bollocks. What Joshua needs is a model about being a human being. If there are any questions about his gender, then I don't see why I can't answer those questions.... if we have male visitors he relishes that...he does enjoy the company of men...I do think it's good that he can have contact with nice men.

There were no objections to the idea that men should be involved in their children's lives, but unanimous opposition to the idea that children needed a male role model or father figure in order to develop their own gender or personality. Donovan (2000) discussed the debates and prevailing cultural beliefs about the need for fathers in children lives. Like many other commentators she found that in public debates, the proponents of 'knowing the father' rarely identified the qualities that men would bring to a family. She argued for a consideration of fathering practices, and as such suggested that lesbian families could provide all of the qualities found in heterosexual parental couples (Donovan, 2000:151). Many of the respondents had similar views

on the need for a male role model, and some of the responses also appear in the chapter on parenting. For example Rose (biological mother) said:

I think more male role models would be good in the children's lives, but I also think that children need good human role models. How to be a human who lives appropriately and well, and I'm not sure that you need to have a man in the house to make that happen...there are plenty of heterosexual families where the children do not have a good male role model.....statistics say that most heterosexual fathers spend very little time with their children.....so I can't see how they are modelling anything except not being there...it's better to have parents who are there, who love you and want you and show that....can't see how gender is central to that.

Throughout this part of the interview some of the respondents made theoretical points about class and gender and the difference between a donor, father and the need for a male role model. For example Carol (biological mother) raised class issues:

I think it is a class thing as well. The people who have chosen to have known donors and father figures are more middle class. The three people we know who

have children with known donors who spend half the week with their daddies are middle class...we are both working class.....it seems to me that people who want to be more accepted by society and particularly by their families see it as more acceptable to have a known donor who's going to provide this daddy.

The debates over whether children need a father are confused with the need to know identities of sperm donors. There is a difference between a father and a donor as explained by Annabelle (biological mother) who had chosen an anonymous donor. The question of responsibility should be for legal genetic fathers not sperm donors who have waived all fatherhood responsibility. The role of financial provider is reinforced through the implementation of the Child Support Act 1990. For single heterosexual women or lesbian mothers living on income support, there is a requirement to name the genetic father of your child. Annabelle (biological mother) continued the discussion on genetic fathers:

Do you want to know what I think about genetic fathers? Genetic parents? I think it is absurd because so many children are living in all kinds of families, genetic child of father, not genetic child of father. I think that fathering is very different from being one half of a child's genetics- I've always been absolutely clear with my children that they don't have a father, they have a donor – Because I don't want the children

growing up thinking that's what a father does – donates semen and doesn't have anything to do with the children....a father is somebody who socially looks after you and supports you and that's a role not genetics, so I think the whole thing about a genetic father supporting children is pretty absurd and completely unworkable.

Further critical response to the male role model expectation was evident in the Lesley's comments (biological mother):

I think its very naïve and short-sighted. I think a lot of the problems in society are caused by relationships with men, and to say that our children don't have a male role model is just...and also, it's not borne out. It's not borne out by children who grow up with lesbian parents.

The need for male role models is accepted by Lesley, as she has awareness that her child will be surrounded by men in her daily life. The idea that male role modelling has to be provided by a 'father' is refuted by Lesley and by all respondents in this study. During a recent consultation process on the rules and guidelines of the HFEA it was suggested that the requirement for male role models be removed:

The requirement to consider whether a child born as a result of assisted reproduction needs a father is too open to interpretation and unjustifiably offensive to many. It is wrong for legislation to imply that unjustified discrimination against ‘unconventional families’ is acceptable” (Section 3.30 Review of the HFEA – A Public Consultation, August 2005).

Such a move would represent further acceptance of the validity of the lesbian parental couple or single parents as legal foundations for family in their own right. The issue of donor/father is integrally linked with the constructions of motherhood and family that lesbians achieve. For those women who seek to establish a lesbian-led family the absence of a man is important in their construction of themselves as lesbian parental couples. The reactions against lesbians becoming mothers have focussed on the lack of a male in terms of a cultural, personal, gender or material absence.

The findings indicate that respondents seek to establish a secure identity for their children. The needs of the children emerge as an important factor in choosing how and when to tell the family story. The data also suggest that the construction of their families is based on the emotional relationship of the two women. For those who use DI the provision of sperm makes this family possible. They need an anonymous or trusted man to donate sperm and take part physically in the making of their family. This relational foundation of the lesbian family is negotiated in many different ways. The idea that lesbians create families with a uniform set of ideas and

values, or see the donor as unimportant in the creation of their families is not reflected in the data “the idea that there is a standard DI lesbian family is not reflected – it does not exist” (Saffron, 1994:4). This assertion is confirmed and illustrated in the findings from my own investigation of lesbian motherhood. Saffron (1994) has asked the question “what to do about daddy, where does he fit in?” The answer to this question is as diverse as the ethnicities, class identities, and cultural and social backgrounds of lesbians choosing motherhood in late modern Britain.

5.5 Discussion

In this study, a father figure is absent in all of the respondents’ households. Participants had invested a lot of time in their relationships with their families and some time with the medical profession (in some cases) to arrive at decisions about choosing the donor or father. The negotiated absence of a father figure emerges as a key element in the construction of their families. They have carefully considered who he will be (in cases of known donors), what his ethnicity would be (in cases of unknown donors) and how all of this would later be explained to children. For Nita and Clare (adoptive parents) the identities of the biological fathers of their daughters were very important in the construction of their family. In this case, the adoptive mothers sought as much information as they could get, including meetings between themselves and the men where possible. For the remaining eight couples, negotiations about the ‘absent presence’ occupied a lot of discursive space in the family life and the telling of the family story. All the women in this study invested a lot of time and emotion in making decisions about how to explain the absence of a dad to their children. The lesbian families in this study pose a threat to heteronormative

constructions of family and kinship structures, because of the absence of an identifiable father. The issues associated with this absence vary from family to family. They include a societal concern with the need for male role models in childrens' lives, and, for some, concerns about the perceived imbalance that might be created in the children 'bloodlines' (Daniels and Haines, 1998:6). For example, Kate and Laura (co-parents) both suggested that blood relatives of theirs (nephew and brother respectively) should be donors, in order that they would 'feel connected' to the child. These decisions created another variation of 'continuing the family line'.

The adoptive parents had particularity of experience within the study regarding their approach to the absence of fathers. As mentioned above, the family story of Nita and Clare and their daughters, accommodates families of biological origin. For the families who had children through either formal or informal DI procedures "donor of sperm can be seen as a negotiated absence" (Donovan, 2000:154). The negotiation of this absence may be based on anonymity or full knowledge of the identity of the man. The decisions made in relation to the 'negotiated absence' are affected by how important biological connections may or may not be to the couple. On this issue, I have found dilemmas, varying understandings and beliefs across the sample, including the adoptive parents. One of the influences is the societal importance of biological bases for families. The need for 'bio genetic continuity' (Jones 2005) is expressed in various ways. Choices of donor are often determined by eye colour, hair colour, height and hobbies of the man who has donated the sperm. These choices result in a 'matching' process. The medicalised process of matching donors with infertile husbands is well established in the provision of donor insemination procedures for married heterosexual couples.

Certain provisions related to the use of donor insemination have traditionally been associated with facilitating heterosexual couples to 'pass' as the 'genetic family'. These include opportunities for donor recipients to choose particular characteristics of the donors, and to reserve some of the sperm for later use (Jones, 2006:223). Jones suggests that this continues in the experiences of lesbians creating families through DI. The issue of ethnicity and the relatively unspoken social practice of racial matching are revealed as key elements in the construction of family. Ethnic matching however has been part of clinical protocol where 'matching' the social father meant that this was necessary for the family to 'pass' as biological. In this study, the ethnicity of the donor was crucial for the eight DI couples. The families in this study do not need a man to be included in the living of family parental life; however the negotiation of this absence requires significant emotional and intellectual investment by the couple. The man and the process through which he was chosen became part of the family story.

The literature covering lesbian motherhood until recently contained relatively little commentary on lesbians' views and attitudes to the men involved in the creation of their families. Recent critical approaches discuss the sorts of choices made by lesbians and the shifts in patterns from the use of unknown to known donors in the UK (Haimes & Weiner, 2000; Donovan 2004). Some studies of the formal, medicalised and informal processes of DI have included information about lesbians' attitudes to the donor. Lieblum (1995) found that the desire for more information was expressed by single heterosexual and lesbian women in an American study. In this study the donor characteristics of education, ethnicity and height, were the most

important. There appears to be a pattern where lesbians, at the outset of creating a family, do not want or need much information. Following successful pregnancy and childbirth, lesbian mothers often reflect and wish that they had more information to pass on to their children

In the last two decades the importance of the biological father has been reasserted in many ways. During a period of demographic change in relation to second and third families, the position of fathers in post divorce families has become politicised, through campaigning groups such as Fathers for Justice and articulated in academic work (Erdos and Dennis, 1993; Smart and Neale, 1999). The uncertain position of fathers in late modernity is illustrative of the pace of social change around gender relationships and family. Beck-Gersheim (2002) has argued that traditional ties and lines of family obligation have been eroded. “We have the emergence of new and ‘elective’ family forms” (ibid). Further to this argument, the lesbian led family, as a construction of the legally fatherless family is situated historically, in late modernity. Societal fears about the loss of socio-legal position for men in families, and biological fatherhood in particular, play a large part in the ‘reassertion of the fatherhood’ discourse (Lupton and Barclay, 1997). The demographic changes and subsequent fears about the position of ‘father’ have evoked a state response in the form of the following legislative changes. The Children Act 1989 established the idea that biological parents should remain responsible for their children. The Child Support Act 1990 reinforced the legal link between biological fatherhood and financial provision. The Human Fertilisation and Embryology Act 1990 identified fatherhood as important for the welfare of the child. Section 13(5) of that Act stated that:

A woman shall not be provided with any treatment services unless account has been taken of the welfare of the child who may be born as a result of the treatment (including the need of that child for a father), and of any other child who may be affected by the birth (HFEA 1990)

The recent regulatory recommendations (for licensed clinics to carry out assisted conception techniques) and particularly those relating to ‘the need for father’ are put forward as complementary to the changes in adoption (Adoption and Children Act 2002) and in relation to Civil Partnerships (Civil Partnerships Act, 2005). The legislative changes suggest a new ‘acceptance’ of the same sex parental couple. The cultural and societal influences on definitions of family, however, continue to carry powerful messages regarding appropriate and inappropriate families. Furthermore, cultural and social contexts affect the choices that lesbians make regarding the construction of their families. The use of donor insemination and self insemination should, therefore, be understood in the broader contexts of societies. Recent studies of lesbian motherhood discuss the importance of biological fatherhood in the decision making process of lesbian mothers/parents (Donovan, 2000; Ryan-Flood, 2005). The emergence of genetics and biological fatherhood in political discourses (Saffron, 1994; Donovan, 2000) affects lesbians’ understanding and decision making. In recent comparative work, the experiences of lesbians in Sweden and Republic of Ireland reveal the power and influence of the state and cultural framework for parenting. Ryan-Flood has argued that the ‘involved father’ discourse in the Swedish context creates a sense of moral obligation in favour of using known donors, with a

preference for involvement in the child life. In the Irish context motherhood has existed under patriarchal values which include uninvolved father and nurturing mothers. In this context, the emergence of lesbian motherhood challenges the traditional expectation of women as mothers. Irish lesbians tend to choose known donors but without any expectation of fatherly involvement (Ryan-Flood, 2005).

5.6 Conclusion

The findings discussed in this chapter suggest that unorthodox families, without legal fathers in the immediate family require the negotiation of the ‘absent presence’ of the father/donor in a variety of ways. For some, the need to ensure ‘bio genetic continuity’ (Jones, 2005) of both parents resulted in the choice of biological relatives for sperm donors. The data in this chapter have shown that lesbians do not keep DI a secret from their children or anyone else in their lives, for obvious reasons. This places them in a different position, with a different family story, to heterosexual couples who have families through DI. The theme of openness is carried throughout the stories of the nine couples. The eight couples who had children through DI had invested a lot of time and emotion in negotiating the choice of donor. For these couples, many things about the sperm donor are important; including ethnicity, personality, health, and that he was ‘nice’. The explanation of his identity and the means through which he was chosen became an important central element in the construction of the family. None of the women agreed with official advice to provide male role models. The negotiations surrounding the father/donor were achieved with a unifying aim which was to secure a self confident identity for their families and their children. For some the need or desire to achieve a biological stake in the new

family was important. For others biological connections did not inform their decisions or the depth of love and affection for their children. None of the participants expected or wanted a ‘fatherly’ involvement in their families’ lives. The responses relating to the importance of the biological father or sperm donor show that the participants invested a lot of time, emotional energy and thought in their negotiations about who to choose to be the father/donor. The negotiations on this point are between the partners and the men they choose, for the informal route, or between the couple and the medical profession, for the formal anonymous route. Amongst the respondents, three couples chose known donors and self inseminated without professional medical assistance. From the remaining couples, five chose DI through formal processes, four of which were regulated by the current rules of the Human Fertilisation and Embryology Authority. For Molly and Jane, with an older child, the rules of the HFEA did not apply, as their son was born before 1990. Nita and Clare decided against DI and for adoption. For the couples who chose DI, much had been invested, including time and compromise in their choices about where to find a donor and the circumstances in which he would be chosen. These negotiations formed a significant part of the construction of the family. The family narratives of the participants included stories about how they all came to be in this family. For the adoptive parents I asked a question about how important it was for the children to know their biological fathers, and whether they would have any involvement in their lives. For couples who had become parents through DI, I asked if the donor would be seen as a father in any way and whether he would have any involvement. The respondents with children from DI started by answering that the donor as a person was not important to them or their children. On further questioning about factors such as ethnicity, health and disability however, it transpired that he was important. The negotiation of this

absence became a key element in the construction of their family. Lesbians in this study created unorthodox families but the social and political discourses promoting or reinforcing the importance of fathers and biological connections affected their choices in various ways. The stories of the women in this study reveal varying understandings of biological connections and contrasting explanations for choosing either known or unknown donors. For all of the participants, the choices they made about the donor were based on the perceived 'best interests' of their children. This is a new type of family form and comparison with the hetero-norm becomes redundant in unravelling the meaning and significance of this new family for society. The construction of these families is based on the absence of a man or a father figure. None of the women need or want a man in their lives, materially or emotionally. Neither do they want a man who has the identity of 'dad' to their children. At the same time, the men (either sperm donors or the biological fathers of the adopted girls) who physically made their families possible are very important to them. For the eight DI families, the process of choosing him became a central element in the making of the family. This was a complex story with no neat generalisations. There is no man present and, therefore, a type of family is being constructed where motherhood is inevitably arranged and materially organised differently. In my attempts to find some answers to these questions, I have moved away from comparison with the hetero-norm because I am more interested in how lesbian mothers/parents make sense of themselves. Furthermore, the particularity of these family formations, where the position of the man is unique, raises particular sociological questions about family, parents and constructions of kinship patterns. In the next chapter, I explore the meaning of 'mother' from the women's point of view. In the experiences of these respondents, motherhood is experienced and created without the social role of 'father'. This family

form subverts the gendered binary opposites of parenting. The next chapter considers the reconfiguration of ‘mother’ outside of the conceptual opposites of father/mother, masculine/feminine. **Chapter 6: The experiential construction of ‘mother’ in lesbian led families**

6.1 Introduction

Mothering is essentially social, involving the mother in a mothering culture that supports and influences her maternal judgements (Everingham, 1994:8).

This chapter explores the experiential construction of ‘mother’ in the respondents’ lesbian relationships, and with the absence of a father figure. The respondents’ comments on the meaning of ‘mother’, ‘mothering’ and ‘motherhood’ reveal a different family construction from the hetero norm. The lived experiences of lesbian mothers are diverse in terms of ‘arrangements for mothering’ and the respondents’ reflections on their maternal identities reveal variety of conceptual understandings and emotional responses to children and maternal identity. The chapter specifically covers discussion of the data in relation to: biology and motherhood, breastfeeding issues, negotiations of who would be the biological mother (excepting adoptive mothers), embodied desires for motherhood, construction of mother identity for co-parent and finally, distinctions made between mother and parent.

Lesbian motherhood is a relatively new phenomenon and its transformative potential is yet to be realised in socio-cultural and legal contexts of late modern societies, therefore these reflections on new motherhood experiences may offer insights into more general meanings of motherhood

6.2 Biology and motherhood

Biological motherhood was not the definer of mother status in all respondents' families, as Lesley and Carol (couple) both explained:

We are definitely two mums, one called mom
and one called mommy.

Nita and Clare provided a story of adoptive motherhood, with a different journey into this identity than the DI families. Their experience is similar to the others, in terms of egalitarian parenting ideals and being two moms. It is different, as neither of them had embodied experience of wanting children and they accommodate as much knowledge as they can about the children's biological families, in their own family. In terms of the children's biological fathers, they had made every effort for the girls to meet them. Biological motherhood determines who is mum in the family and who the 'other equal parent' is. Marion (co-parent) and her partner June (biological mother) agreed that there was something 'special' about the bond between child and biological mother. Furthermore, the themes of maternal instinct and biological processes are emphasised later in the same interview. When asked how it was decided which one would be the biological mother, June (biological mother) explained that "it was because all my maternal instincts were coming out...I was

really broody”. Marion (co-parent) had already had a daughter. She explained that she had already had those needs fulfilled. Her definition of motherhood rested on the act of biologically giving birth to a child. In other interviews the definitions were less clear and relied on a number of factors.

6.2.3 Breastfeeding

The ‘special bond’ and affirmation of the biological connection between mother and child after birth is often attributed to breastfeeding. Health professionals have suggested that this is the point in heterosexual relationships when men feel excluded. The need for women to suckle their children is profiled in health promotion literature and in some ways iconized in cultural representation. The issue of breastfeeding and its impact on shared parenting has emerged in all of the couples except for the adoptive parents. The key issue for the women here is the need to make parenting feel more equal and to think of strategies for making both women feel included in the nurturing aspects of it. The idea of breastfeeding forming a special and unique bond between mother and child is not as important in these families as making both parents feel included. Carol (biological mother) explains:

One of the first things I did was breastfeed...we discussed this article I had seen, where apparently there was a way for Ruth to stimulate her nipples so she could produce milk...but we didn't do that in the end...it was too difficult.

It was important for Ruth (co-parent) and Carol (biological mother) to, at least, attempt some negotiations surrounding breastfeeding. They both recognised that breastfeeding was an intimate and important part of being a mother, an identity they wanted to share. Similarly Jan (biological mother) says:

I knew it was important for Kate to feed Adam for some of the time...so we had a commitment even before he was born that I would try and express milk so that Kate could feed him with the breast milk.

The breastfeeding issue was experienced by most as something that prevented full sharing of tasks, as June said “we share everything ...apart from breastfeeding....I had to do that”. The dominant ideology of motherhood which suggests a natural maternal instinct draws attention to the physical aspects of nurturing. The idea that breastfeeding could be shared and negotiated was discussed by some of the couples, although in reality the children were breastfed by their biological mothers. The respondents had thought about breastfeeding as an aspect of motherhood which could unite both co mother and biological mother with their child. Marion (co-parent) explained; “We share everything except the breastfeeding of course....and she’s his natural mum... I’m not his mum and I am quite adamant about that”. The issues around breastfeeding came up elsewhere but with some contrasts in dealing with it. For example Jan (biological mother) said:

I breastfeed because we wanted him to have breast milk (co-parent Kate added) and so we were dependent on you for the milk

Jan continued, “We quickly learned how to express so that we could share the feeding times I was worried he would bond with me too much if Kate did not feed him as well.

For Kate (co-parent) and Jan (biological mother), the physical nurturing of breastfeeding was seen as a key element in the bonding between mother and baby. Furthermore, the physical nurturing of their son had to be negotiated. The strand throughout these interviews is the need for equality in the parental relationship. Therefore the biological fact that only one mother/parent can undertake this role causes some concern and anxiety. In terms of day-to-day parenting, the amount of time spent with a child would result in the parent being seen as primary mum by the child/children. In response to the question: is there anything in particular you do as biological mum?” Annabelle (biological mother) said:

There are two parts to this answer, looking after them, doctors, registrations and all the school stuff.....with the school stuff, we are both on all the forms as both parents, it's not a big deal.....but I do a lot of things because I was at home with them in the first year much more than my partner was...and as for doing a hospital stay overnight, it would be whoever was there.

The decision about who stays at home with the children had a bearing on the duties undertaken and perceived parental roles within the family. This would be altered however, when duties involved external factors, such as the need to register, or give permission, when usually a legal parent would be required to undertake responsibility.

Biology was important for some in the construction of their family identity. Corrine (co-parent) is disabled and she had a conversation with her partner Lesley (biological mother) about possibly donating one of her eggs, so that there would be a biological connection. On reflection, as Lesley (biological mother) explained;

We had come from a place of considering adoption or fostering, and decided that biology was not important.

The outcome was that their child was achieved through anonymous donor insemination, but in their early negotiations they had seriously considered using biological connections in the construction of their family. Eventually they came to the position of “the fact that she is Lesley’s biological child is neither here nor there”. The lack of automatic link between biological motherhood and nurturing motherhood was evident in only one of the couples. It was not a taken for granted fact. Ruth (co-parent) had not given birth, but had stayed at home in the formative years and undertook the nurturing role, whilst Carol (biological mother) mother returned to full time paid work. They both see themselves as full and equal mothers but bringing different things to their children. In contrast to this Marion (co-parent) suggested that “it is important that he knows she is his mam and it is important for her to have that

special bond and to know that I would never take that away from her”. The idea that the biological mum had a special bond was not shared across the nine couples. The point, made by Marion, that there is a ‘special’ bond between biological mother and child represents a particular understanding of the definition of ‘mother’. This unequivocal declaration of the ‘specialness’ of biological motherhood was not supported by the espoused views of any other couples.

6.2.4 Negotiations: Who will be biological mother and co-parent?

Negotiations surrounding who would be biological mother and who would be were straightforward where the biological mother had an embodied or strong desire for pregnancy and childbirth. Where neither woman had a particularly strong desire to be pregnant and give birth, other factors impacted the negotiation. For example, Carol (biological mother) explained; “we had discussions about who would be the biological mother....can’t remember exactly how and why we reached the decision”. On further questioning, it transpired that her partner Ruth (co-parent) had health problems which could have prevented her from considering pregnancy, Ruth (co-parent) explained:

“I wouldn’t be healthy....my back would not cope with the strain Following the discussion of health, the couple then talked about finances and work as factors in the decision and the biological mother says “ I knew I could take maternity leave.....In terms of finance it

would be easier for me cos I'm quite high up in the organisation”.

