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Family communication about donor conception: a qualitative study with lesbian parents

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Abstract

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21 In this qualitative study of ten lesbian couples who built their families through anonymous

22 donor conception, we explore how lesbian parents experience the communication about the

23 donor conception within the family. While for these families 'disclosure' of donor conception

24 is often seen as evident, the way parents and children discuss this subject and how this is

25 experienced by the parents themselves has not received much research attention. In order to

26 meet this gap in the literature, in-depth interviews with lesbian couples were conducted. An

27 Interpretative Phenomenological Analysis showed that this family communication process can

28 be understood within the broader relational context of parent-child relationships. Even though

29 parents handled this family communication in many different ways, these were all inspired by

30 the same motives: acting in the child's best interest and – on a more implicit level –

31 maintaining the good relations within the family. Furthermore, parents left the initiative for

32 talking about the DC mostly to the child. Overall, parents aimed at constructing a donor

33 conception narrative that they considered acceptable for both the children and themselves.

34 They used different strategies, such as gradual disclosure, limiting the meaning of the donor,

35 and justifying the donor conception. Building an acceptable donor conception narrative was

36 sometimes challenged by influences from the social environment. In the discussion, we relate

37 this qualitative systemic study to the broader issues of selective disclosure and bi-

38 directionality within families.

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Currently, assisted reproductive technologies such as treatment with donor sperm are becoming more and more widespread and both heterosexual and homosexual families seem to approach the topic with more openness in their families in recent years (e.g., Beeson, Jennings, & Kramer, 2011; Paul & Berger, 2007; Stevens, Perry, Burston, Golombok, & Golding, 2003). A number of recent empirical studies have focused on the question whether children would like to receive (identifiable) information about the donor and/or contact with the donor and their reasons for that (Blyth, Crawshaw, Frith, & Jones, 2012). However, information is lacking about how families deal with the shared understanding that the children are donor-conceived in their daily life. This study concentrates on lesbian parenthood after Donor Conception (DC) and starts from the question: 'How do lesbian parents talk about the DC with their school-age children?'

Research Focus on Children's Well-Being

In recent years, research about lesbian parenthood has focused on the psychological well-being of children growing up in these families. Although Regnerus (2012) found more negative outcomes (on emotional, social, as well as relational outcome variables) for grown-up children of lesbian families compared to grown-up children in families with still-married heterosexual parents, the majority of the studies shows similar developmental outcomes for both groups. In a review article including studies with both convenience samples and representative samples, Patterson (2006) concluded that children parented by lesbian couples have an overall healthy development. Several studies have shown that children of lesbian households have similar developmental outcomes compared to children in heterosexual families, for instance, in terms of psychological adjustment (Tasker, 2005), progress while attending primary school (Rosenfeld, 2010), and academic achievement (Wainright, Russell, & Patterson, 2004). When it comes to peer relationships, Van Gelderen (2012) reported a homophobic stigmatization in half of the 17-year old participants (n=78). However, Tasker

67 (2005) suggested that children raised by lesbian couples were no more likely to be bullied

68 than children in hetero families. According to Tasker (2005), no differences were found

69 between lesbian and heterosexual families with regard to the quality of family relationships.

70 Furthermore, Patterson (2006) in her review stated that for the child's well-being, family

71 interactions and the quality of family relationships are more important than family structure or

72 sexual orientation of the parents.

Family Communication about the DC

74   Offspring of lesbian parents are thought to find out about their DC origins earlier than

75 offspring of heterosexual parents (Beeson et al., 2011). Many authors have considered the

76 issue of disclosing DC in lesbian families as obvious and straightforward (Baetens &

77 Brewaeys, 2001; Jadva, Freeman, Kramer, & Golombok, 2009; Vanfraussen, Ponjaert-

78 Kristoffersen, & Brewaeys 2001). However, little is known about how the DC is discussed

79 with the children in the family (Goldberg & Allen, 2013). Furthermore, the parents'

80 presuppositions, expectations, or feelings about the disclosure did not receive much research

81 attention. According to Haimes and Weiner, however, (2000) the rationale for telling and the

82 choice of what to tell is almost never straightforward as it touches upon the meaning of social

83 and genetic ties.

84   Some studies generated findings that inform us about this family communication

85 process to a certain extent. Stevens et al. (2003) found that the birth story for the child was

86 mostly based on the child's questions and that mothers took the child's age into account when

87 informing them about the DC. Furthermore, parents described it as a gradual, spontaneous

88 disclosure process in which they tried to make sure that the child did not find the DC strange

89 or weird (Vanfraussen et al., 2001). The starting point for discussing the DC seemed to be the

90 family structure: having two mothers and no father. In another study on family functioning,

91 Vanfraussen et al. (2003b) made a distinction between general communication (e.g. about

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92 school) and emotional communication (e.g. about problems with friends). However, no

93 reference was made to family communication about the DC.

94   With regard to the need for more information about the donor, half of the children

95 seemed satisfied with the birth story and did not desire more information about the donor

96 (Vanfraussen et al., 2003a). For children who either desired non-identifying or identifying

97 information, the main reason was getting to know oneself better. In a study with 11 grown-up

98 children with a known donor, Goldberg and Allen (2013) found that the donor position ranged

99 from 'just donor' to 'father'. The contact preferences and actual contact with the donor varied

100 from 'no contact', to 'currently moving in with the donor'. Even though the participants were

101 informed about the known donation by their parents, parents' disclosure was not entirely

102 transparent: children insisted on receiving identifying information about the donor before they

103 were actually given access to this information.

104 **Current Study**

105   While there are a few studies focusing on the disclosure of the conception (e.g.,

106 Stevens et al., 2003) and children's needs for information about the DC (e.g., Vanfraussen et

107 al., 2003a), a broader study on family members' experience of this communication process is

108 lacking. The current study focuses on how lesbian parents and their children handle the

109 subject of the DC in their daily family communication. In this explorative study, we focused

110 on the parents and we investigated how they describe and experience the family

111 communication about the DC. Interpretative Phenomenological Analyses methodology

112 (Smith, Flowers, & Larkin, 2009) was used because of its focus on the lived experience and

113 how participants make sense of their experiences. The experience of family relations is

114 considered as a research area that is suitable for IPA (e.g., Harris, Pistrang, & Barker, 2006;

115 Smith, 1999).

116   The present study is embedded in an interdisciplinary qualitative research project,

117   combining bioethical, medical, and psychological viewpoints. The project was set up to

118   investigate the meaning of genetic and non-genetic parenthood for families using Assisted

119   Reproductive Technologies. This study is situated in Belgium, where lesbian couples can

120   marry and co-parent adoption is allowed since 2006. Recently, social mothers are granted the

121   same legal status as fathers in a heterosexual relationship. This means that no adoption

122   procedure is required anymore. However, since the participants in our study gave birth 7 to 10

123   years ago, the older legislation was still in force.

124   **Method**

125   **Description of the Sample**

126   Ten lesbian couples (20 participants) were recruited via the Department of

127   Reproductive Medicine of the Ghent University Hospital. Between 2002 and 2004, 42 lesbian

128   couples were accepted for treatment with anonymous donor sperm at the Department of

129   Reproductive Medicine and were now eligible for the study based on the following criteria:

130   Belgian, Dutch speaking, live birth, and no intra-partner oocyte donation. The counselor of

131   the Department (who saw the participants at the time of the fertility treatment, 7 to 10 years

132   ago) contacted sixteen couples based on the child's age (the couples with the eldest child were

133   contacted first) in order to be able to include ten. Five couples could not be included due to

134   inadequate contact information or language difficulties. One couple did not call back after

135   receiving info about the study protocol. The other 26 couples were not contacted. All couples

136   gave birth for the first time between 2002 and 2005, which means that the oldest child was

137   between seven and ten years old. The women had no children from previous relationships.

138   Participants lived in the Flemish part of Belgium and identified as female, lesbian and white.

139   Table 1 provides information on the participants' characteristics, including the children's

140   pseudonyms and age range. Approval by the Ethics Committee of Ghent University Hospital

141   was obtained. Participants gave their written informed consent at the time of the interview.

142   All participants were recruited at the same hospital and received the same 'non directive'

143   counseling. The current legislation in Belgium is based on donor anonymity but also allows

144   non-anonymous donation when both donor and recipients give their prior agreement.