On this question the non-biological mother outlines her own reluctance “I did not want to go through labour, I'm squeamish about all things medical....so I encouraged Carol all the way to be the birthing mother”. Carol (biological mother) and Ruth (co-parent) had considered health, work entitlements, money and lack of willingness of one partner to go through the physicality of pregnancy and childbirth. The particular decision as to who would be biological mum and who would be co-parent is the third most frequently discussed issue in the interviews. The decision is not based on the same factors in all interviews. The stories about how and why these couples created families are diverse. In some relationships there was a definite ‘wanting’ of physical child bearing and nurturing on the part of one of the partners. Chris (biological mother) said: “It started from an absolute want and desire....being a mother is not about being a lesbian it's about being a human being”. These feelings are illustrative of four of the biological mothers who offered accounts of embodied experiences of the yearning and wanting of children.

The experiences of the respondents reveal a different form of motherhood emerging where they struggle with resolving their respective positions regarding physical nurturing and other responsibilities. One of the couples, Corrine (co-parent) and Lesley (biological mother) discussed the day to day negotiations with quite a lot of interweaving between the use of parents, mums and mummy as terms. There is no definite divide. Furthermore, the day to day negotiations about who does what are precipitated by discussion about what she would have done had she not been disabled

and they start from there. This is a very different way of negotiating parenthood where the couple take full account of Corrine's (co-parent) disability. The idea that parenthood and motherhood is often blurred for lesbians is expressed by Lesley and Corrine: "she's got two parents, one mummy and one mum". The respondents revealed varying interpretations of the role of biology in their own constructions of motherhood.

Corrine (co-parent's) disabled identity interconnected with her maternal ambitions in a more complicated way. Her experiential constructions of motherhood and disability highlight the particularity of her difference and carry theoretical implications for our understanding of lesbian motherhood and disability. When speaking about her upbringing where disabled girls were not encouraged to consider motherhood she said:

I'd never heard of a disabled woman having children. I always dreamt that one day I'd be a godmother or somebody would die and leave me to look after their children. So I guess looking back I had always wanted to be a mother. It was only after coming out and I'd met Lesley that I thought in terms of having a child; that I realised that I could be the non-biological parent. But certainly for me, being a lesbian gave me the option of being a parent, that being straight would not have given me. It never occurred to my family that I would ever have a partner never mind a child, and in

some ways that affected me, that they never had that expectation of me.

In the context of her experience of disablement, her sexual identity as a lesbian is the key enabling factor in her eventual motherhood. Corrines' motherhood is constituted in the relational connection with Lesley. Her lesbian relationship with Lesley and their decision to become mothers in relation to each other makes motherhood possible. Her motherhood identity is produced within the social relations of her identity and life with her partner.

Embodied experiences are different depending on other aspects of our embodiment, such as physical disability. Knowledge about the exclusion of disabled women from pro-natalist discourses has increased since the early 1990s (Morris, 1991; Prilleltensky, 2004). There has been tension between able bodied and disabled feminists, surrounding elective termination and contraception (on the grounds of congenital impairment inheritance). Coupled with this debate are the many testimonies of physically disabled women who tell a story of a different construction of femininity where motherhood is not presented as a choice:

Indeed history attests to the selective pro-natalism that was directed at healthy, white, women, whereas women with disabilities, along with poor women, immigrant women, women of color and lesbians have been discouraged from procreation (Franzblau, 1996).

The consequences of this process construct a different cultural and personal reality in relation to prospective motherhood, and for disabled women the particularity of experience is exemplified in Corrine's story. She was able to explain the differences for her as a disabled girl and thinking about the possibilities of motherhood:

Growing up as a disabled person, it had never really seemed possible for me to have a childI don't think I would say I always wanted it – but I don't know whether that was because prevailing attitudesyou know, I didn't think it was a possibility.

Corrine again describes a unique interconnection of her identities which create the possibility of motherhood for her. As a disabled woman, with her particular impairment, she would not have had children if she had chosen heterosexuality and marriage. As a lesbian, in a long term committed relationship, motherhood is created as a possibility. Her lesbian identity and her relational position to Lesley (biological mother) enabled her to have a position in a family and a parental identity. Through partnership and negotiation, some of the disabling barriers to motherhood have been removed.

The embodied experiences of motherhood are discussed previously in the study in terms of respondents expressing feelings of 'yearning' or 'desire' to have children; "an absolute want and desire" (Chris, biological mother). The wanting of motherhood is not extensively theorised in sociology and is referred to in some areas

of feminist philosophy. The wanting of motherhood is considered in relation to the negotiation of motherhood. The decisions regarding the choice to be biological mother or co-parent were based to some extent on the desire or yearning for physical reproduction on the part of some of the biological mothers. The responses were different depending on whether the mother/parent had chosen to biologically reproduce, whether they had gone through a pregnancy, or whether, as in Corrine's case, they were a disabled woman. In relation to disability Carol and Lesley wanted a child that was a biological child of one of them. Corrine's impairment did not allow that possibility for her. In their experience the decision was based on the physical reality. For some women the decision was straightforward, where one partner had long held desires/yearnings to reproduce, but the other had never had these embodied experiences. Carol (biological mother) explained; "But it is this physical thing –it's just like an ache almost, in the centre of my chest, which I'd never had before". Also, Chris (biological mother) used the following similar phrases at various points in the interview to express her desire to have children;

I had a burning desire to have to have a child. It all started from an absolute want and desire. It all started when my father died....I knew what I was thinking and that what I was feeling, but decide not to do it then. It's not about being a lesbian, it's about being a human being and that part of me that just wants and needs to have a child, to recreate.

These comments illustrate physically-expressed desires or deep wanting of biological motherhood on the part of the biological mother. The co-parents of these respondents had not experienced the same feelings. Nevertheless, the anticipation, was equally important for the co-parent although bodily process were not involved, for example, Maura (co-parent) said; “The more I looked into it....the more we went to the clinic and I was buzzing with excitement ...it just kind of happens...it was something that I wanted”.

For some of the women, the decision about who would be the biological mother was a physical or health related issue. For example Molly (biological mother of 13 yr old boy) explained: “we wanted two children, one each but Jane never got pregnant” and thus the decision were made for them. In explaining her own choice to biologically give birth, Molly said “It was just instinct really.... I always wanted to be a mother.... I instinctively wanted a family”. For others, the ‘drive’ to have a baby was related to feelings of ‘wanting’ and of ‘desiring’ physical reproduction on the part of one partner much more than the other. It is notable in these interviews that the co-parents did not express a need or wanting of having a baby physically. Negotiations surrounding who would be the biological mother rested on the embodied experience of wanting children on the part of some biological mothers.

The adoptive couple, Nita and Clare had a different story where the negotiation over biological motherhood was not necessary. They together decided to become parents through adoption. Neither Nita nor Clare had a strong connection to the idea of giving birth. Their negotiations were centred on the rules for adoption, where it was stipulated that only one woman can be the legal adopting parent. They

decided simply, to take turns to be the named adopter, although this was hindered by the fact that the girl's ethnicity had been matched with Nita.

The biological connections in the families take different forms: and are as diverse as the negotiations made in each relationship. This is an area for analysis, in relation to understandings of family and kinship. Biology remains an important and fundamental link for some of the women, but not in the same ways. Some of the women are creating families by maintaining biological links but in the most unorthodox contexts. These experiences may appear to reinforce a biological imperative argument, however, the validation and academic attention given to non embodied experiences reinforces my view that experiences of mothering are diverse. For some women it includes bodily affects of wanting, for others it is an emotional investment that does not require an embodied yearning for pregnancy and childbirth. My view that motherhood is social is reinforced in the context of consideration of the respondents' experiences: "Mothering is essentially social, involving the mother in a mothering culture that supports and influences her maternal judgements" (Everingham, 1994:8).

6.3 The experiential construction of mother/parent for the co-parent

The co-parents have difficulties in constructing their own place in the families, because of lack of recognition from the outside world. The ideology of family is based on the hetero norm and these couples pose a challenge at a cultural and ideological level. Lesbian motherhood, as a category, challenges biologically defined and essentialist theories of motherhood. The couples do not fit a hetero-normative

model. Two women in a central emotional relationship, subvert the binary opposites of masculine/feminine and father/mother. Furthermore the establishment of this emotional/parental relationship challenges essentialist understandings of heterosexuality as the basis for the 'natural' family. The position of the co-parent is explained in different ways. Sometimes she is 'other mother'; sometimes she is 'equal parent', 'other parent', and the arrangements for material provision and nurturing of children vary across the nine couples. Feelings and interpretations of the role of co-parent were, noticeably, expressed in relation to situations where she felt excluded or not validated as a parent/mother. Laura (co-parent) for example, explained:

I just want a letter, written by her explaining that I am his mum, if I should need it in any situation". Her partner Rose found this very difficult as the biological mum. She said "but it is not true, he's only got one mum and that's me.

The identity of mother or co-parent is achieved as a relational identity. For example the co-parents construct their motherhood/parenthood in relation to the biological mother. Binary oppositional definitions of mother/father do not make it easy for the co-parent to define herself. For example Laura (co-parent):

I don't know that I would insist on it (being called mother), but in my own mindset, I don't see what else I could be though. I'm not dad and there are only two options in our society...sometimes I think I'm his

mother. Is that the way you are supposed to think, or should you feel like that, I don't know what you are supposed to do or how to feel.

The children have been brought into the families through the emotional and committed relationships of the couples. These families challenge the gender relational view of parenting. In the absence of a father figure, the motherhood and parental identities are informed by a variety of influences, but for lesbian mothers, none of these are defined externally. The interesting element of their family constructions is that they are “making it up as they go along” (1998d:1). This is exciting in some ways, but leaves uncertainty for many of the s who relies on external validation for their construction of motherhood/parenthood (Hequembourg and Farrell, 1999). In ordinary daily situations, the needs of the co-parent to be recognised as mother were met by strategies of the couple. For example, Ruth (co-parent) said:

When we were in shopping centres and people asked who the mother is, we decided to take turns, one week we would say me and the next week it would be Ruth.

Carol (biological mother) added “I felt quite secure in the fact that they were biologically mine, but Ruth needed more validation”. Ruth had always wanted children, but this was not connected to deep yearnings for childbirth and when asked ‘why motherhood?’ Ruth (co-parent) responded; “I’ve got a lot to give, I thought I would be a positive parent and I like the company of children”. Later, Ruth indicated how comfortable she felt with the nursery staff: “No one at the nursery has asked

which one is the mum, we're just two mums and it's usually me who does the doctor's stuff, they know me at the health centre". Ruth valued the taken for granted recognition (of her parental status) of the staff and this external validation (Hequembourg and Farrell, 1999) gave her more confidence in her motherhood identity. This is contrasted by Annabelle (biological mother) who explained that with: normal things like claiming benefit... it has to be me of course, and things where you come into contact with the powers of society and structures". In this situation it was not even that the co-parent's position was not accepted it was that there was no position for the co-parent. For two of the co-parents, the need for validation was linked to establishing biological connections with their children. Laura (co-parent) and Kate (co-parent) both asked blood relations to be sperm donors, for their partners. Kate (co-parent) said, "I would not have felt like a parent if there had not been that biological connection". Strategies for ensuring biogenetic continuity (Jones, 2005) were discussed in more detail in chapter four, where the need for biological connection was identified as a definer of 'feeling connected' to the child for the co-parent.

For some of the biological mothers, definition of 'mother' depends on their perception of themselves in a relationship with shared tasks and roles. For example Chris (biological mother) said "I could not cope as a parent if Maura wasn't around, I think it's because I'm used to having a role and Maura having a role, that's the difference I couldn't do without". Chris is locating her motherhood/parenthood in a negotiated parental relationship. She cannot envisage the doing of motherhood outside of this relationship. The co-parents expressed their desire to be in a family and to have children to rear, to be parents. None of co-parents or the adoptive parents

had spoken about embodied experiences of wanting children. One co-parent expressed curiosity about what pregnancy would be like. Maura (co-parent) explained, “For a while I did wonder you know, when people asked, what was the pregnancy and birth like, I would think what was it like?” Maura was alone amongst the co-parents in making any reference to this. The data includes responses to questions about mothering in the absence of a man. The respective constructions of ‘mother’ for biological, co-parenting and adoptive mothers offer different challenges to existing societal structures for parenting. Respondents were asked to reflect on why they had chosen motherhood, who is mum? Biological mothers were asked: “as her biological mother is there anything in particular you think you should do for your child?” For Carol and Ruth, the division of labour was arranged, with Ruth (co-parent) at home as nurturing mum and the Carol (biological mother) as the full time paid worker and provider. They allowed their family identity to evolve as the children grew older. The children’s growing awareness of the fact that they had two mums was reflected in the way they referred to their mothers: “We are both mums, we get called mummy, mam, mammy, mummy Carol and Mummy Ruth, we are just going to wait and see what happens about how they see us”. The decision to ‘wait and see’ illustrates that children’s perceptions of their family are an important element in the evolution and establishment of the family. The motherhood identities of the s are discussed to some extent but their stories are not as fully represented as their family construction. Where their (co-parents) feelings are discussed, it is more often about situations where they feel excluded. The construction of motherhood for the s is an area for further research, as they are experiencing a historically unique mothering/parental identity. In this study, their experiences did not emerge as fully as other issues. For example, the position of the donor/father, albeit absent, occupied

more time in the interviews than the position of the co-parent, who is present in the everyday life of the child and an involved parent. The father/donor emerges as a key element in the construction of the family. This is because the lesbian couple want to tell their family story to their children as they grow up. There appears to be a desire to give some information about him to the children, but more importantly, the couple invest a lot of time in explaining to their children, why he is absent. The term 'absent presence' (Donovan, 2006) is used to conceptually explain the processes involved in relation to the absent father. It could be argued that he, in absentia, is part of the relationship with the children in relation to his absence, which contributes to the ambiguity surrounding the position of the co-parent.

From the nine couples, five preferred to be seen as, and referred to as, two mums. This understanding was being passed on to their children. Four of the couples expressed their preference that the biological mother is seen as mum and the co-parent is seen as equal/other parent. The distinctions made between mother and parent suggest the will to create an equal parental relationship and at the same time protect the 'special-ness' of motherhood. For those couples who prefer to be seen as two mums, the biological connection between their children and the birth mother remains a source of tension or insecurity. This is an area for further research and exploration, because the co-parent has no position outside of the negotiated terms of herself and her partner. Narratives of motherhood/parenthood are constructed through their private negotiations and the reaction of the outside world. Negotiations internally and negotiations externally form a key platform for their construction of motherhood.

The dominant ideology prevailing in society, and supported by the medical profession is that motherhood is natural and rooted in the biological processes of women. This framework extends to the doing of motherhood and those who support this view also suggest that a mother instinctively knows what her child needs. Not only is the need to be a mother natural and instinctive but also that how to be a mother is natural and instinctive and rooted in women's reproductive capacity. The essentialist approach underlying the dominant ideology of motherhood is in contrast/conflict with work of Evelyn Nakano Glenn (1994) who proposes "looking at mothering as a historically and culturally variable relationship" (1994:3). She suggests that mothering and motherhood are socially constructed and therefore open to change and variability. Feminist theorists have offered the major conceptual framework through which to consider motherhood and gender as integrally linked:

Feminist scholars have documented the ways relations of gender are played out in structural and institutional domains, such as the economy, family, political and legal systems, as well as in social interaction and identity" (Glenn, 1994:3).

The relational aspect of motherhood can, therefore, take different forms depending on ethnicity, geographical location, class, culture and sexuality.

This data suggest that the 'maternal thinking' of the respondents is contextualised by their sexual identity, their experiences of discrimination and by the absence of men in their emotional lives. We will also see how some areas of their

decision making are influenced by both their culture and tradition. The doing of motherhood is expressed in this data in response to the question: “who does what on a day to day or week to week basis?” In response to this question, issues were raised by Corrine (disabled woman) and her partner which, for them are important in their construction of motherhood:

We have a division of labour based more on practical things really....what we each offer Jessica is more practical than biological or not biological”

In their negotiations of parenting tasks they have a different starting point:

I think the other thing that’s worth saying is that even though there things I’ve never been able to do, and never will be able to do with her, we still talked about what I would have done with her, so that our roles were sort of whole. I think that really important wasn’t it? Things like, Lesley knew in the beginning that I would have done 50%. I would have got up in the night, changed the nappies, and even though I could never do that, I actually felt that I would have.

Corrine (co-parent) and Lesley (biological mother) have worked at establishing the principle of equality in their negotiations, and Corrine (co-parent’s) impairment is taken account of in their negotiated family. Other examples of striving

for egalitarianism form a strand through the interviews. In this parental relationship it was important to establish how the parenting was intended, but to acknowledge that disability needed to be taken account of in the actual division of labour. Corrine's disabled identity is part of her construction of family and motherhood. The negotiations surrounding motherhood are close to negotiations surrounding parenting. The internal agreements between the women and their children worked well for the families concerned. Contact with the outside world, however brought particular problems of lack of recognition and lack of legal status for the co-parent. In a study of parenting where heterosexual stepmothers and lesbian co-mothers were compared, Nelson found that:

co mothers, by contrast, shared the care of children and parenting roles evenly with biological mothers.....Having equal authority over the children was not a problem in these families...what was problematic was that non-biological mothers had no legal authority. Several non-biological mothers reported difficulties in getting children admitted to hospital or in to see a doctor because they could not prove their maternal identity or legal right to make medical decisions for the child" (Nelson, 1996).

Such difficulties were reported by many of the respondents in this study. Jane (co-parent to 13 year old Liam) was the main nurturer, undertaking all domestic work at home and having the main caring role for 13 year old Liam. He was a very bright

boy and when she took him to school. It was she that pointed out that the books were not advanced enough for him. She asked the teachers to provide him with books more suited to his ability and they responded that his mother had to decide. Molly and Jane dealt with this lack of recognition of their parental status by moving their son to another school and then, as Molly explained, “in the next school Jane was absolutely accepted”. This strategy of moving schools is illustrative of the efforts made by the mothers/parents to locate themselves and their children in accepting environments. Molly and Jane's experience exemplify mostly (not all) of the respondents experiences where the distinction between mother and co-parent is a problem outside the relationship and not usually inside.

6.4 Negotiating paid and unpaid work

The role of mother has not traditionally been associated with materiality in terms of income and housing provisions. These aspects have been associated with fatherhood. Furthermore, the implications of this division, are that women's citizenship, place in society and in kinship networks are reliant on her relationship with a man. Pateman's (1987) analysis exemplified in the above quote, suggests that motherhood (heterosexual) is the only means for women to establish, for themselves, a position in the political order. Motherhood, according to Pateman (1987), derives its meaning historically (in the west) from the patriarchal, institutional arrangements for marriage and kinship. Lesbian couples are outside of these defining forms, and the absence of a man places them outside cultural and legal arrangements for parenting. The negotiated material arrangements made between lesbian partners and their children, reveal to some extent the possibilities for new forms of economically

independent motherhood. In some couples the biological mother is the main breadwinner, in others the biological mother is the main nurturer. In the sample four of the biological mothers chose to give up their positions in the labour market in the traditional pattern, and half became full time providers thus giving up their role as primary nurturers. This is an interesting area for further analysis, i.e. that the biological mother becomes the main provider. Earlier research (Dunne, 1998c, Sullivan, 2005) has explored degrees of flexibility differences in divisions of paid and unpaid work amongst lesbian couples. Although variation was found it was clear that the biological imperative to be a full time nurturer did not follow biological childbirth. Amongst the eight couples where donor insemination had been used, four of the biological mothers were main providers, and returned to full time paid work as soon as possible and the non-biological mother undertook the main nurturing role, four gradually gained part time temporary work, but always organised around the needs of the children.

In three of the interviews, the non-biological mother was the main provider and these women continued with uninterrupted paid work/careers and did not rearrange their work structure to balance with home needs. Both June (biological mother) and Marion (co-parent) were recipients of state benefits. The adoptive couple shared the provider role equally as with every other parenting responsibility they identified. In this family, both women reduced their paid work time to two and a half days, so that on every day there would be a parent at home. This small sample appears to reveal diversity and a complex set of negotiations as opposed to the relatively straightforward choices made by a larger sample of heterosexual couples interviewed for a study of fatherhood (Kearney, *et al.* 2000), where all of the men

stayed in their paid jobs, with very limited paternity leave (usually one week) and following the birth of the baby would work even longer hours. Dunne (1998) found that “although co-parents were more likely than biological mothers to be in employment, they were less likely than fathers to be in full time employment” (1998:6). The willingness to negotiate compromise marks out lesbian parental experience from heterosexual experience, as Tasker and Golombok (1997) found: “co-mothers may be more willing than most fathers to compromise paid work in order to take on more involvement in parenting”(1997). The overall pattern for the nine couples is as follows:

Interview 1: Both women were unemployed, but biological mother was main nurturer.⁶ Prefer to be seen as mam and other equal parent.

Interview 2: Biological mother returned to full time senior position after full maternity leave provision, and co-parent was full time nurturing mother at home with children. Prefer to be seen as two mums.

Interview 3: Biological mother returned to part time paid work in a lower senior position. Co-parent held full time senior position. Prefer to be seen as mother and other parent.

Interview 4: Biological mother returned to full time work after full maternity leave and the co-parent became full time nurturing mum for 16 years. Prefer to be seen as two mums.

Interview 5: Biological mother did not return to paid work for three years and during this time was full time nurturing mum. Co-parent held full time position throughout planning, pregnancies and parenting. Prefer to be seen as mother and other parent.

⁶ I am using this term ‘nurturer’ to refer to the partner who undertakes the larger proportion of domestic, daily routine and childcare tasks, and who therefore spends more care time with the child/children, and not to denote that one woman does not have a nurturing role.

Interview 6: Biological mother left full time position and returned to same position part time after maternity leave. Co-parent held full time professional position before planning family, and throughout pregnancy and parenting. Prefer to be seen as mother and other parent.

Interview 7: Biological mother gave up part time work and is full time nurturing mum and also personal assistant for her partner who is disabled. Co-parent moved from freelance work to fixed position and took a drop in wages in order to get a mortgage to provide a house. The permanent nature of the lower paid job ensured a mortgage. She then reduced her hours to part time after two years to spend more time with her daughter. Prefer to be seen as two moms, one called ‘mommy’ and one called ‘mom’.

Interview 8: Biological mother returned to reduced hours but in permanent professional position, co-parent worked freelance, and had to give up work due to illness in first six months of baby’s life. At the time of interview this co-parent was working freelance. Prefer to be seen as mums “definitely two mums”.

Interview 9: Adoptive parents. Both women opted to cut paid work to half time when they had children. Both worked two and half days a week in their professions. They alternate, to ensure that a parent is at home each day of the week.