145   Participants in this study all used anonymous donation.

146   **Procedure**

147   Participants were recruited in October 2012 and couple interviews were performed

148   between October and December 2012 at the location of their preference: the Department of

149   Reproductive Medicine of the Ghent University Hospital (1) or their homes (9). The first and

150   the second author each performed five interviews based on the same semi-structured

151   interview guide, which included predominantly open questions about participants' thoughts

152   on and experiences with different aspects of parenthood after DC treatment. As part of the

153   interview, the issues of family communication and DC disclosure to the child were discussed.

154   In six families one or more children were present during a part of the interview. This context

155   factor was taken into account when interpreting the data by keeping track of the moments

156   when the child was present in relation to what the parents were expressing on the one hand

157   and by explicitly coding parent-child interactions that were relevant for the research question

158   on the other hand. The in-depth semi-structured interviews lasted on average 90 minutes. The

159   interviews were audiotaped and transcribed verbatim using pseudonyms. We offered

160   participants the possibility to contact their counselor at the fertility clinic in case questions or

161   psychological needs arose during or after the interview.

162   **Data Analysis Process**

163   Qualitative analysis was performed using Interpretative Phenomenological Analysis

164   (IPA), involving a detailed step-by-step analysis of each case before turning to the level of

165   comparison across cases. First, reading through the transcript, descriptive and interpretative

166 notes were made in order to obtain familiarity with the cases and enhance interpretation of the

167 data (Smith et al., 2009). The next stage consisted of a first coding based on the annotated

168 transcript. In this first coding, the first author looked for patterns and connections across the

169 data. Subsequently, the codes were clustered into themes and subthemes according to

170 conceptual similarities and oppositions. This case-by-case analysis was supported by

171 MAXQDA qualitative data analysis software. Software programs like this do not offer

172 analysis tools. Rather, they are used to organize the data according to the analysis of the

173 researchers. Using the MAXQDA outputs, a comparison across cases was performed,

174 identifying overarching themes and higher-order themes. In the next phase, each theme was

175 described and illustrated using appropriate quotes from the interviews. This way, we held on

176 to the idiographic focus of IPA while formulating ideas that apply to the whole (or parts of)

177 the sample.

178   In order to put the parents' narrative accounts into perspective and to discuss deeper

179 layers of the parents' experiences, 'hermeneutics of faith' and 'hermeneutics of suspicion'

180 (Josselson, 2004) were alternated. Hermeneutics of faith can be seen as 'giving voice' to the

181 participants and using their own words, while hermeneutics of suspicion imply that some

182 layers of the interpretation do not refer to what parents literally told us but are a reflection of a

183 careful comparison of various accounts (Josselson, 2004). To improve the validity and the

184 trustworthiness of our research, an auditing process was conducted. At several points in the

185 analysis, a team of auditors (second, third and last author) was called upon, inviting them to

186 challenge the way the first author had constructed categories and a conceptual framework

187 (Hill, Thompson & Nutt-Williams, 1997). Based on extensive research reports, these auditors

188 questioned whether the analysis had been conducted systematically and transparently, and

189 whether the research report - including a conceptual model of the data - was credible (Smith

190 et al., 2009). Discrepancies as well as gaps in the analysis were identified and adjusted, which

191 significantly promoted the depth of the analysis.

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193 **Results**

194   The IPA analysis resulted in four themes. The relational context is presented as the

195 framework in which the other three themes can be situated and understood. The second theme

196 describes how parents perceive the child's questions on the topic of DC and how they

197 sometimes handle them in an ambiguous way. A third theme involves the strategies the

198 parents used to install an acceptable DC narrative. A last common theme for which we

199 provide evidence is the connection between family communication and communication with

200 the wider social context.

201 **The Relational Context: Trying to be a Good Parent**

202   When we asked parents how they experienced family communication about the DC,

203 they made it clear that 'the DC' in their opinion was not the heart of the matter. Rather, their

204 main concern was building the family and creating close relationships between parents and

205 children. Family communication about the DC could be seen within this broader relational

206 context; it is embedded in a process of monitoring the family relationships. Parents tried to

207 talk about the DC in such a way that it would not impede their relationship with the children.

208   Kate: I prefer that they [the children] start to talk about it, because that way you know

209   it's on their mind. Now I have no clue. If you start talking about it yourself, you

210   wonder if they like it or if they think: 'What is she going on about?'

211 Whereas Kate feared talking about the DC too soon or at an inappropriate moment, and the

212 harm this could cause her child, Rose thought it was important to anticipate these questions:

213 "Because by the time the child poses the question, a lot of things already went through his or

214 her mind." Rose' opinion can be situated within her attempts to facilitate a trusting

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relationship in which everything can be discussed openly. She wanted to avoid that the child created his/her own (unfavorable) story about the DC, which in turn could endanger their solid relational base. Even though these two visions reveal two completely different strategies, both couples referred to their child's best interest.

In line with this focus on good relational bonds, parents expressed certain fears and sensitivities. In general, parents presented themselves as open and reliable towards the child.

Monica: When something's wrong, no matter what, he can come to us. And I think that's really important for a child, that when something's wrong, or if you have certain questions, that you can talk to your parents. That you're not held back...

At the same time, parents expressed their uncertainty about whether they would succeed in creating this openness overall, for instance with regard to communication about the DC.

Sara: I'm convinced that we'll be able to talk about it. That it's not going to be like they have concerns which they don't dare mention. Uhm, I really don't want that. I would love to be the kind of parent that's open to all our children's questions.

Feelings of uncertainty seemed to be related to the concern that the children would not accept their choice of building a family through DC. Even when their children seemed fine with it at the moment, the parents feared future conflicts with their children because they might experience it as an injustice that they cannot know their biological father. In this respect, they were also afraid that the child would end up questioning the co-parent's authority as a parent. Apart from feelings of uncertainty, parents also emphasized their responsibility with regard to the child's well-being and anticipated future difficulties:

Sara: While another child in puberty may be angry with his parents because he doesn't get enough pocket money, our children might get all the more angry because we've put them in a situation where they have no father.

239   In order to cope with this uncertainty, parents sometimes sought reassurance from
240 their child(ren).

241   Kate: And then I said [to the son]: 'There is somebody who has given a sperm cell to
242   the hospital. But that is not your dad. Because we don't know, let's say, that's
243   someone who's anonymous, who we don't know, and you don't know him either.' 'So
244   I won't know him?' I said: 'No you won't know him'. I said: 'Does that bother you?' I
245   had asked him that before. He said: 'No, because I have Mummy.'

246 The question 'Does that bother you?' can be perceived as an attempt to seek reassurance from
247 the child. According to the parent's account, the child gave his mother the reassurance she
248 was looking for by confirming the relational bond with the co-parent and by indicating that he
249 was not preoccupied with getting to know the donor. Similarly, another couple asked their
250 child whether he "missed his father at times." Throughout the interview (during which the
251 child was present), there were some indications that the child was thinking about the donor
252 and that he was curious about who this person was. This question was somewhat directive in
253 so far as the parent not only expected but also hoped that the child would come to deny it. On
254 a content level, the question shows the parents' concerns about whether their child thinks
255 about the donor and how often. However, it can also have the more relational dimension of
256 seeking confirmation that their relationship was strong enough without the presence of a
257 father. In this way, parents partly made room to discuss the DC while they also sought to
258 strengthen the perspective that they were doing fine as a family and that the DC did not
259 endanger that. These feelings of uncertainty and responsibility and the more general attempt
260 to maintain good relational bonds serve as the context to interpret and understand the three
261 remaining themes.

262 **Giving the Child's Questions a Central Position**

263 All couples explicitly mentioned the child's questions as a cue to start talking about

264 the DC and to adjust the story to the dialogue that unfolds. Some couples waited for the

265 child's queries about the way they were conceived to initiate talk about this issue.

266 Retrospective questioning of the counseling revealed that participants thought the counselor

267 had advised 'to postpone talking about the DC until the child starts to ask questions about it'

268 (which presumably would happen around the age of four). Some couples referred to this

269 advice when explaining how they handled the child's questions:

270 Sara: They [at the hospital] just told us that there is one thing you should be careful

271 about and that is that you never answer more than what they [the children] are asking

272 for. The moment there is a question, we'll answer them. But we'll just give them the

273 information they ask.

274 Lisa: Not elaborate on it.

275 Sara: If they ask: "Do I have a dad?", we'll answer: "No, you don't have a dad." We

276 won't say: "Do you know how come?" or "No, you don't have a dad because…." If

277 they want to know, they will ask.