Four biological mothers undertook the main nurturing role, two co-parents in the main nurturing role and for the remaining three couples (including the adoptive couple) paid and unpaid work was shared between the partners in different combinations. Dunne (1998d:7) found that “de-privileging biological motherhood” led to greater flexibility and possibilities for parenting than in heterosexual households. The general picture of divisions of labour in this study shows that

biological motherhood was a predictor of unpaid nurturing work for the four biological mothers mentioned above. Overall, I found similar possibilities for 'extending boundaries of womanhood' in the constructions of 'mother' in the nine couples. The fact that four of the biological mothers followed a 'traditional' pattern does not indicate that their arrangements for mothering were traditional in other ways. The findings support Dunne's picture in earlier research, where she found a willingness to strive for egalitarian parenting, and that 'mother', despite some similarities with heterosexual couples, was being reconfigured in her lesbian households:

Regardless of whether parenting was a shared project or not, mothering was usually carried out in a context where they experienced a great deal of practical and emotional support from partners, where routine domestic responsibilities were fairly evenly shared, and where there was a mutual recognition of a women's right to financial independence...Beyond the confines of heterosexuality they had greater scope to challenge the connections between biological and social motherhood/fatherhood. (Dunne, 1998d:36).

The issue of separation was explored hypothetically in eight couples, but had been a reality for one. Annabelle's relationship had broken down. Her previous partner and co-parent had financially supported her and the children, and continued to do so after separation. In some ways during their relationship and after it had ended

they had a 'traditional' division of parental work i.e. breadwinner and nurturer, and it is very clear that Annabelle is 'mother'. The decision they made about the division of labour was connected to her embodied experience of wanting motherhood. 'She had always wanted children and to be a mother' and this included the doing of motherhood, to take on the motherhood role. They had also made decisions about what the children needed materially, and these needs could best be met with the income level of the co-parent so this separation was handled amicably. The negotiations discussed above involve other factors such as 'race' and disability. The interviews which included the Asian woman and the interview which included the disabled woman highlight the central importance of ethnicity and disability in terms of processes of inclusion and exclusion.

The 'doing of motherhood' was also considered in terms of daily/weekly motherhood tasks and duties. Through questions about daily tasks and duties, the interview covered respondents' interpretations of mother, and 'family practices' (Morgan, 1997, Dunne 1997). This revealed another level of decision making, self identities and negotiated parental roles between the couples. The lived experiences and material realities of motherhood for both partners revealed further complexities of their family formations around chosen kinship connections, arrangements for dividing work, and the desire of some extended family members to feel connected to the child. For DI families in this study construction of kinship is not based on 'bloodlines' alone. For the adoptive couple, motherhood is perceived as a shared role/task and knowledge about biological families of the children is accommodated in the current family. The meanings and definitions of motherhood given by the respondents are discussed below.

6.5 Discussion

The respondents' narratives raise questions about the importance of biology and biological connections. The 'special-ness' of motherhood and the special nature of the mother/child bond is found to be important for some of the respondents, but for others different maternal relationships co-exist in the same family. The role of 'mother' for some of the respondents is constructed in relation to embodied experiences of yearning for pregnancy and childbirth. For others the role of 'mother' is what one does and how one's relationship with children develops, particularly focusing on emotional attachment. Some respondents spoke about the depth of love and feelings for their children, as the definer of their motherhood. For Ruth (co-parent) conceptual understandings of gender supported her own view that she was the mother of the children. She said "if you are a woman and you do what I do for these children every day, you are a mother, it's a gender thing". Further to these points, external recognition was important to all respondents. To be accepted as mothers or full and equal parents relied on validation of the parental identities from outside the relationship.

Most sociological literature criticizes the natural ideology of motherhood. Essentialist views underpin the idea that women have a 'special' connection to their children through pregnancy and childbirth. The respondents' views on the role of biology subsequently emerged as an important element in these interviews. The decision-making process surrounding which partner would be the biological mother and who would be the co-parent was explored. For some biological mothers their

identities and long held 'yearnings' for biological motherhood determined that they would be the biological mother. This raised questions about expressions of 'desiring', 'needing', and 'wanting' children. These questions inform studies of motherhood for all women inside and outside sexual minorities. Theoretical dilemmas are discussed, in the context of the respondents' explanations of their own motherhood.

The identities of 'mother' and 'parent' were not always accepted or recognised in the outside world and this is a source of tension and conflict for the couples. Differences between biological motherhood, and adoptive mothering are explored. For some participants there are qualitative differences between the biological mother and the co-parent. For others, there is no difference and the quality of relationship with children is contingent on attachment. For example, Carol (biological mother), and Ruth (co-parent), exemplifies the latter: "We are both mums. Yes definitely two mums". The identity of 'mother' however is still not fully resolved for others, either within the relationships or in the outside world. The idea that female reproductive biology defines the identity of mother was held by two of the couples. One becomes a mother through the action of doing it. The idea that mothering is biological, instinctive and driven by hormonal and primal urges is critiqued heavily in the literature (chapter two) and this chapter conveys diversity of experience including some accounts of embodied experiences of yearning and desire for motherhood. The creation of knowledge about motherhood and how it is constituted evokes debates regarding agency and possible autonomy of the mother. Concepts of maternal thinking (Ruddick, 1982) provide analysis of mothering as a socio-cultural construct:

Mothering is a mode of rationality remaining connected to the body, that involves the mother as the critical agent, establishing criteria for determining failure and success, in setting priorities and in identifying the virtues and liabilities the criteria presume (Ruddick,1982:77) .

Processes of maternal attitude are culturally specific, but women's autonomy is highlighted as a factor in beginning to understand motherhood as a process. Ruddick (1982) further suggests that the concept of maternal thinking requires us to look at maternal attitudes and in that sense culture, tradition and socialisation become important in the construction of motherhood. The doing of motherhood is presented as a series of judgements and responses. Her explanation of maternal thinking is that judgement is followed by a set of practices. Concepts of maternal thinking (Ruddick, 1982) are presented as a mode of thought, created in relation to the needs of the child. She links thought, emotion and action and maternal behaviour is therefore a psychological process. The mother's judgement is guided by her culture, environment and learning. Ruddick has been critiqued for developing her analysis on the basis of a particular (white middle class American) culture (Everingham, 1994). The conceptual frame however is related to co-parents positions. If maternal behaviour is a process, not reliant on biological pregnancy and birthing, it can be carried out by any person in a parental relationship, including the co-parents and adoptive parents in this study. Thus maternal attitudes are contingent rather than essential (Everingham, 1994:32).

Theories of difference may offer conceptual interpretation of their stories and a perceived way forward beyond the apparent impossibility of the state accommodation of lesbian motherhood. However, analyses based on the fixity of the patriarchal state do not take account of women's agency and choice to create alternative constructions of motherhood. Recent contributions, particularly from black feminism (Hill-Collins, 1990) have presented difference and challenged universal definitions and models of motherhood. The impact of postmodern analyses and the increasing proliferation of difference in social theory have brought structural analyses under scrutiny:

As third world women, women of colour, lesbians and working class women began to challenge dominant European and American conceptions of womanhood, and to insist that differences among women were as important as commonalities, they have brought alternative constructions of motherhood into the spotlight (Hill-Collins, 1990:3).

Difference is a key underpinning of the study of lesbian motherhood. The data discussed in this chapter reveal many alternative constructions of motherhood that have potential implications for the future of parenting.

6.6 Conclusion

Constructions of motherhood were diverse. Some were defined by biology but others were contingent on negotiated time, negotiated tasks and roles and validation from the outside world. Motherhood was produced within relationships and in relation to other aspects of identity such as ethnicity and disability. The narratives in this study support the view that motherhood is a process (Ruddick, 1982) because mothering is relatively successfully undertaken by lesbians either as biological mothers or co-parents. The negotiations of tasks depended on the decision as to who would stay in paid work and who would take on the unpaid work at home. Satisfactory negotiations surrounding parental and mothering tasks were in the main achieved. The fact that arrangements were not fixed is a notable difference in comparison with earlier research on heterosexual households, and the construction of 'father' within them (Kearney, *et al.* 2000). In relation to internal and external negotiations, the respondents expressed their wishes to try and create equality between the mother/parents and to work towards egalitarian motherhood. From the respondents' comments it could be argued that everything is negotiated in these constructions of motherhood (except breastfeeding, and in two families some attempts were made to share this). The couples who achieved their families through DI are subverting dominant and accepted forms of kinship in particular ways, and they compensate for the co-parent's position in terms of negotiation. She negotiates her terms and establishes her position in the family mostly with her partner. The position of the co-parents has been thought through at the level of 'parenting' through daily practices. These parenting issues are negotiated, relatively harmoniously, internally. The couples' espousal of egalitarian measures is compared with the responses of the co-parents who have talked about exclusion, and the very precarious position they are in vis a vis the state and the biological family of the child. The precariousness of her

position is especially based on but not restricted to, how others see her and reliant on validation from others (Hequembourg and Farrell, 1999). The support she gets from her partner is crucial in her success or failure to resolve the problems of her vulnerable position. Many issues are resolved between the parental partners but the kinship positions of the co-parents are more vulnerable than those of the biological mother or officially adoptive mother because the co-parent had no legally recognised position of mother within the family.

Issues and decisions surrounding separation need to be researched further in relation to legal definitions of parental responsibility and assumptions about the biological mothers' parenting being 'in the best interests of children'. Gabb (2000) found that the separation of lesbian parental couples resulted in biological mothers 'being left holding the baby'. The respondents in earlier research however differed because Gabb included couples who parented children from previous heterosexual marriages/relationships (Gabb, 2004c:167).

Respondents' perceptions have emerged relating to the construction of motherhood without men. The identity of 'mother' is produced within their negotiated relationships. For some of the biological mothers the embodied desires for motherhood followed by biological experience of pregnancy, birthing and breastfeeding were defining elements in their construction of 'mother'. For other participants 'mother' is a relational identity` which is formed in relation to their children and relies on the successful emotional attachment between themselves and their children. The focus is on what you do as a mother and not how you became a mother. In other words, 'mother' is what you do and how that creates relationships

with children. Children relate to you as mother and are emotionally attached, whether your children love you as either mother or 'other parent' whether or not you are their biological mother. The construction of 'mother' for Corrine (co-parent) has a particular importance. She explained that her impairment would preclude her from biological motherhood but her relationship with Lesley was the crucial element in creating the possibility of motherhood for her. Being 'mother' emerged for Corrine as an integral part of being a lesbian and in relation to Lesley who also wanted motherhood. For this couple and the other women, being 'mother' also relied on validation and recognition from outside the family and from the families of origin (of the parents). All of these 'symbolic interactions' exemplify the relational character of motherhood. The respondents are creating and constructing a new mothering identity during this phase of reflexive modernity (Beck, 1992). They are mothering outside of heterosexuality and therefore outside of the 'sexual contract' (Pateman, 1987). The consequences for them are that their motherhood has been, and continues to be, resisted by society and their struggles with this form part of their constructions of motherhood.

The narratives reveal decision making processes before, during and after becoming parents. From the respondents' point of view we gain an insight into the structures that allow for lesbian motherhood or restrict the possibility of lesbian motherhood. The public and private aspects of these decisions were made clearer as the women talked about their negotiations externally and internally. The definitions of 'mother' for the respondents in this study are contingent on negotiating the nature of the relationship between the women, beliefs about biology and biological connections. To be a mother in terms of an identity for

some is dependent on biological pregnancy and childbirth. For others being identified as a mother is understood as a practice which is also dependent on emotional attachments with children. There were diverse arrangements for mothering roles and tasks. The practices of mothering were informed, for two couples by beliefs about a 'special bond' between biological mother and child. For the others, mothering was a process which both women entered into. This family form represents something new and particular to late modern society and pioneers a possibility which subverts patriarchal forms of traditional motherhood. The next chapter takes this discussion forward into a detailed consideration of the 'parenting contract'. Chapter 7: Parental identities and practices

7.1 Introduction

This chapter explores parental identities and practices discussed in the respondents narratives. There follows specific discussion of: emotional connections within the family, the need for validation from the outside world, the legal position of the parents (at the time of interviews), decisions surrounding surnames of children and finally, some insights into parental values about bringing up boys and girls. For the respondents, parenting and parental identities were negotiated in relational contexts. These included the relationship with each other (the couple), the relationship between the couple and the donor/father (he either waived fatherhood identity, if he donated in a clinic, or agreed to be known but not involved in two of the families) and the relationship between the couple, their families of origin and friendship networks. The tensions surrounding their

(respondents') respective positions are evoked by lack of recognition from the outside world, their families of origin and from their own unresolved issues as couples. Insights are discussed regarding their own perceptions of their emotional bonds/ties with their children. The emotional attachment issues are at the centre of their internal constructions of family. Tensions emerged when they relied on validation from the outside world. The women in this research have "opted into parenthood" (Dunne, 1998d) with each other and their child. The biological mother opts in unambiguously and with external recognition of her position because she has given birth. The co-parent opts into motherhood/parenthood through personal commitment to sharing the parenting project. She may be called mummy inside the family but never outside the family. Her sense of self in this family is negotiated with different bases than the biological mother or a comparable father. Lesbian parental couples in this sample resolve this public/private tension in a variety of ways. They have different legal and societal positions in their 'family of choice' (Weeks, *et al.* 2001).

The changing nature of the family in late modern Britain (Jagger and Wright, 1999; Richardson, 1993; Gabb, 2005b), the position of fathers and changing parental identities are theorised in recent sociology (Lupton and Barclay, 1997; Lewis and O'Brien, 1987; Silva 1999). Parenting is constituted in relational practices and usually within gendered practices and as those practices have changed so parenthood is undergoing redefinition. The term 'co-parent' was used sociologically to denote the parenting practices of post divorce heterosexual parents (Smart and Neale, 1999) but used throughout this study to denote the

parent who has not given birth but entered into the family relationship through negotiation with the birth mother.

7.2 Emotional connections

The narratives of emotional journeys and internal emotional dynamics of the family covered a range of feelings, perceptions and emotions. Many contradictions were aired about their perceptions of their own motherhood, but the unifying theme for both biological mothers and co-parents was awareness of powerful feelings about their new life as parents/mothers. Rose (biological mother) said:

What has really surprised me about becoming a mother is the depth of feeling for Joshua (five year old son). I mean I fell in love with Laura, but I fell in love with Joshua and I didn't know it was going to be like that, and I didn't have any sense of that. Even though I passionately wanted to be a mother, I did not know that you could fall in love with your own child. Not in a sexual way of course, but it's a very deep feeling. I've realised that being with him is a learning experience all the time (Rose/ biological mother).

There were similarly strong responses about powerful emotional experiences associated with mothering/parenting from some of the co-parents. For example Corrine (co-parent) said:

It's been a huge privilege and everything is a huge gift. I went into a phase that she (two year old daughter) would die or something. I was scared that she would be taken away, but within a few weeks, I felt that she's what she is. Every minute that we've had has been a huge privilege and I still feel that it's been an amazing two years. I've learned a huge amount about what it is to be human, which sounds a bit deep but it has made me question, where am I coming from, what have I done? The experiences that I've certainly had around Jessica have made me question life, I suppose.

These statements echo the powerful emotional descriptions of mother/child bonds and the deep effects that motherhood has had on the self and identity. The depth of emotion expressed above by both Corrine and Rose reveal the deep sense of drive that respondents feel about their parenthood and maternal identities. I specifically chose illustrations from a co-parent and biological mother here to exemplify the importance of the emotional journeys of both parents. Some of the biological mothers have commented on feeling powerful physical urges to have children. However the co-parents also have powerful feelings but they are different and not described as physical, but have emotional power in a different way. Alongside the emotional developments in their lives as mothers/parents the internal negotiations surrounding the care and nurturing of their children varied. Amongst the nine couples no standard division of labour or care was found. The parenting

arrangements however, were relatively unproblematic for the couples within their own households, but the outside world brought particular pressures to bear on their family lives. The emotional work of relationships became woven into discussions about who earned money and who did unpaid work. The emotional aspects of the respondents' parental relationships were talked about in terms of the emotional support they gave each other, particularly during pregnancy and childbirth. June (biological mother) and Marion (co-parent) illustrated this:

June: I expected her just to be there for me...somebody to hold my hand and to be there when Michael was born, and to share that with me. The best day in our life wasn't it?"

Marion: To be primarily June's partner that day...I was there I never left her side. I was excited about the arrival of Michael, but until he came into the world my priority was June – to make sure she took some pain relief.

The partnership of June (biological mother) and Marion (co-parent) was the basis of their parenthood. Divisions of practical work were considered therefore as part of the emotional investments in each other, their children and their family. The co-parents made emotional investments in their children in the absence of a biological tie, and in the absence of societal or legal recognition of their position. In this, they hold unique positions in the construction of family in late modern Britain. All of the

respondents worked towards egalitarian parental lives and as women there were very few models for them to look to. The emotional connection between all of the couples provided the basis for their negotiated parenthood. The issues surrounding the allocation of tasks were sometimes informed by emotional feelings (of the biological mother) or by more practical and financial concerns. The absence of a traditional gender relationship opened up the opportunity for the women to consider a range of possibilities for family life.

In the absence of a gender division of labour to inform decision-making around care and bread-winning the arrival of children was usually timed to suit the needs and circumstances of the biological mother. Beyond the confines of heterosexuality they had greater scope to challenge the connections between biological and social motherhood/fatherhood. They imagined and created family forms where love and negotiation created ties that bound them together (although this appears to be contingent on the relationship remaining intact). Many were actively engaged in extending the meaning of motherhood and the boundaries of womanhood (Dunne, 1998d:37).

The decisions surrounding work were not fixed or connected to any prescribed role. Flexibility was found between full-time nurturing co-parents, full-time (paid) working biological mothers and evenly split allocations of paid and unpaid work. The arrangements made for dividing labour amongst the nine couples is similar to Dunne's (1998). Without an obvious gender divide the freedom to arrange task allocation is more flexible as there are no gender identities at stake. The idea that new and different arrangements are straightforward was not supported by the respondents'

comments. Whilst they all tried to be equal and fair in the divisions of roles there was often an emotional price to be paid. For example, Ruth (biological mother) went back to full time work after her maternity leave, leaving Carol (co-parent) to be the full time nurturer. Ruth (biological mother) commented on how she felt about this in relation to her children:

It was the going off to work syndrome...you saw them at the end of the day when I was tired ...that made my heart ache and a woman at work whose partner stayed at home with the kids said that they ran to him when they scraped their knee. I did not want that to happen to us. I want to be equal and sometimes still now I think the kids go to her more than me and that hurts a bit when it happens.

There was, for Ruth, an emotional price to be paid. In some families, motherhood and parental identities are being worked out either as the same or different, but equal. The emotional ties between children parents and between the the partners were constructed in complex ways. Some talked of an emotional price to be paid for going out to work, others talked about the special emotional connection for biological mother and child.

June (biological mother) and Marion (co-parent) were both recipients of long term disability benefits and neither of them at the time saw the prospect of going back into paid work. Marion (co-parent) said:

I don't have a 9-5 job so I am at home a lot of the time. I don't feel like I'm treading on her toes though.....I class myself as an equal parent to him but I'm not his mam. I'm his parent. I'm his Marion. With my older daughter, I'm her mam and June is an equal parent to her. I will always be her mam and she knows it. There will always be that special bond, and special bond between June and Michael (new baby) there isn't anything specific I should do for Michael. I think decisions about his education; health and everything should be joint...There is a need for his biological mam if he ever needs surgery, but not for the doctor usually. If it was a heterosexual couple the father could automatically give permission about that.

The 'specialness' of biological motherhood is understood here as a particular sort of emotional attachment, where the child 'needs' his biological mother in specific ways due to their special emotional bond. This view is not shared by other respondents. The idea of a special bond is responded to in different ways. There is some acceptance that usually the birth mother needs to have particular sensitivity to her partner's need to be included. Chris, biological mother said:

I was doing everything to make Maura feel like an equal parent, so I was depriving myself of things I

wanted to do but I wasn't acknowledging that I was his primary carer. There were tensions, but we did not discuss them because it would look like just me being the birth mother and using it, so I kept quiet....it was a difficult time and I don't even think I realised it was to do with roles.

In this example the practicalities of motherhood are mostly undertaken by Chris but she tries to compensate for Maura's unequal position in relation to mothering. She had emotional feelings about being excluded from nurturing Cain (baby son). Later in the interview Chris (biological mother) and Maura (co-parent) explained that they eventually discussed the issues that were causing distress, and found it easier to eventually fall into roles with Maura as main provider and Chris as main nurturer. They had found it suited them and their family life had been happier when they stopped trying to be equal in terms of sharing the same roles. For Corrine (disabled and co-parent) and Lesley (biological mother), the reproductive division of labour is affected by the physical limitations experienced by Corrine. Lesley explained; "We have division of labour based more on practical things really. What we each offer Jessica is what's more practical really more than biological or not biological". In this interview there is quite a lot of interweaving between the use of 'parents', 'mums' and 'mummy' as terms. The experiences of Corrine (disabled and co-parent) affect her arrangements for dividing work with Lesley (biological mother). For Corrine (and Lesley) the day to day negotiations about who does what are precipitated by discussion about what she would have done had she not been disabled and they start from there. This is a very different way of negotiating parenthood

where the couple take full account of one of the partner's disability and this had been an emotional discussion for them to have.

7.3 Outside world

Despite variation of division of labour within the home the interface with the outside world required further negotiation with, for example, teachers, nurses and doctors to get them to accept the parental status of the co-parent. This would be easier if the co-parent presented herself with confidence and certainty in her own parental identity. Carol and Ruth found that this made life easier, but when it came to documentation and official recognition the barriers still required some innovative thinking. Carol (biological mother) undertook responsibility for the children with schools, hospitals and child care provision as far as documentation is concerned. Carol (biological mother) explained:

One of the things I have to do is make a will. At the minute, as things stand, if Luke and Daisy were rushed into hospital and they needed urgent medical attention, Ruth wouldn't be able to sign for that, but she would be once I get the will sorted out. We did talk about joint residency orders but in terms of what we feel about that...I feel very strongly that if we did split up, Ruth would continue to keep contact.....(and, directed towards her partner) You feel like I would allow you contact, don't you?

These mothers of twins had a slightly different experience of sharing childcare as Carol (biological mother) said:

I think the advantage of having twins...we each have a baby to work with....we've got two bedrooms upstairs so we put a cot in each room and I had Daisy for quite a few months and you had Luke.

and in this family there is a contrast in as much as the co mother undertakes much of the formal tasks.