278 Lisa: And then we will answer them, of course.

279 These parents were rather strict in the way they held on to their recollection of the counselor's

280 advice. Also, it seemed that in their experience, they shifted a part of the responsibility for

281 'doing a good job as a parent' to the counselor. When the child asked questions, parents were

282 very careful in answering them, aiming at 'giving the correct answer.' Also, parents seemed to

283 be careful not to tell too much to the child. The next quote shows how certain terms were

284 brought up by the parents (for instance 'sperm'), and while being fully aware that the children

285 did not know these terms, they did not explain the term but left it to the child to ask for

286 clarification:

287   Nicole: Well, they know they don't have a dad, they have a friendly man who

288   delivered sperm. We talk about sperm even though they don't know what it is. As long

289   as they don't go into further detail, we don't talk about it. But the moment they ask

290   something, we respond. When they look in the booklet and they ask 'What's this?', we

291   say 'Well, that's a sperm tube.' Apart from that, they haven't asked anything else.

292 Waiting for the child's questions to talk about it and giving only restricted answers seems to

293 constrain the parent-child communication about this topic.

294   While the child's questions got a prominent place, some parents held rather strict

295 views about what could be considered a proper question. For instance, with one couple, when

296 the child asked about the parents' choice in who would be the biological parent, the parents

297 regarded this as a 'silly question', and not a starting point to talk about the DC. During the

298 interview, the parents realized that their son did ask several questions, although they had

299 mentioned previously that he had not.

300   Martha: Yes, well, if you look at it that way, he did ask a couple of questions now and

301   then, like 'Why?' and uhm.

302   Lexi: Yes, but you don't realize it, you see?

303 In addition, parents seemed to look for cues from their children that validated their disclosure

304 decisions: that, for now, their answers were sufficient and their children's needs for

305 information were met. Finally, some parents saw no need to talk about it: "We don't raise the

306 subject all the time. I find it difficult to say to the children: 'Let's talk.' That's not necessary,

307 you know?" (Ysa)

308   Overall, parents stated that, against their expectations, they did not receive many

309 questions from their children. In addition, they had also expected these questions earlier.

310 These expectations were partly raised by their recollection of the counselor's message that the

311 child would start asking questions at a certain point. For some parents, the child's questions

312 could be alienating or confusing. They did not always feel ready to give an appropriate

313 answer right away: "At first there's a bit of chaos in your head. Like, how are we gonna

314 handle this?" (Monica). Lisa explained that the questions can come unexpectedly:

315   We never had that with Tim, and then all of a sudden she [younger daughter] - even

316   though she's so much younger - comes to us with these questions. And then we look at

317   each other and think: 'Oops, what's going on?'

318 Starting from the experience with their oldest child, the youngest child's questions came out

319 of nowhere and left them feeling confused. The last quote illustrates the child's influence and

320 the bi-directionality of this communication process. Not only their parental intentions, but

321 also the child's characteristics seem to determine how the interactions about the DC were

322 shaped.

323   In sum, parents seemed to have a rather ambiguous attitude towards the child's

324 questions: they saw the questions as a cue to talk; however, when confronted with the

325 questions, they handled them in a rather restricted way or struggled to find a good answer.

326 The communication about the DC can be seen as a complex interplay between: a) the parents'

327 perception of the child's need for information; b) the perceived risks of harm to the child due

328 to the disclosure (strategy); and c) the extent to which parents feel comfortable talking about it

329 and consider it to be necessary.

330 **Installing an Acceptable DC Narrative**

331   Parents tried to create a DC narrative that was both plausible and satisfactory for the

332 child(ren) and themselves. In this respect, some parents initiated the dialogue about the DC

333 with their child(ren) proactively. They anticipated on the child's questions and started to

334 explain the DC. This 'openness' was motivated by the wish to prevent secrets (and feelings of

335 betrayal) and to install an 'always-knowing' in the child. Talking about the DC from an early

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age seemed to be an important strategy to sculpture the child's perspective on the DC ('they

grew up with it') and his/her acceptance of this procedure:

>Rose: I think it's important that you guide them a little bit. They're allowed to ask
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>questions, but you say: 'Look, this is how it is. It's a bit different, but that doesn't mean
>
>it's bad.'

Some parents also argued that a general openness (in the social environment) about the child

being donor conceived was a reason to be open towards the child as well.