In the other families except the adoptive family the birth mother took on all formal tasks associated with the 'outside world'. For example Molly (biological mother of 13 year old Liam) said:

I write the letters when he is ill, for registration at school, hospital and I sign for permission for anything....but Jane takes him to drama auditions and she had to explain that she was his co-parent...it was always Jane who took him to rehearsals....she was the full time mother at home ...she used to get involved in all the school trips and go along as parent assistant.

The situation of lesbian parental couples in society is not established either externally or internally. The respondents found a variety of ways to establish the dynamics of their family. They succeeded to greater and lesser degrees but remained conscious that the outside world would not automatically see them as parents. Representation to the outside world became a key part of their internal negotiations. Lack of recognition often caused hurt feelings and frustrations particularly for the co-parents. For example Laura said “I want the right, at the playgroup or the school, to say I am Joshua’s parent. I just want to be acknowledged as Joshua’s parent”. Biological mothers had a particular role in cases of medical treatments, registration of births or as health service users, and to give permission for school trips. The biological mother was recognised as parent and in legal terms is the only parent.

The terms ‘parent’ and ‘mother’ are sometimes used to denote particularity of roles. For example, when Marion (co-parent) explains:

I’m his Marion, I’m his other parent...I think decisions about his education, health treatments and things should be joint....but when it comes to some things she does it a lot better than I do, but that’s just natural...she is his natural mum, that’s why.

Laura (co-parent) explained;

At home I have moral authority as a parent, our families see me as his parent, my colleagues clearly

recognise me as his parent, I have been to a parents evening... but I want the right to say I'm his parent, to put it in a will or something, or just a piece of paper that we both sign, then I would be legally responsible.

Laura is aware that the negotiations at home do not give her recognition in the outside world. Laura and Rose prefer to see themselves as mother and other parent in contrast to Carol and Ruth who see themselves as equal mothers. The idea that parenthood and motherhood is often blurred for lesbians was expressed by Corrine (co-parent), "she's got two parents, one mummy and one mum". Yet co-parents were routinely not recognised as family members or parents. For example Kate said "I felt annoyed at having to show people what a good parent I was. I know that I'm a good parent but every time Jan's family appeared I just went into that need to show how good I was" and her partner added,

We have changed how we do things to make other people see us as both parents...people will talk to me as his mother and I will deliberately look away so they have to ask Kate...it's about us trying to make people see the situation....that we are both his mums...we spent a lot of time being confused because (when he was born) Kate was saying to people this is my baby and I was saying this is my baby, to the same people only separately, so they said, you both have babies.

This distinction between informal sharing of tasks in the private sphere and the structural constraints in the public sphere (school, hospital, registrar etc.) is echoed in all of the interviews. The distinctions and connections between parenting and kinship emerge in the previous chapter but the point to be made here is that lack of recognition caused emotional distress to co-parents. Linguistic and socially constructed distinctions between ‘mother’ and ‘parent’ were explained in different ways during the interviews. Carol (biological mother) responded to the question about parental identity by saying:

It’s quite interesting your distinction between parent and mother. I’ve never heard that distinction. I’m going to have to think about what other people think because I’ve presumed they are one and the same thing. Because we speak in terms of both mothers, I think we’ve taken it in terms of gender. If you are a parent, then if you are a woman you are a mother, and if you are a man you are a father. So we are both female parents.

Carol’s conceptual approach is based on their gender identity. For others, the identity of parent is based on being other than biological mother. There are three distinct areas of interest in the analysis of the concept of parent. Parent (as a noun) is quoted as “I’m his parent, I’m not his biological mam but I’m a full and equal parent, we are his parents, I’m his other parent”. Parent as something that you do (parent as a verb) ‘is someone who gives birth, nurtures, emotionally attaches, provides, protects,

feeds, clothes, loves. Annabelle (biological mother) later talked about parenthood in the following way:

S/he has a biological parent and other parent, birth parent as opposed to co-parent, wanted to be a parent, want to pass on values, went on a parenting skills course, parenting is about caring, having a certain lifestyle as a parent.

The respondents were actively constructing a family outside the norm and there are no external 'rules'. The data supports the view of Juliet, who as one of Dunne's respondents said 'lesbians are making it up as they go along' (1998:1). The struggle surrounding recognition of the family identity of the co-parent reflects the point that it is all she had (at the time of interviews). In the absence of legal or genetic kinship all she had was recognition and validation from both her partner and the outside world. Co-parents needed their position to be clear both inside and outside the relationship. In situations where her position was not clear an emotional price was paid and the tensions affected the relationship between the partners. This aspect emerged as one of the key sources of stress and uncertainty.

7.3.1 The legal position

The institutional and legal context can influence the lesbian couple (Ryan-Flood, 2005:189) and their hopes of societal, cultural and policy recognition of their family construction. The external forces include the legal restrictions on recognition.

When lesbian partners wish to raise a family together as co-parents, a decision has to be made about which partner will give birth to or will legally adopt the child. In most lesbian headed homes only one parent can be the legal parent of any particular child (Tasker and Golombeck, 1997:12). Lack of legal recognition affects day to day arrangements for the families. Biological parenthood is traditionally privileged in law and dominant cultural constructions of kinship are based on genetic connections. The day to day stresses of new parenthood however often result in postponement of legal processes which is common, as Jan explains “we want to sort out a joint residency order but we have not got around to it, at the moment. If there are any decisions to make I make them”. She acknowledged here that her status as biological mother gave her automatic responsibility in the eyes of the law and society. The decision to go legal is not always straight forward as in the case of Lesley (biological mother) and Corrine (co-parent with disability). The use of joint residency orders was a measure taken or thought of by most of the mothers/parents but for Corrine and Lesley, societal attitudes to disability influence their decisions. Lesley explained “Corrine hasn’t applied for a residency order because we are a bit wary about attitudes to disability and it seems like too much of a fight” and Corrine continued:

Yeah, we know that disability is a barrier to JROs (joint residency orders) with heterosexual couples, so the fact that we are lesbians’ means it’s even less likely that I’m granted parental responsibility.....I decided a while ago that I’d rather not apply than apply and be turned down.

The joint residency orders are seen as, at best, a form of minimal legal protection for the non-biological mother/parent:

It's about being able to make decisions, even if we split up, things can be my decision as much as June's, and if we did split up I would have equal rights...yes it gives you joint parenting...and the big thing for me is that if anything ever happened to June, Michael would automatically come to me with this JR order, otherwise not....at the moment I have no rights at all, there's no such thing as common law for lesbians.

Despite some misunderstandings of the precise legal benefits of the joint residency orders, it is a measure of the importance of this issue that all of the women had heard of them either through community knowledge or through solicitors as is the case with this couple:

We are sorting things out with our solicitor and hopefully we will be the first lesbian couple in the region to get a residency order...and it's important because at the moment I would not be able to sign papers or documents or anything.

At the time of the interviews Marion and June were living on Income Support. Although the situation has now changed ⁷and the status of lesbian couples has some recognition in state policy Marion (co-parent) explained:

For the DSS (department of social services) everything has to be done as if we are single...we are still deciding about joint residency....because there may be investigations from social services and they get involved so we have to weigh that one up.

Marion (co-parent) and June (biological mother) had particular fears about intervention into their family life. They were recipients of state benefits and their entitlements to benefits were judged by social services. It is notable that fears about state intervention in terms of investigation into home life were not mentioned by other participants. The particularity of June and Marion's situation was that they were on very low incomes and fully reliant on state benefits. They were positioned to be watched quite carefully by the state and its agencies. Their lack of professional status and income made them more vulnerable to this. State recognition of biological parenthood or legal adoptive parenthood affected all of the parents as their partners would often be unable to carry out parental tasks if it meant contact with agencies of officialdom. For example, Annabelle said "There are normal things like claiming benefit, and it has to be me of course, and things where you come into contact with the powers of society and structures". The impossibility of legal recognition for co-parents caused practical difficulties and frustrations amongst the couples. The

⁷ The Civil Partnerships Act 2004 offers recognition of joint parental responsibility to lesbian parental couples.

internal negotiations of parenting appeared to be relatively unproblematic, but the problems with interfacing the legally defined boundaries created a source of tension for respondents.

The ambiguous legal position of the lesbian family created daily and weekly difficulties as discussed above but the main area of concern which emerged was kinship. The couples expressed key concerns about the continuity of their family in the events of their deaths. The creation of new and challenging kinship arrangements creates particular difficulties for lesbians in naming each other as next of kin. In imagined scenarios of their deaths, anxieties were expressed about their inability to legally assure the position of the other parent. For example, Corrine's experience as a disabled woman and other mother to two year old Jessica brings together society's attitudes to disability and lesbians in a way that causes anxiety for her with regards to her legal position:

There's a slight niggle in the back of my mind that I'm not anywhere on Jessica's list of next of kin and there's the fear that if anything happened to Lesley...well there's all the disability stuff as well... I'm not convinced that if it got to a court of law, they would recognise my ability to parent.

Corrine and Lesley have made arrangements for Corrine's sister to be named guardian in the event of Lesley's death as a way of ensuring that Corrine would continue in her parental role albeit not formally recognised. On the similar issue of

arrangements for children in the event of death of a parent, Carol (biological mother) also explained some their fears; “the other thing with my mum and dad is that I know for a fact that, if I died they would try to get custody of Luke and Daisy”. They all commented on the co-parent’s lack of kinship status. Wills have been drawn into their arrangements as ways of protecting the co-parent’s position as parent in certain circumstances. The need for legal recognition causes stress and tension for some of the couples. In these examples the couples displayed a heightened awareness that in the event of their deaths their blood relations would have a higher place in a kinship hierarchy than their partner and children’s social parent. Measures were taken in order to achieve some balance between genetic, cultural and legal kinship and to favour the non-biological parent.

7.4 Negotiating finances

The arrangements for financial provision did not rely on a traditional breadwinner/ nurturer divide in these households. The negotiations surrounding the material base of family lives varied across the nine couples in this study. Decisions about how to split paid and unpaid labour were complicated. There was no standard way to do it. The data suggest that the traditional dichotomy of the provider/nurturer role is not reproduced in these family practices. The doing of motherhood and parenthood is produced in a series of negotiations. The outcomes of these negotiations reveal difference and diversity of arrangements which support Dunne’s argument. In the absence of a father figure who provides, gender is not a role connected with who should or should not provide. The resource base of the couples ranges from the situation for June (biological mother) and Marion (co-parent), who

both claimed Income Support and had limited resources and no security, to the situation for Maura (co-parent) and Chris (biological mother). Maura is in a senior professional occupation and Chris has a relatively well paid occupation (although pay levels are affected by maternity leave). They prepared and planned for the family they had imagined and because Maura was more highly paid they planned for Chris to be the primary carer after the birth as Maura explained:

We saved so that when Chris got maternity leave we could cover her going part time and then onto unpaid leave. There were about four or five months when Chris was not getting paid. We saved enough money to cover her standing orders and leave her with a bit of spending money. The year or two before we saved hugely.

Some approaches to financial planning ensured secure arrangements but others did not plan at all. Lesley (biological mother) said.

We did not make any special arrangements; we didn't really think about it, we just thought it would be alright. We were living in rented accommodation – when I was trying to get pregnant, we bought a mobile home and I became pregnant shortly after that and it felt secure.

Lesley's partner Corrine (co-parent) worked on a freelance basis and sometimes secured longer term contracts, but always on temporary bases. They decided, since their child was born, to participate less in paid work and spend more time with their daughter, "we would rather struggle financially and spend the time with her than be comfortably off and not see her from one end of the week to the other" and this decision is joint in as much as they have both reduced their working hours. There is no expectation that one should carry on in full time work and the other in full time parenting. This decision is determined partly by the physical limitations involved in the disabled partner's parenting. The provider/nurturer arrangements are complex within this sample and based on a range of factors. In two of the families, the biological mother negotiates spending more nurturing time with her children: For example, Annabelle (biological mother) said:

I had come out of a job and retrained in something that would give me flexibility, and being self employed means being able to be part time when they were small.

Annabelle and her partner had separated but the co-parent had supported her and the children financially, and had continued to do so after the separation of the adults. Parental time with the children was negotiated and shared between the two parents. In this example the parenting 'contract' between the two women was clear and did not depend on their emotional relationship with each other. Rose (biological mother) took her statutory maternity leave but returned to part time work on a half time contract. Her co-parent maintained her high income job on a full time basis.

Within this arrangement their negotiation with each other is not conceptualised by them as a traditional nurture/provider dichotomy.

Rose (biological mother) explains:

Being a mother has changed me, I'm now aware of my vulnerability – priorities have changed. Before, I had a job for me – now it's more about providing for my children. We've made a decision to send Joshua to private school – We can afford it.....I need enough money to send my children to decent schools. Being a mother is providing for your child, even if that means filling in income support forms. You do what you need to do to provide for your child. I think it is really important that I have got a financial role...we haven't slipped into the stereotypical provider/nurturer role where we say Laura earns more money therefore that's her role.

For Rose and Laura, the decisions for the biological mother to spend more nurturing time is not conceptualised as inevitable or linked to naturalistic arguments about her feminine role. In the absence of the masculine/feminine dichotomy the decision is based on others factors such as those outlined above.

In three further interviews the biological mother was the main provider and negotiated for the non-biological mother to spend more time at home with the children in unpaid work. For example, Carol (biological mother) explained, “In terms of finance it would be easier for me because I am fairly high up in the organisation, I knew I could take maternity leave and spend more time with the children, in the first few months”. Her partner Ruth opted to stay at home in the early years, as the primary carer for the children and explained: “I would have got five days urgent family leave but it would not have been equivalent to paternity leave so it was harder for me to do it”. At a later stage the couple decided that the biological mom would go back to full time work and the non-biological mom stayed at home in the unpaid nurturing work for three years before contemplating returning to paid work. Three out of the eight biological mothers had negotiated clear agreements with their partners that they would be the main providers/breadwinners for the family unit. The arrangements they made during planning the family did not always get implemented. For example Jan (biological mother) explained “we always said that I would be financially responsible for him....but it has not turned out like that”. Jan found that Kate was ill just at the time she should have returned to full time work. Kate was then without employment for about eight months but unable to commit to domestic work due to her illness. This combined with the stress and work of a young child meant that she could not sustain her full time position. The partners decided that both work part-time although Jan had undertaken most domestic responsibilities during Kate illness. The variations found in discussions of financial arrangements challenge the breadwinner / nurturer model binary model of parenting.

7.5 The naming of their children

The decisions and dilemmas about how to name their children in terms of a surname reflect the respondents' dilemmas in creating unorthodox families. The decisions about surnames take us beyond the issue related to parenting as a role. The parenting practices of lesbian mothers are found to provide safe and loving foundations for children's lives (Golombok, *et al.* 1997, Dunne, 2000) but the issues surrounding the choice of surname for the child are about identity, family identity, ownership, family obligation, kinship ties and kinship construction.

Decisions about surnames of children contrasted between one example of a couple where both they and their children will all have the same name by deed-poll, and the rest of the children born through DI taking the biological mother's name. June (biological mother) and Marion (co-parent) chose the former,

Marion: We've had our name changed by Statutory Declaration so we both have the same surname anyway....But we don't all have the same name unfortunately because Elaine's dad wont let her have the same name as us.

June: we wanted the same surname and I didn't like my name.

As the only couple who chose a new name for their new family, they did not resolve the situation fully. They had eight month old Michael who was given the new family name but they also had an eight year old girl (daughter of Marion from a previous heterosexual relationship) as part of their family. The girl's father would not

allow the new name to be given to her so she retained the surname of her father's family. The adoptive parents gave their children the surnames of themselves and their birth families and the children can choose when old enough. From the remaining seven couples six had given the name of biological mother to the child. They all discussed the fact that children would normally take the biological mother's surname but it was not contested by either partner.

For Nita and Clare, (Nita is Asian British, Clare is White British) ethnicity has high priority and was central to their parental decisions, before and during their parenting experience. It was not unusual for ethnicity to emerge as an issue, except that in the other interviews it was not made so explicit. Nita and Clare both name ethnic identity and ethnicity is named. For these respondents, the legal mother is the one stated on the adoption papers. For all official purposes the girls have one legal mother, a single mother. Nita and Clare had no alternative but for only one of them to be named as the legal adopter. In a move towards creating equality they "took it in turns" each time they adopted a daughter. This is complicated by the adoption advice that an Asian child should have an Asian adopter. These mothers have thought about all the legal aspects more than any of the other participants. They carefully plan the use and drawing up of joint residency orders and the associated processes and decisions. They are informed and have worked it all out. The naming of children has certain different factors in this interview. For Nita and Clare the kinship implications are different for their adopted daughters in relation to the other children in the study. The retention of birth family surnames in this family is a crucial part of the family story for each of the girls. The birth families are very much accommodated in this family. The naming decisions are based on giving the girls a full sense of their

biological and ethnic origins. The identity of the girls is thought about when deciding on this.

For the rest of the respondents the choice of surname can be important in terms of ethnic identity and also for establishing a 'line of belonging'. Various beliefs about the 'specialness' of biological motherhood emerged during discussions about surnames of children. Genetic kinship ensured a legal kinship position for the biological mothers. Tensions were apparent between egalitarian ideals of equal parenting status and the fact that almost all of the children in DI families had their biological mothers' surname. Whilst Jan (biological mother) and Kate (co-parent) had long negotiations about the surname of their son he was given Jan (biological mother's) surname. Jan had a rational acceptance of the equality ideal but emotionally she held onto the fact that he was named after her. She was struggling with the issue at the time of interview;

He's (son) got both our names but Kate's is his middle namewe talked a lot about finding a name we all would have as a surname...I'd say to other lesbian mums think about it, it makes life easier with school and hospital and all that.....I'm not happy that he's got my name as his biological mother...it doesn't feel quite right...I'd like to let go of that.

The pattern in research carried out so far appears to be the more traditional one of children taking the names of biological mothers (Almack, 2004). It could be argued

that although the form and content of these families is radically new and different the structural arrangements for kinship are kept within the status quo. This data suggested that the parents' perceptions of the 'interests and needs of the children' were paramount in justifications for retaining biological mothers' surnames, for example Jane (co-parent) explained:

His surname is the same as Molly's because she's is his biological mother. We considered a hyphenated name but decide it was not necessary in the end. We try not to open it up to question. You want to protect your child. Kids pick on others for anything so we try to make decisions that do not leave him open to it.

7.6 Parental values and bringing up boys and girls

Parental values which go further than day to day tasks were revealed in discussions surrounding differences in the gendered practices of bringing up boys and girls. Some of the comments made about values reveal a certain consistency. The respondents are of different cultural and religious backgrounds, ethnicities, disabled/non-disabled identities, class and geographical locations within the UK. The question about values, however, revealed unifying elements, best exemplified in the following response from Carol (biological mother), "We believe in teaching them to respect differences in others, having faith in yourself to follow what you believe in, and there are very few areas where we have conflict (with each other)". For some of

the women, values are about how to live in society. Laura, (co-parent to 3 year old boy) said:

It's about him being able to take his place as a citizen – my philosophical position is about not passing someone in the street but stopping to help. We are alright with certain male role models on TV like the superheroes, you know Robin Hood and Superman, they are about justice and fairness....but I want him to know that happiness comes from things that you do, not things that you have....we have actually chosen a small private school because of their values... they do things like get the children to do parcels for children in African countries.

Lesley (biological mother) said:

I was sure I was going to have a boy....it's counteracting and balancing out the stereotypes and messages that children get outside the home. I certainly want Jessica brought up believing that she can do whatever she wants and that she has a lot of strength as a woman. I think we both do that quite a lot...and I probably would not have brought a boy up saying you are strong- it would be different....and then there is the

gun issue. We are very clear about that – but having a girl is interesting.

Lesley (biological mother) said; “I find it quite challenging, the stereotypical girlie things ... supporting Jessica in whatever she wants to do. Jess bought herself a handbag all gold and sparkly and I found it quite hard to say isn’t that lovely?” Different sorts of difficulties were experienced with the other gender by Laura and Rose:

He is definitely male – and nothing to do with the way he is being brought up. There is a balance to that because we both encourage him to talk about his feelings....we do not go in for stereotyped clothes and toys...we’ve got this macho strong boy....there must be something about the hormones.

The issues for two women bringing up sons are profiled by the media and by the regulations of HFEA in the last decade and a half. The suggestion that boys need male role models or the presence of men in their lives is made with the intention of facilitating the development of their masculine identities. The experiences of mothers of sons in this study and the views of some of the women start to suggest that masculinity may not be under threat by female nurturing but that female nurturing may contribute to new masculinities in the future Rose (biological mother) said:

It partly depends on what kind of message he's getting from outside, from school and what kind of gender message he's getting in terms of what boys do. What do girls do, where do they learn this? If it turns out people are telling him to be a tough boy, well we will go the other way.

The experience of rearing a boy caused one of the respondents to reconsider the biological basis of gender. Laura, co-parent to a five year old boy said:

Most people wanted us to have a girl because that seemed more natural – two women bringing up a girl. There are certain things we wouldn't do with a girl like a lot of girlie things, the traditional girlie things we don't like ballet and make up. There are differences between boys and girls...We can see that he's a little bundle of testosterone....I used to think it was social but now...there has to be something in them I think, but that's me being scientific”.

The values held by the respondents informed their approaches to their children's gender. They brought with them their own political and philosophical beliefs about the world and tried to pass them on to their children. When the gendered behaviours of their children started to become apparent they found their own previous ideas challenged. When they consciously reflected on bringing up boys and girls they had a

heightened awareness of gender stereotypes. All respondents have expressed clear ideas in relation to their critiques of traditional forms of masculinity and femininity. Lesley (biological mother) felt challenged by Jessica's (daughter) displays of femininity and Laura similarly was confused about Joshua's (son) levels of boisterous behaviour, which she associated with traditional masculinity. The parents consistently reflected on gender as their children presented various behaviours and tried to make sense of it. For example Laura (co-parent) revised her belief that gender was social as she said her son's behaviour was sometimes only 'explained by testosterone'. It became clear that gender had been thought about by all of the respondents and they had decided to employ strategies to resist stereotyped gender behaviour in their children.

7.7 Discussion

Current and previous governmental debates about parenting and economic deprivation are cited as major factors in the increase in crime, decrease in educational standards and are "at the centre of social breakdown and social exclusion" (Weeks, 2000:158). Family and family practices are highlighted in governmental discourse as both the cause of, and the solution to, a number of social problems (Dallos and McLaughlin, 1992). The internal and external negotiation of parenting is a constant process for the respondents. Their parental positions and identities whilst accepted in the private sphere are not accepted in the public without qualification. The internal aspects of parenting (the dynamics within the immediate and extended family) have been theorised from the perspectives of sociology, psychology, biology and history. The literature on parenting, whilst coming from an interdisciplinary range, deals with

the impact parenting has on the emotional and social development of children. For example, Tasker and Golombeck (1997) have set out the academic concerns with parenting from biological, psychoanalytical and social construction perspectives. Divisions of labour both paid and unpaid were, the key to negotiations in their construction of family:

When considering divisions of labour we need to recognise that how people come to organise their domestic arrangements has an important influence on their ability to experience employment opportunities. Likewise occupational demands have a bearing on how domestic work is divided within partnerships (Dunne, 1998c: 273).

In the context of the last three decades, albeit a time of change, the lesbian parental couple pose particular challenges to legal, cultural, philosophical and medical definitions/understandings of 'parent'. The co-parent (in the DI families) is the least understood or defined person in the family. The experience of the co-parents and adoptive parents belies the natural ideology that only biological connections between mothers and children can provide the nurturing necessary for appropriate development. In the interview with adoptive parents, both Nita and Clare suggested that there is a distinction between parents and mothers. Both women say that they have never had a strong relationship to the idea of biological motherhood, but they both have a strong desire to parent children. In this family, the oldest girl has had to distinguish between her birth mother and father and the two women who actually

provide a home and parenting for her. She finds certain mechanisms such as referring to the women as the parents (in the plural) allow her to distinguish them from her birth mother and birth father. The adoptive mothers opted for each woman to reduce their paid work to half a week so paid and unpaid work at home is divided equally. They decided on a basic principle, which was that there would not be a day in the week when a mother would not be at home.

The data suggest that emotional ties and parenting relationships can emerge in negotiated lesbian family practices. The bases of these negotiations are often influenced by the cultural, religious, ethnic or class backgrounds of the parents. Hequembourg and Farrell (1999) studied the dynamics of lesbian parental couples and their constructed lesbian mother identities and theoretically explored these identities in the context of the women's kinship networks and within their own families. They argued that lesbian mothers/parents are living with a tension she refers to as the marginal/mainstream positioning of them. This analysis leaves the co-parent in an even more marginal position, as she has no legal recognition or societal reinforcement of her position, not even in comparison to step parents in heterosexual second families:

The co mothers lacked both legal and biological
Ties to their children so their extended families
were more resistant to their claims to motherhood
than the birth mothers (Hequembourg and
Farrell, 1999:547).

The position of the co-parent in the family relationship depends on internal negotiation and external validation. Lack of recognition from the public world creates tensions and problems. The negotiation therefore about who will be the biological mother, is usually based on emotional wanting or yearnings but as mentioned above the implications for the couple is that only one partner will be the legal parent. The negotiation is often very straightforward for the couple if one woman has a 'yearning' and the other does not have those strong feelings for example Maura (co-parent) explained:

I suppose contrary to Chris, was that I never had those strong feelings...I liked children and I would have been quite happy to be parent but I never had that burning physical desire to give birth, still don't, so in a way if it didn't happen it didn't happen.

The decision about who would be the birth mother is explained in different ways in some of the interviews as stated above but in all of the families (including the adoptive parents); only one parent can be recognised for official purposes. This fact is at the centre of the women's negotiations internally and externally and provides the clearest source of tension between the parental couple and between the couple and the outside world. Evidence of striving towards equality is found in all of the families, with specific efforts made to ensure that both women are included in parental connections with their children.

Within the main issues identified in the above quote the parenting ‘contract’ (including arrangements made for material provision and daily parenting practices) was explored. In the absence of a generally accepted parental identity for co-parents, the questions focused on what they actually do. This included negotiations of their constructed parental identity as a couple outside of hetero-normativity. The decisions about work both paid and unpaid are rather more flexible than in heterosexual families. Dominant ideologies of ‘breadwinner’ are followed in some ways by some of the couples but the binary oppositions of breadwinner/nurturer does not appear as a standard pattern. The absence of gender polarities (Dunne: 1998b, 2005) could result in a reconfiguration of gender roles in the context of the lesbian couple, or subversion of the breadwinner/nurturer duality. Negotiations surrounding the decision about who would be the biological mother emerged. This decision for some was closely linked with the decision about who undertakes unpaid nurturing work. Of the eight biological mothers, five gave up paid work or reduced their hours to take on the main nurturing role. The adoptive parents were the only couple to divide both paid and unpaid work equally.

7.8 Conclusion

Whilst the respondents’ comments surrounding parenting, cover emotional connections, practices, negotiations of family life, identities for the two parents and the allocation of tasks and duties, the implications of this new parenting arrangement are far reaching. The arrangements made for parenting by the respondents create alternative kinship structures for themselves their children. Parenting is about sharing

tasks, creating a new social identity as a couple, creating a new family identity for themselves and their children, but is also about connections, kinship, responsibility, obligation and ownership. This form of parenting also subverts the gendered understandings of parenting in relation to identities which are perceived as masculine and feminine, father and mother. At the same time the respondents are engaging in the most normative of societal expectations, to have and rear children of their own. From earlier research Dunne (1998) suggested that lesbians' households were not defined by traditional gender divisions. The issues surrounding parenting emerged equally with lesbian identity as the second most frequently discussed area. Questions surrounding daily/weekly roles and tasks were directed at both the biological mother and the co-parent.

The identities of 'mother' and 'parent' were explored through the experiences of the women. Dominant ideology suggests that only biological mothers can have a sufficient depth of connection with children. Motherhood is understood to be an identity and an integral part of being female. The biological and physical aspects of giving birth and breastfeeding are strongly associated with the meaning of motherhood and form the basis of ideal natural motherhood. Emotional attachment is striven for amongst all of the parents whether biological or not. The unifying aims of parenting for all of the respondents are to secure confident family and personal identities. It appears from this sample that attachment can be achieved by both parents and not exclusively the biological mother.

Division of tasks were based on personalities to some extent rather than employment status. For example, Jan (biological mother) says "there are things that I

definitely do, like organise his childcare, his health care, his nutrition, I take responsibility, but that's just me, not that I'm his mother". Similar tasks were undertaken in another household by the biological mum but Marion (co-parent) explained, "There might be things that she does better than I do, but I wouldn't say that's because she's his natural mum". More variation in tasks is found in other interviews, for example Ruth (co-parent) undertakes the majority of domestic and nurturing tasks on a daily basis. The degree of flexibility varied across the nine couples. Domesticity had to be shared and the model of the breadwinner/nurturer did not apply to the lesbian couples. In situations where one partner retained a high paid occupation and earned the main income, this did not translate into a strictly demarcated private/public division of labour. Decisions about tasks undertaken in the household were determined by many factors. The biological mother must register their child at school, or hospital or GP. The internal negotiations are affected by the lack of status of the co-parent.

The focus on parenting practices as in studies of family practices (Morgan, 1997) shifts the emphasis from the structure of the family to the content of the family. For the nine families in this study the parenting 'contract' was different depending on a range of factors. Their agreements would be made difficult by the lack of recognition from the outside world. In many cases biological mum was the only parent allowed to sign forms, give consent and so on. In the case of breastfeeding, biological mum was the only one who could do it because of the biological facts of pregnancy and lactation. Sometimes certain tasks were 'kept' by the biological mother because of her emotional feelings about doing it, for example, staying with a child who is sick (although it is important to note that these tasks were equally taken on by

many co-parents). The lack of recognition of their joint parental status sometimes led to worries about kinship. The lack of kinship status of the lesbian family became clear during the early years of their children's lives. The co-parents were particularly vulnerable in this respect. Consequently, eight of the couples had made wills or at least had agreed to make wills which named the non-biological partner as guardian if they should die. The adoptive parents did the same for each other. In the case of Corrine (co-parent) and Lesley (biological mother), the attitudes towards disabled women caused another layer of concern for Corrine. She said that she knew if Lesley died she would be unlikely to ever gain custody of their daughter Jessica. Their strategy was to name Corrine's sister as guardian, in the safe knowledge that her sister would always protect Corrine's parental relationship with Jessica.

The parenting contract was also based on the shared understanding that both parents had to emotionally attach with their child/children. This led to a variety of patterns for sharing paid and unpaid work. On issues such as surnames of children, ascendancy and 'belonging', the wider family network had a stake in identifying a connectedness to the child. The introduction of the Civil Partnerships Act 2005 has provided some legal recognition for the joint responsibilities of parenting but the idea that two women can be seen as two mothers, sharing a surname with each other and their children is not accommodated in the new law. In relation to equality, the family practices are organised to achieve fairness and as full involvement for both women as possible. On the question of kinship, the negotiated surnames of children, and the issues of how each family of origin 'connect' to the child/children, the parental identity of the couples is relatively unresolved. The data suggest that genetic kinship remained the strongest definer of belonging in terms of decisions surrounding

surnames. For example Carol (biological mother's) own mother and father saw themselves automatically as next of kin to her biological children over and above Ruth (co-parent). Within this scenario a hierarchy of belonging based on genetic kinship emerged through their extended family narratives.

Chapter 8: Experiential constructions of identity

8.1 Introduction

This chapter explores the respondents' reflections on complexities surrounding multi faceted identities. The process of creating new identities from a marginal position in society has long been a preoccupation of sociology and cultural studies.

Identities are social creations, the labels we give to the different ways we are positioned by, and position ourselves within, the narratives that pre exist us. But we now live in a world where the possibilities of self invention are greater than ever before (Weeks, *et al.* 2001:44)

Formation of parental and maternal identities relied on recognition, relationships and validation as well as internal definers such as embodied desire for motherhood and private negotiations between lesbian couples. The respondents' journeys into motherhood involved definition of themselves as either mother or parent, their couple status, and of family identities, including the family identities of

their children. Reflections on identity became crucial for the study and insights were generated regarding theories of reflexive modernity (Giddens, 1992). The invention of the self is reliant on reflections on the self. Reflexive modernity offers a range of options and choices to individuals, and Giddens theory about reflexive modernity suggests that we can create self identities as individual projects (Heaphy, 2007). Whilst this theory pertains to the individual the data suggest that broader definers of identity rooted in culture and tradition and difference also contribute to the complexity of identity. The respondents discussed their own ethnicity, disability, and lesbian identity in relation to their aspirations to be mothers. Relational identities were produced within these cultural and ethnic definers. They all interconnected with motherhood and maternal identities:

Identities are produced at particular points in time.... I have suggested that identities are contingent, emerging at particular historical moments (Woodward, 1997:28).

Identities are also produced within social relations usually imbued with power differentials and constructions of new identities challenge culturally dominant ideals. The respondents chose to be out lesbians and to become mothers and parents and self-perceptions and the perceptions from the outside world in relation to their sexuality emerged as a crucial element. This was particularly so in terms of their confidence, successes and disappointments in creating new families. The need for recognition from each other and from the outside world emerged as one of the most important factors for them as they constructed new parental identities. They embarked on their 'family projects' from their own positions in society as women who were disabled, of

Asian heritage or white British, working class and middle class. The remainder of this chapter includes specific discussion of, motherhood as an identity, embodied maternal identities, motherhood identity for the co-parent, lesbian identity as a barrier to motherhood, coming out, negotiating identities with children and disabled identity. The narratives reveal; discriminatory practices, beliefs and ideologies. There is also however, evidence of support, empathy and change in public, policy and individuals' responses to lesbian mothers. This is to be found, for example, in the schools of older children. The reaction of some schools is to work in partnership with the mothers to counter potential bullying or discrimination from other children.

8.2 Motherhood as an identity

For five of the birth mothers, biological maternity played a large part in their identity of motherhood but not for three of the birth mothers or any of the co-parents. This variation supports the view that motherhood is socially constructed because experiential constructions are different. The respondents gave various explanations of their routes to a motherhood identity. For some it was the outcome of negotiation, planning and cognitive decisions. For others however, it was the outcome of emotional desires to experience the embodiment of pregnancy and childbirth. Embodied experiences of maternal desire provided powerful definers of a motherhood identity. The complexities are numerous and the respondents' comments in this chapter support the above idea that knowledge and shared experience is central to the creation of a new identity

In the process of ‘self invention’ (Weeks, *et al.* 2001:43), these families were created by women who each have their own ethnic, cultural and class backgrounds. Nita (adoptive mother) identified herself as from a minority ethnic group. She explained that her ‘journey into motherhood’ was informed all the way by her own ‘journey to sort out my own identity all through my teens and early adulthood’. Her decisions about how to become a mother, whether it would be biological or through adoption were informed by issues of ethnic identity. In all of the other interviews (all white), the ethnic background of the donor or father was discussed albeit to a much lesser extent. Formal and informal screening of the donors and the decision of all of the women was organised so as to ensure the “ethnic construction of the family” (Jones, 2006) and this is discussed in more detail in chapter four.

The physicality of mothering emerges as a powerful and defining experience. For some of the women in the study, the wanting of children not only applied to the parenting, but to the bodily experience of pregnancy, childbirth and breastfeeding. The wanting of all this is expressed as physical sensations in the body. For example, all of the birth mothers had strong feelings of being ‘driven’ to reproduce and had a physical ‘ache’ for their prospective children. Embodied experiences were described in powerful words. The most commonly used word was ‘driven’. These discussions led me to consider the role of embodiment in the construction of motherhood. I have argued in chapter two that binary oppositional concepts of gender work against new forms of motherhood. However, some of the birth mothers tell of their embodied experiences of pregnancy and childbirth but also physical aspects of wanting children or ‘desire’ for children. The women’s descriptions of physical feelings (which were

discussed in chapter five suggest that their desire for children was the outcome of something far stronger than negotiations and a well thought out plan. Some of the birth mothers had emotional feelings which were described as ‘having urges’ and ‘a drive’ to biologically reproduce. On this point I need to make the distinction between being ‘driven’ to give birth and to have strong feelings of wanting to parent children. The latter (defined in this way) was not only experienced by the birth mothers but by the co-parents and adoptive parents. The embodied experiences of desire for motherhood were unique to the birth mothers. Neither the adoptive mothers nor the seven co-parents represented in the data offered any description of embodied experiences. From my position as researcher I sought to place the embodied experience without making any essentialist claims in my attempts to explain it. Whilst I offer no unitary or biological explanation, my intention is to treat the embodied experiences equally with non embodied routes to motherhood, and not to privilege one experience over another. Whilst attempting to give equal attention to different experiences, I suggest that motherhood is produced within particular sets of relations. Traditionally it is a product within patriarchal relations and for the respondents it is produced within the context of their own negotiations coupled with societal resistance. Motherhood is a social/psychological construct where biology may or may not play a part.

The position, identity and interpretation of the other mother/ are not theorized in critical work until recently (Hequembourg and Farrell, 1999; Gabb, 2002; Almack, 2005; Ryan-Flood, 2005). This is a difficult area in the study of heterosexual motherhood. For example, Alsop suggested:

Maternity itself is often problematic for egalitarian feminists, insistence on maternity leave, which is paralleled by an increasing demand for paternity leave, is barely a gesture in the direction of recognizing the significance of this differing mode of embodiment.....the difficulties involved in addressing issues of embodiment are interconnected with a lack of attention which such approaches pay to subjectivity (Alsop, 2002:184).

There are further and particular difficulties in the study of lesbian motherhood, where the question of subjectivity is even more problematic. Identities are also constructed often as binary oppositions, black/white, straight/gay man/woman, mother/father, normal/deviant (Woodward, 1997:3). The binary opposites of father/mother are rooted in biological understandings of women's instinct to reproduce and nurture, contrasted with men's political and cultural reinforcements of 'father right'. The binary oppositional framework for gender cannot accommodate 'lesbian motherhood'. The binary model creates conceptual and legal difficulties in societal responses to its emergence in late modern society. The data suggest that respondents subvert the gender binaries through their choices surrounding sexual and parental identity. Their conflicts surrounding choices were mostly related to other individuals, institutions and the difficulties in reconciling different facets of their identities such as their ethnic backgrounds and/or religious beliefs with their chosen sexual and parental identities. There was evidence of unresolved identities for the co-

parents in terms of their motherhood status but also some couples experienced tensions with each other surrounding cultural and religious issues.

8.3 Construction of motherhood for the co mother/parent

Experiences of wanting are not embodied in the same way for the co-parents and adoptive parents. The feelings expressed by Maura in this example describe part of the journey she went through towards motherhood. She was apprehensive for a number of reasons, but arrived at a point where she knew she wanted to create a family with Chris (biological mother) more than anything else. Maura (co-parent) had in the past been involved with her church and shared religious beliefs and practices with her parents. She explained:

I started to think, this can actually happen, and he (consultant) made it all sound normal. I think for me some of the resistance was tied in with the church business and my parents because I knew they were the two groups of people who of all people would not take the news very well. I think it is probably because of that that it has taken us another four years to get pregnant. I had to do that in stages to get to that point and as I say it was a very gradual realization that one it could happen, two, some people did not have an issue with it and three, which was something I that really did want.

Maura's (co-parent) route to motherhood/parenthood involved her personal struggle with her religious background and her desire for a family life with her partner and children. The idea of 'the maternal self' for the co-parent is experienced differently for co-parents and the adoptive parents. For ten of the women (eight co-parents and two adoptive parents) their maternal selves were not connected to the desire for the embodied experience of pregnancy and childbirth. The analysis of mothering/parenting practices of the co-parents revealed evidence of feelings of being 'driven'. This, however, was a drive to succeed in the 'family project' rather than an essential driven desire to be a biological mother. The experiences of some of the co-mother/parents are not easily accommodated in current feminist thought. She is not male, she is not father, and for all official purposes (at the time of the research) she does not exist⁸. Co-parents in the study told various stories of exclusion and this was expressed clearly by Ruth when she explained that she 'was not considered to be kin to the children by grandparents' (Carol's parents). The grandparents accepted the day to day arrangements between the two women in terms of parenting, but not the identity of a parental couple. This lack of external recognition affected Ruth's perception of herself in the family. For Rose (biological mother) and Laura (co-parent) the lack of recognition came from outside and inside the relationship. They had not fully resolved parental identities and the lack of 'permission' for Laura to refer to herself as Joshua's mum or his parent, caused her anxiety but also frustration. Laura started to explain situations where she felt her position was ambiguous:

⁸ In December 2005, the implementation of the Civil Partnerships Act 2004 (for lesbian and gay couples) created formal recognition of shared parental responsibilities

A situation that I am aware of is when he gets invited to a party, and you have to phone to say whether or not he can go. I'll leave that to you, deliberately, and I consciously think, I'm not phoning because what do I say?

Her partner Rose said that she had not been aware of Laura's dilemma, and asked her "what would you like to say?" Laura replied:

I would like to be able to say 'hi I'm one of Joshua's mums. That is not appropriate though, because it's not the agreement we've got, so I avoid it.

Rose (biological mother) reasserted her own identity when she said "yes I understand but I am his mother". The issue surrounding Laura's parental identity and lack of motherhood status remained unresolved in the remainder of the interview. Both partners agreed that Laura was a parent and had an equal stake in the family, but Rose was reluctant to agree that Laura should be seen as Joshua's mother. For her, there was a distinct difference between parent and mother.

The internal negotiations with her partner, and her emotional relationship with the child can ensure her position within the family, but externally the co-parents (at the time of the interviews) had no place in a recognized kinship arrangement. The couples in this study were therefore, by their choices, pushing the boundaries of

commonly understood definitions of femaleness and parenting and kinship. They interact with each other, with their children and with the outside world. In this process they are actively involved in constructing new forms of parenting that are relational, and forging the creation of new identities. The identity of mother /parent therefore is in a state of flux at the time of this research. The identity of the female parent who did not biologically reproduce was constructed and formed through inter-subjective positioning with her partner and emotional bonding with the child. Her position is constructed differently and reliant on various factors. In recent critical work in the UK and USA, social theorists have started to explore the analytic task of unravelling these complexities (Gabb, 2001a, Hallett, 1998, Hequembourg and Farrell, 1999). The authors in the study by Hequembourg and Farrell used symbolic interaction theory to examine strains amongst a small sample of lesbian mothers as they constructed their identities in their kinship networks and in their own families. The emphasis in this work is on validity. Lesbians may decide to be mothers; they may choose to be biological mothers or to be co-parents. The latter opt in to motherhood/parenthood through negotiation with her partner. The validity of their respective claims to motherhood relies on the acceptance of those around them, or as the authors' term, 'significant others'. Hequembourg and Farrell (1999) found considerable diversity amongst the lesbian mothers, but the unifying strain was that all of them identified people with whom they have to negotiate the acceptance of their motherhood. For example, three patterns emerged in the above study; negotiations with extended family, negotiations within the family and difficulties in maintaining 'continuity in relationship management' (this refers to a mutual understanding between the women regarding their respective position in the family). With a lack of structural acceptance and support the lesbian couples in this study find that workplace stress is a major

factor, and the authors conclude that second parent legislation is needed (Hequembourg and Farrell 1999). The narratives in this study echo the findings of earlier research on the question of legitimacy of the family form. The idea of second parent legislation could provide some future offering legitimacy to lesbian led families. It seems that strategies for acceptance based on equality are pragmatically difficult as there are few equivalents. The lesbian co-parent cannot be equivalent of father for example so second parent legislation could offer legal recognition of parental status without the need to copy or imitate the hetero-norm.

The experiences of the adoptive parents also illuminate the difficulties associated with lack of legitimacy. During their particular route into motherhood the legitimacy of their claim to parenthood was not easily recognised. They faced discrimination in the state-regulated procedures for adoption, and had tried many times to adopt children, before they were successful, as they were deemed unsuitable because of their lesbian sexual identities. This couple wanted to work towards egalitarian parenting in terms of their shared identities and their tasks. From the perspective of the state authorities (at the time of interview), they were regarded as two single mothers. Nita explained:

We can't both be on the adoption papers, and we didn't want just one of us to be on all the way through. If we had adopted a single group, we'd have to elect.....it might have been me as I'm the Asian partner and we were making that kind of matching.....To us it didn't really matter and we have played that down a lot with

the children...we have taken out joint residency orders anyway which gives us both parental responsibility....that's what is important and we play down the adoption orders.

Within the negotiations of roles in the family, they are two mothers. They used both 'mother' and 'parent' to denote their parental identities. They wanted to be seen as two mothers, but the concept of parenting seemed more important to them. Because they were both women in their view they were both mothers. They were equal mothers at a conceptual level as well as practically. In the doing of motherhood they shared paid and unpaid work equally, in the domestic division of labour they negotiate on the basis of preference. One prefers to cook more; one prefers to take the children swimming more. This couple has worked hard to ensure that their children have a strong sense of identity and understanding of themselves in the world and how they came to be in this family. Part of this was to avoid any distinctions between them as mothers and they held on to the idea that a family can have two mothers without difficulty.

8.4 Lesbian identity and motherhood

Lesbian identity has been critically discussed across disciplines and professions. Lesbian identity is a historical process in as much as it is produced through history and knowledge. The identity of lesbian has been positively reclaimed since its invention as a disease. The nineteenth century medical model approach to same sex desire between women explained that the 'diseased' central nervous system

of some females led them to 'unnatural' desires. Within dominant scientific discourses the 'lesbian' continued to be seen in the twentieth century as a person with an illness. She was the opposite of feminine and had a 'sick' sexuality. The normal sexuality was passive and heterosexual. Dangerous sexuality was outside of marriage and the reproductive function. The legacy of this period pervaded perceptions of the lesbian for most of the 20th century. The 'lesbian woman' in dominant thought has been the non-reproductive woman, and to be lesbian has been polarised from the role of mother. The binaries of normal and abnormal have centred for women on femininity and their reproductive role. The emergence of feminism and sexual politics in the 1970s challenged the diseased homosexual model of sexual minorities and asserted the right to an identity. The era of identity politics brought new understandings of human sexuality. Richardson (1996) explained:

The female body was constituted as no longer sexually passive and 'disciplined'/ordered; the homosexual body as no longer diseased and sexually dis-ordered; the lesbian body as no longer non-reproductive (1996:4).

The inherent ideas of fixed identities and the labelling element of identity politics were challenged by queer and post-modern theories. The respondents were met with resistance as they challenged the binary of lesbian non reproductive/heterosexual reproductive.

The issue of lesbian identity can be both a driver and barrier to the decision to have a child. This is the case whether the family is made possible through donor insemination, adoption or fostering. Annabelle's view (biological mother) as she explained, "It never seemed that I couldn't have children because I was a lesbian. I always thought I would.... But other people questioned us having a baby when it came to it." Ruth (co-parent) explained:

I grew up in a town where I did not even know any lesbians... I had fantasies about sitting in a attic as a single person, writing great children's books and I would keep my involvement with children in that way. I had no education at all about alternative families.

The theme starting to emerge for the women is that as teenagers or younger women, they lived in a world where there was no visibility of lesbian life so the possibility of living as a lesbian and a mother could not even be imagined. The feelings of self exclusion are sometimes combined with the difficulties of accepting one's own lesbian identity. Chris (co-parent) explains:

I suppose the traumas of identifying myself in those early years...well children didn't really come into it so I never thought of myself as being a maternal person anyway, so for me it wasn't an issue. When I decided that I wanted to be a parent, and being a lesbian, well

that terrified me for the child and it still does – that they will get bullied at school.

The respondents have spoken about their lesbian identity in particular as barrier to becoming a mother. So for her, lesbian identity and the relationship with Lesley (biological mother) became enabling factors in her construction of motherhood. All respondents gave examples of self-exclusion, medical exclusion and societal lack of acceptance of their motherhood status. When lesbians chose to become mothers questions emerged for them about their identities. For all of the women in this study, and for me, as the researcher and lesbian mother, our lesbian identity was a powerful force in counting ourselves out of motherhood for some time. From the respondents' comments it appears that we excluded ourselves from one of the most important parts of our lives and selves. In addition to self-exclusion, some respondents experienced negative reactions or perceived negative reactions from lesbian friends. Marion's perception was that "I had a daughter already and we were planning to have a baby and I think its frowned upon even in lesbian communities isn't it, like were not supposed to have kids?" This feeling of disapproval from the lesbian community is not an isolated one in the study, as Lesley and Corrine experienced similar reactions. Lesley recalled "I remember talking about it all to lesbian friends, who had children, you know that we were trying to have children. We sort of had to work at it, getting them used to the idea that we should have children". Both Lesley and Corrine had the feeling that the friends uncertain responses were more related to Corrines' impairment than their sexuality.

In relation to the process of becoming parents, the issues of their lesbian identity became a cause for resistance to their proposed motherhood. Carol and Ruth explained that they started to contact the medical profession for assistance:

I tried the clinics saying, 'we are a lesbian couple', and they were replying, no we don't do single women.....I went through all the clinics in this area (from the HFEA guide) and further afield and they all said they didn't do single women.

The status as couple is invisible at the first stage, and the first stage of being defined as a single woman by the public world. This reality of the official world treating you as single women comes up in other ways. For example Marion (co-parent) said, "We are two women living together but financially it has advantages because you are treated as two singles". This is in contrast to the points made by Corrine (co-parent) "...there is no such thing as common law for lesbians so at the moment I have no rights at all". For Corrine, her disability and particular impairment appeared to be a greater barrier than sexuality. Corrine explained:

When we first started we went to BPAS and it was run by this one woman who was cool about dykes and everything, really lovely woman...but the building was inaccessible, and we had more issues about access and stuff like that.....but we were bawled out by the

women's clinic because they just didn't accept lesbians.

For Carol and Ruth, their lesbian identity is central to their construction of parenthood. They gave a careful account of their choices, about their openness, themselves and their experiences of day to day motherhood as lesbians:

We worried more about being lesbian parents than any reality... we were quite open about from day one....we were certainly not going to pretend.

This certainty that it is important to be out, open and honest about sexuality seems to be a unifying element throughout the interviews. In this section the issues surrounding decisions about 'coming out' reveal complex and numerous issues faced by the mothers on a daily and weekly basis. Their lesbian identity has an impact on their possibilities for privacy. They are often caught between the need for privacy about their private life, and the need to affirm pride in their sexual identity and the family they have made. They draw up strategies in their families which are designed to protect their children from negative intrusions into their family. They all want to protect their children from homophobic attitudes. When they have considered their childrens' position, they have allowed them to decide for themselves how to present their family life, and how to talk about the lesbian identity of their mothers/parents. The consequence of this is that children develop their own language and discursive rules for talking about their family. The fact that children are empowered in this way is an important and distinctive dynamic of lesbian led families.

Negotiated meanings of lesbian identity are complicated in the case of lesbian motherhood. For some lesbians the experience and identity of mother is separate from their choice of intimate and adult sexual life. Annabelle (biological mother) questioned the need to place the word for her emotional affinities with women alongside the word that described her role as the mother of three children. She argued that they did not go together in her thought or experience:

I think both the points of connection, sexuality and motherhood are separate...I have friends who are lesbians and I connect with them, and that's where we meet, and I have friends who are mothers and that is our connection. I guess we all give each other different things and all of those things are really important.....I have more identity as a mother and more identity as a lesbian than I ever did before the children cos I never really went out clubbing....Lesbian mother isn't a label which I apply very easily to myself because lesbian and mother don't go together....I'm me, a lesbian and a mother but the two don't go together. I'm not sure how useful it is.

These ambivalent feelings surrounding the category of lesbian mother are echoed in queer theory and post modern approaches to labelling and categories (Butler, 1994). The importance of identity in western cultures specifically leads individuals to seek

acceptance into specific categories. Plummer (1995) commented on the problems of categorical labelling which is immediately applied to an individual's behaviour or choices. The behaviour of a person becomes the definer of who she is and it could be argued that uses of terms such as lesbian, homosexual and lesbian mother, inhibits the transformation and potential variations in gender, reproduction and intimate life. Contemporary complexities surrounding categories create feelings of ambivalence about terms as expressed by Annabelle and the wider academic/political project of queering identities makes the boundaries around identities more visible. The visibility therefore can make it easier for us to question and break down a reliance on categories for an identity. The queer project of breaking down categories has a resonance with the respondents' feelings of ambiguity towards the term lesbian mother, where flux and fluidity are desired on the part of the respondents. They negotiate their parenting tasks with the flexibility and freedom from gendered expectations, and in this sense queer theory can offer new and exciting conceptual frameworks. Similarly sociological approaches to family practices (Morgan, 1997) create the possibility for opening up understanding of these new family forms, but the issue of unresolved kinship ties and family identities remains.

8.4.1 Coming out

The era of identity politics was also the time of 'coming out'. The idea promoted by the Gay Liberation Front at that time was that empowerment was possible if all homosexuals 'came out' of the 'closet' and this became a political rallying cry. The phrase meant the end of secrecy about one's lesbian or homosexual identity. The moment in one's life when the first declaration is made became a part of

life stories for lesbians and gay men. For the respondents in this study, the process of coming out started long before their motherhood when they had all ‘come out’ as lesbians to their families of origin. As is the case with most sexual minorities, the decisions about who to come out to and in what circumstances are usually contingent on perceptions of danger. During the 1970s and 80s many would come out to family and friends but not at work from fear of losing jobs. Many would come out to friends but not to family. The variety of decisions about who to come out to and who not to come out to, became part of the life stories of the respondents in this study. The ‘coming out process’ for lesbian mothers and parents carries particular meaning and has consequences for others in the family. For example Jane (co-parent to 15 year old Liam) said:

I have never come out to my grandmother, I just thought why go through it at her age, and she does not need to know...but now I think if I hide the fact that I’m gay from her then I hide Liam. Not mentioning my sexuality to her means that I cannot say I have got a son.

Jane was considering coming out to her grandmother at the time of the interview. This meant that Liam was not known as her son to a key member of her kinship network at the point of interview. This dilemma was painful but her concerns were that Lima would know quite soon that this relative did not know who he was to Jane. The consequences of ‘coming out’ have been both empowering and damaging

to the interests of gay men and lesbians. Further issues surrounding 'coming out' are discussed below.

When respondents chose motherhood they had to 'come out' as lesbians. In relation to their lesbian identities the women found ways to protect their children from negative reactions outside the house, and this sometimes involved not being out. For some respondents the lack of 'community knowledge' about the existence of other lesbian led families (Weeks, *et al.* 2000) created an uncertain sense of their identities as mothers and as families. The need to be 'out' to all of the professionals involved in adoption, pregnancy or childbirth was asserted by all of the participants. Their decision to 'come out' to the professionals in connection with their motherhood/parenthood was an important one for the respondents. Marion (co-parent) explained that they thought about their sexual identity when they were planning to have baby and "We made a conscious decision to be open and honest with everybody". The stress on honesty was important for June and Marion as they prepared to create a family with each other and Marion's eight year old daughter. The processes of informal and formal medically assisted insemination, childbirth, and adoption procedures (Nita and Clare) were stressful, with heightened emotions. During this phase all of the couples were 'out'. This was inevitable, given that they were seeking to become parents or mothers together. Couples who had their children in recent years had the benefit of increased awareness of lesbian and gay parenting on the part of the medical and state professionals. Molly and Jane, however, had their son fifteen years earlier when there was less awareness; Molly (biological mother) and Jane (co-parent) said; The responses were not always negative even as far back as 1980s. Molly explained:

I enquired about how to get pregnant from the BPAS, and they replied ‘we are not a judgemental organisation’...and our name went on the list....So we were out to all concerned as a lesbian family.

Later, when Molly and Jane’s son was born they explained, “The student nurses were curious to see the DI baby, the first DI baby they ever saw”. The experience of Molly and Jane reflects the fact that lesbians having children as couples is a relatively recent phenomenon. Further evidence of supportive reactions was found in conversation with Carol (biological mother) and Ruth (co-parent). Ruth said:

We never had any homophobia or any discrimination at any of the ante natal or any of the health services all the way along...we even thought at one stage it’s just us making a big deal of our sexuality...but we were certainly not going to pretend anything else.

The compulsory counselling interview (which was compulsory in the HFEA regulations) was also a positive experience as Ruth and Carol commented that the counsellor had said, “In my experience, lesbian couples have already thought about all of these issues”. It was very important for the biological mothers to have their relationships recognised particularly during the birth, and there were positive experiences with many medical professionals. For example Molly said “at the

hospital, you know when it was all starting to happen, and when he was born, Jane was definitely treated as my partner”. Many years later, the experience of June and Marion was equally positive, as Marion (co-parent) said; “at the birth I am sure the doctor was gay. I mean he told the nurse to pass the baby to me and he said to her ‘you now you can give the baby to the partner”. These positive experiences provided important validation for the couples as their journeys to motherhood progressed. Some of the respondents experienced apprehension and doubt as they approached the medical profession, for fear of rejection or being treated negatively. Maura (co-parent) explained their thoughts before they met a private clinic consultant that they had chosen themselves:

We knew he would be an upper class professional man
but we were not sure how he would react to us...but we
knew he had been involved with a lesbian couple so we
knew he was not anti lesbian mothers.

When they met him they were pleased but surprised by his positive and supportive response. Chris (biological mother) talked about their consultant in reproductive medicine very positively:

He went out of his way to make us feel welcome. He
certainly talked about research into children of lesbian
parents, how well they do and whilst we had to do the
counselling, well he put it across that it was covering
his own back, but he did not present it as something he

wanted to do, he presented it as something he had to do to satisfy the HFEA.

Clinic experiences varied however, and when respondents offered a more negative account it was more often related to being treated differently as a sexual minority rather than explicit homophobic attitudes. From the respondents' comments there are many experiences of being treated differently than if they were heterosexual. For example Marion (co-parent) said about the clinic procedures:

The fertility sisters quizzed us for hours on a social level along the lines of 'why are you doing this? What's your thinking?' And lots of questions about how we would explain the lack of a father to a child. It was necessary to go through these hoops, but a heterosexual couple would not have been asked these questions.

Maura (co-parent) also recounted:

There were things that we had to do that a heterosexual couple would not have to do, like having fertility counselling, like having a letter from our GP to say we were not axe murderers or abusers or sex offenders or anything like that, and a heterosexual couple would not have had to do that.

Maura's partner Chris (biological mother) had a very difficult labour and birth and she said;

I was terrible with pain, it was a scary experience, coupled with meeting all these midwives and it was very obvious that we were a lesbian couple and there was that issue as well, of being amongst heterosexual people, they don't really understand.

There is a difference between homophobia and hetero-sexism. The latter describes a situation where the heterosexuality of 'patients' is assumed in procedures and institutional arrangements. The issue of lesbian identity caused considerable tensions in the women's own families of origin.

There were further narratives surrounding bad reactions from their families about their sexuality. Jane (co-parent) explained that her:

Dad used to ban her (her partner Molly) from the house when he realised the nature of our relationship...they say if you are gay your children will be gay, but it is nonsense it just does not work like that.

The same dad later moved from his own city 300 away miles to live next door to the couple and his grandson (not his biological grandson). Lesley (biological mother) explained a similar situation where her mother reacted negatively to the news

that she was a lesbian. Her mother seems to find some level of acceptance of her sexuality but when Lesley announced their family plans as a couple her mother said: 'that's the worst thing in the world you could have told me'. When some respondents' partners have been rejected in the past, the families later developed ways of co-existing and some shifts have occurred in levels of acceptance on the part of the families. Their decisions to create families and have children either biologically or through adoption was made after 'coming out'. From that point it was lesbian identity that was problematised, particularly from those who were in a position to assist the couples in their routes to conception or adoption. The respondents spoke about negative attitudes which were sometimes held by consultants, general practitioners, family, friends, and health professionals. Their announcement of pregnancies to families was met with negative reactions:

I came out at 20 and just thought, I'll never have children...when I told my mum that Corrine and I were planning to have a child she said to me that was the worst thing I could ever do as a lesbian, to have a child
Lesley (biological mother).

Lesley's mother later accepted the family that she created with Corrine and arrived with flowers and card when the pregnancy was announced. With the exception of one of the respondents' mothers there were no celebratory responses when they announced their pregnancies or reproductive plans to their families. The tensions around homophobia within families of origin was not static or fixed, people such as the mothers and fathers of the respondents changed or moved on from their

initial reactions. For some families the denial of their daughter's sexuality became very difficult as the children are brought into lesbian families. For example, Ruth said, "Carol's mum and dad don't even discuss that she's a lesbian never mind in a lesbian relationship with twins on the way" and Carol says, "they pass me off as a career woman". Maura (co-parent) expressed her difficulty in coming to terms with her own sexuality and the fears she experienced:

I suppose the traumas of identifying myself in those early years, children didn't even come into it, and being a lesbian, well that terrified me for the child. We need to be able to exist as a lesbian couple on top of all this.

Maura continued to reflect and make difficult choices as she had to reconcile her past with an evangelical church organisation with her plans for a family life with Chris. She worked through her fears over a long period of time in working towards her life with her partner and son. For sixteen of the respondents, their lesbian identity had been a major reason not to have children in earlier years. The one exception to this was Annabelle (biological mother) who said:

I remember coming out to my mum and in the same conversation saying that I might still have children. I already knew one other lesbian who had had her children....It did not seem an issue to me that I couldn't have children because I was a lesbian.

Annabelle was unusual (in the sample) as her certainty about future motherhood remained steadfast throughout her life before and after coming out as a lesbian. Most of the remaining respondents talked about their sadness in earlier years when they believed that they could not be mothers because of their lesbian status. For example Maura (co-parent) said; “my philosophy was that I’ve chosen to live as a lesbian and what goes with along with that is that you don’t have children”. The idea that lesbian identity and motherhood are incompatible is a dominant ideology that pervaded the last two centuries and the fact that lesbians themselves have thought in the same way is not uncommon. Ruth (co-parent) when talking about her younger life, said:

I always wanted them (children) but I could not work out a way to have them without sleeping with a man...this was when I was about 16 or 17. It was having no education about alternatives, alternative families, or ways of becoming pregnant. Now I don’t feel like there’s a missing ingredient with Luke and Daisy (twins born biologically to her partner) they are my children, and I am their mother.

Ruth did not have particular awareness that it was possible to live her life as a lesbian. The point made above about lack of ‘community knowledges’ (Weeks, 2000, 166) is pertinent to most of experiences in this study. I found that when respondents had access to ‘community knowledge’ their own confidence in their family plans were

stronger than those who relied on acceptance from families of origin. The cultural impact of 'community knowledge' was explored in more detail in earlier research on same sex relationships:

Community knowledges about self insemination and to a lesser extent surrogacy have provided a vista of opportunities for non-heterosexual parenting for men (as known, and/or involved fathers) and women that previously would have been unimaginable. Aided by the media the issue of non heterosexual parenting has resulted in an explosion of literature and television programmes, handbooks offering legal and practical advice and how parenting can be organised both pre and post natally (Weeks, *et al.* 2000:166).

Many respondents spoke about issues of identity during the process of becoming pregnant. When the children arrived the day to day business of parenting began. The respondents found that there are numerous situations where decisions have to be made about whether to come out or not. They found that engagement with the heterosexual world was inevitable. They discovered a myriad of ways in which they as mothers had to negotiate their way around the heterosexual world in the way that many lesbians who are not mothers choose not to. During the parenting years the women's lesbian identity continues to be at the centre of their routine experiences. Martin (1993) commented,

Before we become parents we have the luxury of coming out only when it feels comfortable to us....parenthood changes the picture...as lesbian and gay parents we find ourselves in heterosexual territory at the playground, the paediatrician's office, in the schools (1993:326).

The respondents made daily and weekly decisions about when where and to whom they needed to tell about their lesbian identity. The process caused stress and anxiety. "When children are in the picture listening to what is being said and how people are reacting to it, they are picking up messages about attitudes" (Martin, 1993). Similar experiences are common to all of the women in this study. Day to day exclusion was commented on, for example Laura (co-parent) said;

As for coming out you do it in different ways for different situations. I told the childminder that had booked us a place for Joshua, and then was told the place had been filled... I thought the hell it has.

Laura went on to explain that of course she did not know if the place had gone but she felt it was discrimination from the woman's tone of voice. This exemplifies many experiences of negativity as a reaction to coming out. Negative reactions such as this caused emotional hurt but also created practical problems.

The narratives suggest that lesbian identity was a barrier to motherhood. The barriers were external and internal. Respondents faced discrimination and exclusion

but also from themselves (except for Annabelle) as in the past they self excluded from an important part of their own selves i.e. realising and acting on their own maternal and parental identities. To be out and proud about their lesbian identity was a key definer of self as they came to terms with their own sexualities. The respondents in this study reflected on the difficulties of holding on to this identity but embarking on parenthood. They faced their dilemmas, struggled with internal and external prejudices and began to extend the boundaries of both parenthood and lesbian identity. From their individual desires to have families they began to make decisions that freed them from structure or expectation (Beck, 1992) thus beginning the process of finding a place for themselves and their children in late modern society.

8. 4.2 Negotiating lesbian identity with the children

Lesbian identity needs to be discussed and understood within the family, and strategies are utilised by all of the women to protect their children from negative reactions, and sometime this involved giving permission to children to hide the truth about the lesbian identity of the parents. Some mothers/parents decided to talk to the school as part of their protective strategies, for example Marion said:

Everyone at Elaine's (daughter from Marion's previous marriage) school are great (about our sexuality) but we have realised that she may have problems at middle school, so we have told her that she can just say she lives with her mam and that's fine.....were not going to make them suffer for our life choices...it's not that we

feel bad or guilty, it's just about acknowledging that not everyone accepts our choices.

Protective strategies for their children includes longer term ones, as explained by Ruth:

We wanted the kids to be as adept as possible, because we wanted them to feel as confident as they could do, because being the children of lesbian parents; they were going to have to cope with more than other kids. We wanted them to be well rounded, strong, confident...so a social network was important....so the children will have connections with the children of other lesbian mothers.

Strategies for protecting children differed depending on the level of good and bad experiences the mothers had in relation to their own sexuality. The acceptance of lying and 'passing' as a heterosexual mum became part of their day to day motherhood experiences. Other families had chosen to be truthful and encouraged their children to be open and truthful, with different consequences. For example Annabelle (biological mother) had not expected to be 'outed' by her own children, and she explained this further dynamic of the lesbian led family,

The children come out in all sorts of situations. They come out where people are talking about genetic contributions. People talk about their kids going bald before them. My children come out in that situation and say well I don't know because I have not got a dad, I've got two mums. They just say it because that's how it is. Not because it is a big deal to them.

The mothers of Liam, a fifteen year old boy, had experienced bad reactions from family and the local media. They explained, "We explain to him that people are prejudiced for all sorts of things. It is easier for him to say we are not gay". Following their attempts some years earlier to be considered for adoption, they were very wary of being open about their sexual identity for their son's sake. Molly (biological mother) explained:

When we tried to adopt – that was the main problem – the wrath of the outside world when we lived in a small cul de sac...we kept ourselves to ourselves – we decided not to come out for Liam's sake.... And at his school we kept it quiet about our sexuality but he got bullied anyway because he is clever.

This example is common amongst lesbians for whom 'lesbian community' is not part of their day to day lives and if they live in communities which are not diverse in terms of ethnicity, class and sexuality. A further issue for Molly and Jane is that

their son was born fifteen years earlier when the phenomenon was less known. They had not considered talking to the school staff about their sexuality and this is contrasted with the approach of mothers/parents who expect their children's school to support them. For example, Annabelle argued, "There's never been a question about not being out at school.... they go to a school where there is a lot of talk about diversity. It makes a difference, makes it much easier". The cultural environment of the families lives and at school seems to make significant difference to the experience of being lesbian mothers and for the children in the families, as Annabelle (biological mother) explained, "I think I probably do come out more often than if I didn't have children – and often the children come out in situations that I might not". The motherhood experience is affected by lesbian identity and much effort and thought is devoted to negotiating the lesbian identity of the parents both within and outside of the family unit, causing particular stress that is only experienced by lesbian mothers:

When we have to interact with the heterosexual world, our personal needs for privacy may conflict with our needs to affirm our pride in our families (Martin, 1993:27).

8.5 Disability

In relation to disabled, ethnic and class identities, differences of experience were found. For example Corrine (co-parent) described a journey to motherhood that had contradictory elements. First, she had spoken of her disabled identity as the most important factor in excluding herself from the possibility of motherhood when she

was younger. As a younger girl she had been persuaded against motherhood. Later in her life she came out as a lesbian and met Lesley. Her lesbian identity and the relationship with Lesley (biological mother) it could be argued, removed disabling barriers to motherhood. Her eventual motherhood and family life became possible because through her relationship. Corrine (co-parent) and Lesley (biological mother) experienced discrimination and rejection on their route to motherhood. Lesley explained:

We were rejected by the health authority...being disabled has made the whole experience of being a lesbian different because it makes that (being lesbian) much smaller in our lives.

During this interview there were many references to this fact that, at times Corrine's disability was the reason for rejection and at other times it was their sexuality:

We looked into fostering....I think the rejection from fostering ...well we were unsure whether it was about Corrine being disabled...but primarily they rejected us because we were lesbians.

Their experience illustrates contradictions in discriminatory attitudes. The lesbian and disabled identity of Corrine continued to cause feelings of exclusion and invisibility later when they were parenting their daughter:

A health visitor once when Jess was a baby, came and just talked to her (my partner), she never even looked at me, as if I was not there....I've lived with the sort of prejudice, where I am not perceived to be an adult.

The wider experiences of disabled women surrounding motherhood provide a background of exclusionary cultural and social attitudes;

Most girls are encouraged that their main role is to bear or care for children...but for disabled girls the option of parenthood is distinctly lacking and it is actively discouraged (Lonsdale, 1990:76).

The experience of Corrine presents the complex interplay of disabled identity and lesbian identity. For her, the choice to be in a lesbian relationship opened up the possibility of motherhood. The particularity of her experience presents a unique picture of their negotiated construction of motherhood and negotiations with the outside world. The close relationship between Corrine and her sister was used to ensure that Corrine would continue to parent Jessica if Lesley died. In earlier research, similar fears held by heterosexual disabled women were expressed:

Women expressed concern that their children might get taken into care or that, family and friends would interfere in their upbringing (Lonsdale, 1992:78).

The experience that Corrine (co-parent) and Lesley (biological mother) bring to this study illuminates the importance of the social model of disability. The move towards civil rights in disability politics offers a framework for the particular experiences of disabled women who want or desire biological or alternatively negotiated motherhood:

Within the medical model disabled people are reduced to the medical condition.... And there is little or no account taken of the social and economic context in which people experience such medical conditions. Disability activists have therefore developed a social model...arguing that it is environmental barriers and social attitudes which disables...such a perspective is crucial part of our demand for our needs to be treated as civil rights issues (Morris, 1991:97).

The interconnection of disabled and maternal identities created different and particular experiences and dilemmas for Corrine (co-parent). She defies the medical model of disability in the way she lives her life. This combined with a powerful individual assertion of a desire to mother enabled her to construct a positive maternal identity in the context of the relationship with Lesley (biological mother).

8.6 Discussion

The narratives of lesbian and maternal identities of the respondents revealed deep complexity. The focus on negotiated relationships illuminated the fact that

individuals can reconstruct self and identity but need the help of others to succeed. Individuals routinely produce narratives about themselves and the respondents in this study had distinctive experiences in terms of the contexts in which they were compelled to produce a narrative. They chose to make reproductive choices outside of the norm and therefore had to produce narratives to their wider extended families, to their children, to the medical profession, to social services and to their children's schools. Through their negotiations and reflexive self monitoring (Giddens, 1991) respondents began to invent for themselves new but contested familial identities. The data suggest that lesbian identity is central to respondents' experiences. In many ways this is because the identity has to be declared and societal reactions to lesbian identity have restricted or hindered access to donor insemination and adoption possibilities. The respondents' experiences of discriminatory attitudes and exclusions were part of their route to motherhood and parenthood. Their lesbian identity occupied much of the discussion and it was the main reason for resistance in the outside world to their motherhood. Various individuals in social services, childcare provision, schools and the health professions had implied a lack of acceptance of them as parents.

Debates surrounding lesbian identity are closely related to debates about gender identity. Identities, if not fixed, must be entirely contingent on time, place, social and cultural milieu and the political climate. The identity of 'lesbian mother' is neither universally understood nor accepted by all women who have children outside of heterosexual relations and from the position of being an out lesbian. The non fixity of terms and categories favoured by post modernist and queer theorists applies to 'lesbian'. The meanings and significances of the term shift over time and across cultures, and within one culture may be understood differently. Lesbian sexuality

would be positioned opposite 'normal' heterosexual women's sexuality. The word was therefore closely associated with ideas of unnaturalness and therefore lesbian motherhood since its invention has been positioned opposite 'real' motherhood (Hallett, 1999:12). The question of identity is central to analyses of lesbian motherhood in late modern society, not only in terms of the new constructions of motherhood at an individual level, but in terms of the structural arrangements for the institution of motherhood. The need to identify both biological mother and father is profiled in parenting debates as necessary for providing children with a genetic, inherited and ethnic heritage, without which it is implied their feeling of security about their identity is forever tenuous. This is particularly important in work which seeks to give a voice to lesbians' experience of motherhood.

Religious identities produced dilemmas and struggle for two respondents. Maura (co-parent, partner to Chris) had difficulty with reconciling her past as a fundamentalist Christian and part of a church community, with her more recent out lesbian identity and co-parent status. Jan (biological mother, partner to Kate) struggled with the tensions between her Jewish heritage and her life as an out lesbian mother. The struggle to 'find a place' has meant, for some women, relinquishing previous important cultural and family defined aspects of self. Both Maura (co-parent) and Chris (biological mother) had experienced inner conflict and struggled in particular ways to find their way to lesbian motherhood. Their experience illustrates the fact that identities do not exist in a vacuum. Weeks *et al.* argued;

Identities are not neutral. Behind the quest for identity
are different and often conflicting values. By saying

who we are we are also striving to express what we are, what we believe and what we desire – problem is that those beliefs, needs and desires are often patently in conflict (Weeks, 1990b:89).

The use of the category ‘lesbian mother’ suggests shared identities of lesbian led families. The respondents’ stories did not reveal any notion of shared and collective identities as families. The unorthodox choices they had made, i.e. to create families as ‘out’ lesbian couples, did not result in uniformity of identity or experience, other than the fact that the respondents were ‘out’ lesbians. The issue of being ‘out’ covered a diverse range of experiences that included children not being out about their family at school or with friends even if their parents were ‘out’. This caused tensions within family dynamics. Some elements of their experience provided a unifying theme. For example, all of the women regarded themselves as female led families (socially fatherless families). With the exception of Annabelle (biological mother) all respondents had excluded themselves from motherhood in the early stages of their lesbian lives. All respondents saw themselves as families. They have also spoken about their own experiences of discrimination, feeling different and being treated differently because of their lesbian identity. The lived experience of social exclusion, and self-exclusion from motherhood created a particularity of experience for the respondents. For example Maura (biological mother) said “I thought it (motherhood) would never happen, it all sort of cancelled itself out after I was ‘out’”. The reasons for self-exclusion are closely connected to lack of knowledge about their possibilities for motherhood as an out lesbian. There are no neat answers to this but I have attempted to unravel some of the complexities surrounding identity and choice.

Conceptual approaches to lesbian identity are explored in relation to the respondents' comments in the discussion section below.

Some respondents self identified as working class and some as middle class. Consequently, a variety of values and different class identities were brought to the new experience of lesbian motherhood. For example June and Marion identified as working class, and they talked about the fear of state intervention in their lives in a way that was not experienced by any of the respondents who identified as middle class. They (Marion and June) were both recipients of long term sickness benefits. They were treated as single parents, at the time of interview for all official purposes but their 'fitness' to be mothers was assessed by the authorities in relation to complaints about their sexuality. Marion (co-parent) explained:

We got our wrists slapped by social services, when a neighbour rang social services saying that we were having mass orgies and Elaine (daughter from Marions' previous marriage) was seeing us having sex and then we got investigated.

The investigation of June (biological mother) and Marion (co-parent) made them angry and distrustful of neighbours, but more positively forced them to decide quickly about how to present themselves as a family. They resisted the intervention from social services, as Marion said:

We thought well just stuff them! Our daughter has a right to have honest parents. If we hide what we are, are we not telling her that it is wrong to be what we are? So we decided to say no. We wrote to them and said, we are not taking any notice of this. Threats, basically and they backed off after a while. I think they realised what we were mad about and we got a report saying we were good parents. They would not have taken this woman's whinging seriously if it had been a straight couple that had been seen kissing in front of their child ...it was all phrased like you know a child has to have normal morals.

June (biological mother) and Marion (co-parent) were the only couple who were called upon to explain themselves in such explicit terms. The particularity of this experience illustrates the impact of normalisation processes. Theoretical approaches to sexuality and the state have utilised Foucauldian theory of power to explain and evaluate interventions such the one described above in terms of a 'normalising effect' (Carabine, 1996:61). Normalising effects emerged for many of the other respondents in terms of their families' responses and attitudes. Normalising practices and disciplinary sanctions affected the women in different ways, both in terms of a cultural lack of acceptance of their proposed motherhood, but also in barriers being placed in their way. Nita and Clare (adoptive mothers) had for example, applied fifteen times to various authorities before they were considered as prospective adoptive parents.

8.7 Conclusion

The respondents in this study were actively engaged with forging a new motherhood identity. The ethnic, religious and class backgrounds of the respondents emerge as an important factor of their own constructions of motherhood/parenthood. Lesbian identity is experienced differently and is neither universally accepted nor understood in the same way. Despite differences, the unifying element of the women's accounts is that of facing difficulties or negative reactions from their own families, medical profession, and state representatives and on a wider scale, the media commentaries on lesbian motherhood. The complicated data surrounding identity includes experiences of exclusion from motherhood, excluded by society and by them. Secondly, they had chosen motherhood/parenthood and that choice meant that they had to 'come out'. For co-parents the importance of external validation of their position emerged as a key element in their construction of either motherhood or parenthood. The respondents also spoke about their experiences of discrimination in various forms. They all felt they had no option but to be 'out' and the choice to be a mother has for some women meant coming out to families, friends and a range of professional 'gatekeepers'. These are stories of self realisation, processes of accepting their own maternal desires and their own sexual identities and consequent exclusions.

Chapter 9: Concluding discussions

9.1 Introduction

This research was conducted before the implementation of the Adoption and Children's Act 2002, the Civil Partnerships Act 2004 and the amendments to the Human, Fertilisation and Embryology Act 1990. The UK legislative changes in the rules for DI in the HFEA in the context of adoption and civil partnerships are based on a state recognized committed couple who are in joint residence. The Civil Partnerships Act 2004 grants parental responsibility to the lesbian couple in this situation. This does not however equate to the establishment of legal fatherhood also enshrined in the HFEA for the husbands of DI recipients. Limitations also exist in terms of availability of DI 'treatment'. Heterosexual couples remain privileged over lesbian couples in terms of the refusal of fertility 'treatment' by the NHS to single women and lesbians. Caroline Flint (Chair of HFEA) said:

We don't expect single women and lesbians to
be treated on the NHS (Boseley, 2005).

Her assertion has proved to be correct and to date no NHS trust in the UK has allowed access for lesbian couples to DI and IVF, although many arrangements are made privately. The law seeks to set a standard in the current context where oppositional attitudes prevail. Some of these attitudes are expressed in public and without ambiguity. For example whilst the Children and Adoption Act 2002 allowed same sex couples to apply for adoption as a couple this was not accepted at a structural level by the Catholic church:

Cardinal Cormac Murphy-O'Connor, warned that the
agencies would close rather than accept rules that

required them to hand over babies to gay couples
(Telegraph .co.uk/news/uknews/1540999, 30/07/08).

These attitudes are similar to the reactions discussed in chapter one which date back to the 1970s and 1980s and this longitudinal picture raises the question of continuity and change. Much has changed in terms of the law and cultural acceptance of new forms of families but many oppositional voices echo the objections of twenty years ago. Lesbian led families are radical in as much they are emotionally and legally fatherless and parented by two women. The law has allowed a form of accommodation for this new family but sentiments as those expressed by the Catholic Church reflect a continuity of opposition and competing agendas in moral and political debates. New legislative frameworks, however, carry a range of implications for the future. The implementation of the new laws evokes a new set of reactions and debates for the 2000s. The state recognition of the committed lesbian couple offers joint parental responsibility but this does not equate for the co-parent to the legal establishment of father for non-biological fathers. There are further documented consequences of changes to the rules for donor insemination. The removal of sperm donor anonymity in the amendments to the HFEA 1990 resulted initially in fewer men coming forward to donate sperm:

The removal of anonymity from sperm and egg donors
has provoked a crisis in fertility treatment that is
denying couples the chance to try for a baby (*The
Times*, 26/6/08).

The need to reinstate the genetic importance of the donor has had the effect of reducing sperm donors. This amendment establishes the legal importance of genetic ties and the need for a child to know its genetic heritage but does not establish a legal kinship between the donor and child.

The data surrounding surnames however and the position of the co-parent leaves questions regarding the positioning of individuals in alternative kinship systems. The form of family is new and different but arrangements for its legal accommodation are limited. It could be argued that these new structural and legislative arrangements perform a particular function in as much as they are regulatory mechanisms for the state organization of a minority (gay and lesbian people opting into parenthood). The legislative measures discussed here privilege the 'couple' over other forms of parental and family arrangements, which is clearly important to the respondents as recognition of their couple status is very important to them. Whilst the state has responded to lesbian parental couples by offering a limited form of parental status, it could be argued that the issue of kinship is yet to be worked out. This thesis is concerned with both change and continuity. The focus on change is central but equally important is the recognition of what stays the same. The attitudes inherent in the above quote from the Catholic Church prevail and opposition to the recognition of lesbians and gay men continues in Church of England debates. Whilst the family form created by the respondents is radically new and different, the structural arrangements in society retain many of the traditional definers of kinship based on the primacy of biology, genetic ties and the importance of a known biological father. The establishment of a normative model creates the division between the 'good' gay citizen and the 'bad' gay citizen (Richardson, 2000). The

disciplinary sanctions (Carabine, 1996) still prevail, for example, the refusal of ‘treatment’ on the NHS. Societal reactions against lesbian motherhood were partially mapped through media coverage of reactions to parliamentary debates. The arguments against lesbians becoming mothers are couched in beliefs about ‘naturalness’ of reproduction, gender identity of children and financial responsibilities. The needs of children to be secure, protected, nurtured, and not to be neglected, whilst not highlighted in parental debates, are occasionally aired. These aspects of children’s needs are found mostly in judicial custody issues, and not in the objections to lesbian motherhood.

The narratives of lesbian parenting discussed in data chapters reflect constructions of motherhood that respondents achieved as a result of negotiations and in the face of fiercely expressed opposition to the idea that lesbians should be allowed to be mothers. Their constructions of motherhood/parenthood were the outcome of negotiations with each other, the medical profession, social services, the state, families of origin and their communities. In every aspect of these negotiations lesbians were met with opposition and doubt. Their stories support Giddens (1992) view that reflexivity and stigma are part of the era of reflexive modernity as stigma, prejudice and lack of acceptance form a major part of the narratives. The distinctive issues that arose with respect to the respondents' experiences reflect their ongoing struggles to balance or reconcile cultural, biological and legal kinship ties that resulted from their negotiated family arrangements. In this respect many contradictions and mixed feelings regarding the parental status and family obligations were expressed. My own reflection on this is that the narratives represent a struggle to find a place as accepted family formations. These struggles were internal and with

the external world. Furthermore, as the internal family practices and emotional ties were not always recognised outside the family and the respondents had to tell and re-tell their family narratives in many settings thus it could be argued they were involved in 'compulsory reflexivity' (Giddens, 1992).

9.2 Father or donor

The father or donor emerged as an important but absent figure in the making of the lesbian family. During the respondents' route to motherhood the father or donor became important first in terms of how he was chosen. Whether he was to be known or unknown, traceable or not and his ethnic identity became central to the family story that would later be told to the children. The choice of ethnicity of the donor or biological fathers (and birth mothers of the adopted children) ensured genetic relatedness in terms of an ethnic identity that the lesbian couple and their children could share. Ethnic backgrounds of the fathers/donors therefore became crucial in the construction of families with the appearance of genetic relatedness as far as ethnicity was concerned. The respondents created new family forms, the ideas expressed about the father/donor revealed the importance of his ethnicity, health, personality and the need for the child to know his/her genetic origins, and for some, the need for the co-parent to establish a biological stake in her new family. The telling of the family story and explaining the 'absent presence' became a crucial element in their constructions of families. Data surrounding birth fathers (of the adopted children) and sperm donors suggests that the father/donor in his absence was a large part of the family narrative. For some respondents the need for 'bio genetic continuity' (Jones, 2005) meant that biological relatives of the co-parents were

chosen as donors. Taking these diverse factors into account the donor/father and his characteristics were important when choosing who he would be and secondly in then explaining his absence and identity to the children as they grew older. In relation to the father/donor respondents displayed numerous tensions and contradictory beliefs surrounding bio naturalizing approaches to family and social construction approaches to family. This reflected for some respondents' attempts to reconcile deeply held assumptions about the importance of family 'bloodlines' and their own chosen family form. For others, this issue became complicated when members of the extended family perceived family relationships that had not been negotiated. The couples sought to displace normative rules of genetic kinship but at the same time some of their beliefs surrounding inherited characteristics played a large part in their choices.

In terms of explaining the absence of the father, the position of the father/donor in the constructions of families was explained and understood in complex and varied ways. These men occupied a discursive space in family practices (Morgan, 2000). The data also suggests that the father/donor is an important part of the family narrative for lesbian led families. The idea of a family which could be legally parented by two women and without men was not legislatively possible at the time of interviews. The absence of 'father' has been highlighted by opponents of lesbian mothers as a key problem with their construction of family. This absence, it has been suggested, may damage children and disrupt kinship patterns (Erdos and Dennis, 1993). The 'negotiated absence' emerged as the most frequently discussed issue in the interviews with respondents. Discursive spaces within the family narratives were occupied by explanations of either his identity or his absence from the family and these discussions were a repeated element of family life. The

reflexivity of the respondents revealed contradictions surrounding their tensions between a bio naturalising and social construction approaches to family. The questions on this issue opened up deeply held convictions about the importance of the donor/father. For some, the need to have an identifiable father or donor was important for securing their children's' identity. For others, the absence of an identifiable person is perceived to be the best way to explain their family formation to children. Choices were made regarding the background, health, and ethnicities of donors. On the one hand the respondents espoused acceptance of a socially constructed and negotiated family whilst ensuring bio genetic continuity (Jones, 2005) in terms of creating an ethnically similar family. So whilst it was not possible to 'pass' as a biological family the reflexivity of the respondents suggest that it was crucially important to 'pass' as a family of the same ethnic group, and for Nita and Clare (adoptive parents) to achieve an identity of a mixed heritage family. The men who made each of the lesbian families possible either through donating sperm or by virtue of being a biological father to adopted children exists in relation to these families and his aspects of his identity are carefully chosen to ensure genetic relatedness in terms of ethnic identity. This raises further questions about the tensions between adoption agendas which seek to establish positive identities for children from minority ethnic backgrounds. The careful consideration of the ethnicity of the donor is connected to the women's desire to create the 'right' family. In earlier research respondents utilised a number of strategies to achieve a family who looked like each other, and looked ethnically like each other:

Lesbian couples may challenge the heterosexual family norm by electing to parent together. However it does

not follow that discourses around 'the family' which normalise genetic relatedness, will also necessarily be challenged by lesbian couples using licensed donor insemination (Jones, 2005:233).

These narratives exemplify the social norm of couples being the base for the beginning of a family. Lesbian parental couples however represent 'unprecedented social change in relation to personal lives' and represent an alternative family form without fathers. In this sense they are making families outside of the norm but it could also be argued that the two parent family model can in some ways uphold many tenets of the hetero normative frameworks. The introduction of the Civil Partnerships Act 2004 is a state recognition of couples and joint parental responsibility is given, but only for couples, thus reinforcing their mutual economic dependence on the same terms as heterosexual parental couples.

Also in accordance with Jones (2005) the narratives illustrate a new and different family form but her assertion that discourses of family which normalise genetic relatedness prevail is supported by the findings. In this study this is particularly so where ethnic identity is ensured through choice of father/donor and with the intent of creating a sense of belonging to each other and to a particular chosen kinship network. Whilst these lesbian couples made families in the absence of men, the position of donors or biological fathers is being reconfigured socially and legally with the potential effect of privileging biological genetics as definer of family identity over social constructions of non-biological parenthood.

The creation and construction of 'family' for the respondents is an ongoing process in which they seek to explain, make sense of and create positive new types of families in the absence of a father. The family narrative surrounding the absent father never ends, and as they constructed families outside of the norm they were forced to define their story to the outside world and to their children. The narratives were also reinvented, told and retold by the children in various day to day contexts. The picture of this process revealed in these interviews illustrates the relational importance of the donor/father in the creation of their families. The families are created in a relational context from a loving committed relationship of two women. They are families created purposefully in the absence of a father figure. The narratives of the respondents however explicate the cultural power of the father figure and impact of bio genetic understandings of family and kinship. Some of the ways in which the father figure is discussed with Nita and Clare (adoptive mothers) included references to 'father', 'the dads', 'absent dads' and sometimes the feeling by the child of them 'missing a dad'. Despite the importance of the man who is either father or donor, he is absent from this family form. His absence from the construction of family means that respondents are working against ideological assumptions of the 'father right' (Pateman, 1987). The form of family may change radically, with biology and genetic ties being displaced inside the negotiated family. At the same time, cultural and legal definers of identity appear to be reasserting biology as the definer of family identity and kinship outside of the negotiated family:

The structure becomes primary. Lesbian families are genetic/biological but not enough – it is just not enough (McNeil, 1990).

From my reading of recent legal changes it appears that the law has responded to the radical potential of the female led family and in so doing has reasserted the primacy of biology and genetics as key definers of identity and of a persons' ontological security in relation to who they are. The implications of the removal of anonymity for sperm donors (HFEA) and extending joint parental responsibility to lesbian partners (the Civil Partnerships Act) are yet to be worked out. The position of the co-parent is established by law in terms of the internal family responsibilities through legal sanctioning of her joint parental responsibility (The Civil partnerships Act 2004). Her position in terms of kinship and legal status as a recognised parent remains ambiguous in terms of her relation to her children, and the biological mothers' family of origin. The position of the father/donor in the constructions of families was explained and understood in complex and varied ways.

9.3 Construction of 'mother' as a role and an identity

Mothering was undertaken by the lesbians in this study either as biological mothers, co-parents, or adoptive mothers. The narratives support the feminist claims that motherhood is a contested category (Treblicot, 1983, Delphy and Leonard, 1992) as new forms of motherhood emerge in different times and contexts. Mothering as a role is not necessarily linked to the biological imperative and can be perceived as a process (Ruddick, 1982) which different parental actors can opt into. The allocation of nurturing work depended on the decision as to who would stay in paid work and who would take on the unpaid work at home. Most couples achieved satisfactory internal negotiations surrounding parental and mothering tasks albeit with some

exceptions, such as Laura (co-parent) who wanted her partner to write down that she was also a mother so she could give consent and permissions in school settings (which her partner declined). Furthermore, constructions of motherhood found in the nine couples were contingent on time (spent with children), validation from the outside world and emotional attachment to the children. The construction of 'mother' was configured within the lived reality of being a lesbian in contemporary society. The 'mother' role was not fixed or necessarily linked to biology for all respondents. For some, the embodied experience of maternal desire illustrated the integral relationship between biology and motherhood for them. For others, the identity of mother was about a relationship, obligation and tasks. The stories of being mothers, from the nine couples, opened up a conceptual discussion about what a mother is, how 'mother' is understood and in these stories of lesbians' experiences, how motherhood has for them as lesbians become possible. Disputed definitions of the identity 'mother' were discussed in detail in chapter two, and the contested nature of 'mother' pervades the literature. The fact that 'motherhood' is defined differently, and any definition can be disputed, is supported by the findings of this thesis. The meaning, significance and definition of 'mother' are not biologically determined. The biological imperative was challenged by the variety and interpretations of the form 'mother' takes in any given historical or social setting. Variations in the bases for defining mother were found. For some the importance of biology was indisputable. The acts of conception, pregnancy, giving birth and breastfeeding became the definers of 'mother'. The reflexive perceptions of the role of biology were mixed. Some respondents held the view that biology did not determine the parenting tasks, (except for breastfeeding) and some held the view that the biological mother had a 'special' relationship.

Motherhood was configured differently across the nine households. In some families, two different constructions of mother co-existed. In other families, the 'mother' identity was clearly defined and the co-parent was seen as a full and equal parent, but different to a mother. The term 'parent' was used in these contexts to strive for an egalitarian arrangement where the particularity of 'mother' was protected. Whilst constructions of 'mother' varied, threads of similarity emerged through the narratives. Biological motherhood continued to be privileged over other co-parents' motherhood in many ways. Biology and genetics carried particular importance or specialness in some cases where three of the biological mothers protected their motherhood identities by resisting the title of mother for their partners. Biological motherhood was privileged in some ways, particularly evidenced in choices around surnames, in automatic kinship position for biological mother, and (at the time of the interviews) in legal recognition around issues of consent and decision making. Ideas about genetics as the basis for the construction of families and kinship also persisted in a number of ways. This happened both internally and externally and had an impact on the position and self confidence of the co-parent as a mother/parent and as next of kin to the children.

The narratives overall suggest a pre eminence of genetics and the importance of fatherhood is affirmed albeit in different forms to the hetero-norm and it appears in these narratives that nothing is a given on the side of the co-parent. Feminist theory highlights the influence of patriarchal values to be at the core of family construction and these narratives confirm the pervasiveness of some patriarchal values and how they persisted in their families. Feminist positions discussed in chapter two argued

that motherhood is a relational identity and the terms of relationships can be altered socially, and economically restructured. The narratives support the view that different forms of mothering are possible and particularly confirms the anti essentialist core of black feminist theories. However the dominant discourses which normalise biology and kinship make it difficult to realise different possibilities.

From the literature, discussed in chapter two, we see that childrearing, has taken different forms in different times and places (Moore, 1994; Silva, 1996; Hill-Collins, 1990). The differences of culture, ethnicity, class and disability amongst mothers or prospective mothers revealed the socially constructed character of motherhood. Reflections on identities were discussed. The respondents chose to opt into motherhood/parenthood, and this has become achievable in an era where new possibilities emerged. They all brought to their motherhood/parenthood important markers of their existing identities. The key markers of their cultural, ethnic and class backgrounds informed their choices to some extent. Consideration of identities provided evidence that the identity of mother interconnects with other aspects of identity. Motherhood was produced within the particularities of their relationships but also in relation to other definers of self such as disability and ethnicity. There were different degrees of importance attached to differences. For example, Nita (adoptive mother of Asian heritage) made her choice as an Asian woman to become a mother to Asian children. She was co-parenting with a white woman and in her experience of minority ethnic status, it was very important to achieve the 'right' ethnic balance in the family. Her ethnic identity was at the forefront of her parental choices.

Following this social construction approach, the narratives suggest that both motherhood and kinship are produced within relational processes (Finch and Mason, 2000). As such, they are contingent on time, place, circumstance and others involved in the construction of motherhood (partners, husbands, father/donor, families of origin, medical profession). Pateman (1987) argued that to become a wife and a mother assured women a place as a citizen and the patriarchal system is thus kept in place. The feminist literature encourages us to study motherhood as an experience, as an identity and an institution. Motherhood in the absence of men subverts deeply entrenched ideologies of motherhood as a binary opposite to fatherhood. The narratives revealed the extent of resistance to lesbian motherhood. Resistance to their motherhood was experienced by the respondents at both material and cultural levels. For example, when they announced their plans or pregnancies to families of origin, negative and hostile reactions were experienced. The state response in the form of Civil Partnerships legislation (2004) offers a limited form of citizenship. Motherhood, generally, is at the centre of political and personal dilemmas regarding distribution of work, population control, 'family planning', equality between the sexes and international conflict. Demographic shifts bring alternative meanings and require re-definition of motherhood (Silva, 1996:2). In this context, the meanings of motherhood change and women's position in relation to their own motherhood experiences (or not) is disputed in all societies.

Academic approaches to motherhood are founded on conceptual understandings of gender and theoretical endeavours to explain motherhood within feminisms begin with considerations of gender relationships (Pateman, 1989; Delphy and Leonard, 1992). In this context motherhood has been problematic because the institution of motherhood subordinates women. Within structural and institutional

constraints women are and have always been involved in defining and creating mothering as an ongoing process. The idea that motherhood takes different forms and its meaning is produced within particular contexts is supported by the literature and the narratives explored in this thesis. If motherhood is produced within certain social relations then possibilities for further new forms of motherhood, kinship and parenthood should seek to critique and challenge the social relations within which meanings of motherhood are produced. Many aspects of patriarchal values persisted in the family narratives. Whilst a strong theme of wanting to create equal parenting developed biological motherhood continued to be the most important in many ways. In terms of external recognition but also internally, this was reflected by the fact that all (except one) children born through donor insemination had their biological mother's surname. Genetic kinship was being displaced inside the negotiations of the couple but reinforced by choices around surnames and by the outside world, particularly by the biological family of the birth mothers. Hierarchies of kinship emerged between families of birth mothers and the co-parents, where the co-parent's motherhood was not accepted in the same way the biological mothers.

9.4 Parenting practices

Parental practices were diverse. Parenting arrangements were mostly internally negotiated and not reliant on traditional gendered structures of bread winner versus nurturer. Where traditional patterns did occur (breadwinner versus nurturer dichotomy), they were not always connected to ideas about the biological basis for the nurturing role. For example, two of the biological mothers took on the role of full time provider whilst the co-parent undertook full time nurturing work. Two of the biological mothers returned to half time paid work and the adoptive mothers did half

time paid work. More flexibility was found in comparison to heterosexual divisions of parental and paid labour. In earlier research Dunne (1998) had found similar variation in the division of productive and reproductive labour in lesbian families:

By de-privileging the biological as signifier of motherhood and the capacity to mother...many were actively engaged in extending the meaning content and consequence of mothering to include both partners (or even fathers) on equal terms. Thus biological motherhood was a poor predictor of differences in income, employment hours or domestic contributions within partnerships (Dunne, 1998d:37).

Similar patterns emerged in more recent US based research, where the author suggests that this represents an 'undoing of gender' (Sullivan, 2005:93). This argument is persuasive if gender is conceptualised as a relationship that is only played out through the sphere of family and intimate life. It could be argued however that gender is a social relationship, a process, and that identity of masculine and feminine are produced within these relationships and are imbued with power. Gender is a relationship which pervades the home, the public sphere, politics, economics and even the street. The idea that we live in 'gender regimes' and that gender is a process (Connell, 1993) leads me to question the notion that new and radical arrangements in lesbian households can in themselves 'undo gender'. The family, however it is configured, is only one site through which gender can be played out. In contrast to Sullivan's (2005) idea of 'undoing gender', respondents both in Sullivan's and in this

study are doing gender differently in their family units, which does not in and of itself, affect the civil and economic position of women. If gender was to be undone, there would have to be far reaching changes in public, political and economic systems with power sharing between the two genders.

The narratives reflect a wealth of insight into the family relationships and dynamics of each household, their relationship to paid work and the possibilities for much more flexible parenting arrangements that could be of benefit to wider society. The interactions between the internal family and the external world illuminate some material and attitudinal difficulties. These challenge Morgans' (1997) view that it is more important to focus on family practices instead of structures of family. He argues that family practices reflect family relationships and their own internal family structures. However in this study family practices are not enough to resolve the question of who constitutes family, because of external legal and cultural (state agencies, school, medical profession) refusal to validate or recognise the family as legitimate.

9.5 Identities

The distinctions between maternal, sexual, ethnic, disabled and class identities were difficult to make. Their identities provided strength and security of self in some ways, but all the stories about lesbian identity focused on struggle. The mothering/parental couple could be seen as subjects in relation to each other. Each woman had her own construction of identity. These two identities did not rest on the binary oppositional understandings of gender. Alsop (2002) points to the writings of Simone De Beauvoir as the first attempt at developing egalitarian approaches which recognize the importance of embodiment and subjectivity in the construction of the female self. De Beauvoir (1947) illuminated the traditional conceptual construction of female that is other than male. The conceptual framework of gender has enabled feminists to explore power difference and oppression between men and women (Jackson and Jones, 1998). The lesbian couples have dared enough to find an adult sexual life outside of patriarchal expectations. Lesbians dare more when they attempt to create family and kinship structures from the basis of their relationship. They are subverting the subject/object relationship of male and female and its 'inextricable' link to reproduction and civil society. In this sense the experiences of lesbian mothers defy the parameters of binary thought in relation to their gender. The co-parent has no place within traditional definers of male and female parental identities. The possibilities for the co-parent to 'find a place' in her family and for it to be validated and recognized outside of the family are restricted by binary oppositional thought. The respondents recounted many details of their own route to 'coming out', and later how their lesbian identity placed them on the outside of reproductive possibilities. Their lesbian identity became a barrier to motherhood through their self

exclusion and later through the attitudes of others. Their strategies to overcome these barriers are as much a part of their construction of motherhood or parenthood as the numerous other factors discussed in the data chapters. Much of the discussion evoked in this part of the research exemplifies reflexive monitoring of action (Giddens, 1992). Through the respondents' reflexivity new forms of family emerged. In doing this they were forced to reconcile many aspects of their own cultural and social backgrounds with their new and contested familial arrangements they have chosen for themselves. For some this evoked narratives of loss, compromise and having to 'let go' of some aspects of their previous definers of self. For example Jan (biological mother) had to let go of her cultural attachment to Jewish traditions and their importance to her. In a similar way Chris (co-parent) was forced to choose between her new identity and family life and her membership of a Christian evangelical church where all of her family of origin were members. Both involved pain in embarking on a new family life. Social construction and post structural theorists argue against the idea that identities are fixed culturally or biologically or have any unitary features or essential inner realities. Many of the respondents discussed their maternal and lesbian identities as strong definers of a sense of 'self' in the world. Identity gives us an idea of who we are and of how we relate to others and to the world we live in and the narratives of respondents illuminate the points of consensus and contestation and their approaches to making sense of their experiences. Such difficulties in categorising self were also found in an earlier study of lesbian families (Gabb, 2004c) where the researcher found that the respondents "sit uncomfortably within any fixed identity, but conversely they also retain a located gendered sense of self. Their struggles to categorise themselves pushed at the boundaries of existing conceptual frameworks of identity" (2002). The data supports the view that motherhood is a constructed and

contestable identity but that there is ambivalence surrounding labels and categories. The respondents' experiences of motherhood and parenthood also support the view that it is a political identity as well as a personal one. The respondents' experiences of motherhood are integrally formed in relation their disability, ethnicity and class.

Theories of reflexive modernity and reflexive monitoring of the self (Giddens, 1991) are exemplified in these narratives as respondents reflexively monitor the self and choose routes to parenthood that inevitably freed them from some aspects of structure or expectation. At the same time it appears that other definers of self which are rooted in ethnicity, background and culture have considerable defining power and as such produce dilemmas for the respondents' as they embark on their reinventions of self. Lesbian identity could not be understood either as a universal identity, or as separate from the respondents own cultural, religious, class or family backgrounds. The identity of the family could be defined by much more than the emotional relationship between the couple. The joint commitment between the couple to their 'family project' was not in general disputed. The other issues associated with kinship relations and the positioning of various others in relation to their constructed family were sources of tension. Discovery of these issues led to the emergence of kinship as a site of contention. The element of kinship emerged as a factor that went beyond the family project of the couple. The identities that parents sought to secure for their children were not only derived from their route to motherhood, but an identity based on being part of something else. For example Nita, wanted children of Anglo-Indian heritage, and Jan initially wanted a child of Jewish heritage. Kinship is about 'belonging' and this is often defined by culture, background and class as well as sexual identity.

Theorists of discursive power (Alsop, 2002) debated the analytic separation of sex and gender. Foucault argued for a historicity of sexuality with a particular medicalised discourse of sexuality (which emerged in the eighteenth century) which suggested that gender and sex are analytically distinct, whereas Butler argued for the integral link between gender and sexuality. Butler however, identified kinship a site of regulation for both. Foucault identified kinship as a system of domination. The analysis of the data led me to consider that the site for transformation is no longer the family or parenting but indeed kinship. The kinship arrangements for the creation of lesbian led families have yet to be worked out and are the place for re construction of family, gendered identities and belonging; “the transformative possibilities of kinship are a site of redefinition” (Butler, 1993). The construction of family identity and children’s kinship identity is relational. Ethnicity, culture and background were seen as part of kinship identity (highlighted in particular comments from Jan, Nita and Lesley). The assertion of the committed lesbian couple and their family has received the state response of structural adjustment in terms of the Civil Partnerships Act 2004 and the Adoption and Children’s Act 2002. At the same time new HFEA rules reinforce the importance of biological kinship through the removal of anonymity for sperm donors. There are new legal rights for children to know their genetic heritage. At the same time, the legal and social positioning of a lesbian co-parent in relation to the child remains less clear than for social or genetic fathers.

The construction of family identity and the children’s kinship identity required consideration of many of the above factors. Family identity was further complicated by other people’s perceptions of their supposed kinship connections. For example, the

biological grandmother of Jan (biological mother) and Kates (co-parent)'s son wanted to be recognised as such, but this was not negotiated between the lesbian parents and the donor. Also, there were the birth mothers and fathers of the adopted girls and the birth father of Elaine (daughter from previous marriage of Marion, co-parent). Others had a perceived stake in the kinship connections. These included the families of origin of the co-parent, families of the biological mother and in some situations, the family of the sperm donor. Families of the biological mother had some certainty about their connection through the cultural power of 'bloodlines', whereas the family of the co-parent had uncertainty, particularly in relation to hypothetical situations of separation of the couple or the death of one of the partners. In terms of perceived connections, there was some evidence that relations of the biological mother saw themselves as higher in the kinship hierarchy than those of the co-parent. This is reinforced in state responses are about the regulation of parenting arrangements whereas the data surrounding surnames and the position of the co-parent which suggest that traditional definers of kinship systems prevail in the lives of lesbian led families.

9.6 Final Thoughts

The emergence of lesbian motherhood, whilst evoking negative reactions from governments and society, poses questions for critical theorists about the meaning and significance of it to the mothers, to the children and to society (Dunne 1998, Gabb, 2005, Ryan-Flood, 2005, Almack 2002). New forms of motherhood became possible. At the same time the state has responded and taken measures to regulate the lesbian led family form and parental arrangements between couples although it is argued that state responses are structural measures to regulate parenting arrangements for same

sex couples rather than liberatory civil rights. There was evidence of contradiction and uncertainty as the respondents tread this new path. There was a discourse of equality and egalitarian parenting when they discussed their plans. Most of them were striving for a set of arrangements that were equal and fair for both parents. Closer consideration of the actual construction of the families shows that many traditional, cultural and legal definers are in place. For example, most children with a biological mother have her legal surname. Despite the impact of the Civil Partnerships Act 2004, children in these families will have two parents but only one legally defined mother. Parental responsibility in current legal terms may offer the co-parent legal recognition of her 'intent' to take responsibility. This does not equate to the very clear establishment of the 'father' in law.

Motherhood as an identity is complex and is integrally linked to female identity. The material circumstances and distribution of resources within the nation state of the United Kingdom are deeply gendered at state and policy level and in social practices of parenting. The identity of motherhood appears to be a form of intimate relationship to be protected in law. Current legislative and policy changes (Adoption Act 2002, Civil Partnerships Act 2004, Human Fertilization and Embryology Authority guidelines, (2006) appear to be accommodating lesbian motherhood. These changes, it could be argued, are based on an assimilation model of equality with the status of the couple protected in law as opposed to the status of mother. Further evidence based research on the legal and cultural implications of the Civil Partnerships Act 2004 would illuminate possibilities for a way forward.

Feminist approaches have theorised differences and identities amongst women and begun to unravel complex female identities. Subsequently this informed the theoretical sampling for this research. Whilst a small sample cannot be statistically representative, differences of disability and ethnicity exemplify some interconnections between ethnic, disabled, female and sexual identities. The inclusion of difference in the research process, combined with the anti essentialist thread in feminist approaches suggests rejection of any unitary theory of lesbian motherhood. In the absence of a unitary theory of lesbian motherhood these reflective narratives confirmed the instability of categories. The lived experiences of lesbians and their realisation of family aspirations reveal the cultural and material barriers they faced. Their experiences continue to challenge the ideological polarisation between heterosexual women who are seen as reproductive and lesbian women as non reproductive.

The respondents' experiences were considered in the light of post modern approaches to meaning, identity and context. The fluidity and flux associated with post modern ways of thinking appear to have had a social impact on the possibilities for social change. In the struggle to find a place with new identities however, the tensions between visible categorised identities and fluid identities reappears as the respondents attempted to find a place in society for themselves and their children. Lesbian mothers who choose to see themselves as two mothers have a different negotiation to make with each other and with the state. The position of 'mother' is produced within kinship relations in relation to the donor or father, in relation to parental partners and in relation to other aspects of identity and background. Arguments for empowerment and legal standing of the identity 'mother' cannot be

imagined without acknowledging 'mother' as a relational identity. The findings of this thesis suggest that finding a place for lesbian couples and their families is a challenging and difficult process but the dilemmas discussed illuminate the possible areas for further reform and social change.

The strengths of this research lie in the in depth consideration of the negotiations between the partners, between them and their children, the donor/father and their own families of origin. The project was limited in terms of the sample size and therefore could not be seen as representative but certainly generated insights which suggest that further research could be developed in terms of socio legal positioning of lesbian mothers. For example revisions of the law could accommodate the lesbian led family further. The Civil Partnerships Act could be considered in terms of equal parental status of the lesbian couple in addition to the current arrangements for equal parental responsibility. Data on the experiences of the co-parent reveal that her position is ambiguous and is constructed through the inter subjectivity with her partner but relies on different forms of external validation. The issue here is to ensure the legitimacy of her family identity both in law and at a cultural level, through arrangements for rights, responsibility and kinship ties. Further legitimacy is required by the NHS who continues to refuse access to reproductive medicine for lesbians. Cultural kinship displaces biological kinship in the narratives to some extent but wider acceptance of this is difficult. On this point Butler's argument that kinship is the key site for the transformation of gender (Alsop, 2002:127) is supported by the narratives in this thesis. Political and philosophical shifts are needed in this respect. The cultural and kinship positions of the co-parents would rely on a redefinition of kinship systems which becomes more difficult as the removal of anonymity of sperm donors in recent

changes to the HFEA appear to reinstate the importance of genetic heritage privileging genetic knowledge as the key definer of identity over social parenting. The emergence of kinship as a site of contestation suggests that further theorising and discussion of kinship as a site of regulation for both gendered and sexual identities could be developed.

Lesbians and gay men as sexual minorities contribute to, and take part in regenerations of society in many different ways. Lesbian parental couples (at the time of interviews) had marginal status in society in terms of being culturally accepted or having citizenship status either as couples or families, but the respondents are integral to the societies we live in. Lesbians contribute to future generations whether as mothers/parents or not. The particularity of the lesbian mothers' experiences, reveals the structural position of women who do not want to marry and, secondly women who bring legally fatherless children into the world. The research process for this thesis provided me with an opportunity to delve into the internal negotiations of nine lesbian led families. The respondents consented to allow me into their privacy. I was trusted and therefore gained a privileged insight and as the interviews progressed, I sometimes felt that they underestimated just how far their choices had taken them out of normative definitions of family. I was aware that this was my own perception and not necessarily theirs, but my subsequent theorising and reflection on these interviews confirms for me that these constructions of new family forms certainly constituted 'fateful moments' (Giddens, 1991). The respondents were constructing for themselves and their children, new motherhood, parental and family identities. We cannot go back as a society in terms of family forms only forward. Same sex couples are staking a claim in parenting, thus coming from the margins of society to the very

centre of a key societal concern which is the reproduction of the next generation. The respondents created lesbian led families during an era of fragmentation (Morgan, 1997) when post modern thought suggests a myriad of possibilities for the construction of personal and family life. Social change however, involves struggle and the data includes detailed accounts of their internal and external struggles to resolve their own maternal and parental identities. They offered their stories of struggling against the norm, their disappointments, fulfilment of family projects, resistance and triumph in their chosen sexual identities and families. Their respective narratives, hopes and family aspirations contribute to an evolving picture of a new family form. It is characterised by diversity of ethnic, class and disabled identities. These differences bring diverse and contrasting values and beliefs to the respondents' experiences of lesbian motherhood.

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