In order to meet the goal of 'installing an acceptable DC narrative' different strategies

were described: 1) gradual disclosure, 2) differentiating between the donor and a dad, and 3)

justifying the DC.

Choosing gradual disclosure. Parents were careful both with regard to what they said to

their children as to when they said it. First of all, there was some 'gradation' in what was told;

the conception narrative was built through the use of different words and emphases. Eight

couples mentioned the donor at some point in the narrative, whereas two couples deliberately

chose to wait until a later moment to include talk about the donor. For instance, one couple

only mentioned that 'an injection' was administered to the biological mother, without stating

the content of the injection, let alone its origin. Consequently, in these narratives, the donor

was (temporarily) not mentioned.

>Mary: Actually he [the son] hasn't made that connection yet, and we also haven't yet
>
>explained to him that the syringe came from a certain someone. That someone isn't in
>
>the picture yet, as far as he is concerned. So, in fact he hasn't been able to ask
>
>questions about that so far.

As stated in the previous theme, parents seemed to leave the initiative for talking about the

donor (conception) to the child. However, in this quote, Mary simultaneously acknowledged

that it was impossible for the child to ask questions about it when they had not introduced the

subject in the first place. Mary said she wished to postpone talking about the donor until their child was mature enough to understand, both on a cognitive and on an emotional level. In this respect, these parents wanted to carefully monitor the child's reception of the story and his maturity to handle it.

> Mary: The moment you start talking about it, you have a sense of whether or not your child is with you - whether he understands, listens and goes along with the story. (…) When you feel that he's with you, you can go on, but if you feel he doesn't know what you're talking about, then you better stop there.

These parents were sensitive to the child's reactions and aimed at following his pace so they would not 'lose him' nor have the impression that their relational bond was hampered (cfr. theme 1). In addition, they also waited to inform their son until he was capable of respecting family boundaries with regard to this sensitive information, as they expected him not to share the details with people outside the family. One couple mentioned a box containing written messages that close relatives wrote when the child was baptized. They planned to give this box to the child when he/she reached the age of 12. They perceived this as a moment to explain the child more about the DC because at that moment a strong parent-child connection would be guaranteed. This was viewed as a buffer against potential negative reactions of the child when he/she became more aware of the DC and the existence of a donor.

Some parents appeared to be very inventive and looked for alternative ways to make the DC more 'conceivable' for the child. For instance, in two families where they knew the donor was Danish, a trip to Denmark was planned as a way to give the child the opportunity to get to know his/her so-called 'roots'. Furthermore, one couple made scrapbooks for each of the children to support their conception story. Lastly, one couple took their children to a farm to witness an insemination of cows.

Limiting the meaning of the donor. Some couples clearly differentiated between a donor and a 'father' in order to make sure that the donor did not come to play an important role in their child's conception narrative.

> Mary: That it's somebody who was just a little part of the process, only in the very beginning, but who doesn't feature in the rest of the story. Not in the upbringing, not in the guidance, not in 'being there'. So that, in the end, he had no further role in Charlie's life story.

> Kim: We always tell him: 'It's a donor, not a dad'. Because he… he has the tendency to say: 'I wonder what my daddy looks like.' But I tell him: 'It's not a dad, really. It's a man who gave his sperm cells, he's a donor, so that we could become pregnant.'

By limiting his meaning, they aimed at managing how their child thinks about the donor. In this way, they avoided threats to the family cohesion and their sense of 'being a family'. In addition, parents sometimes referred to the anonymity of the donor as a reason to not elaborate on the donor.

> Mia: But apart from that [selection criteria for the donor], we don't know anything about him. And we should keep it like that. And if they ask: 'Why aren't we allowed to know that?', then I say: 'That's, that's how it is, that's the condition'. But he [their son] does understand, really.

Justifying DC. Anticipated feelings of guilt and (fear of) the possible reproach from the child played a role in some parents' decision to talk about the DC early on.

> Nicole: The kids will never be in a position to say: 'How come you didn't tell us?'. They will never be in a position to reproach us, because they will have always known.

In order to cope with their feelings of responsibility, the parents thought of ways to justify their choice for DC. For instance, one couple kept a diary before and during the process of the

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410 DC treatment. This diary could then serve as a means to inform as well as explain their choice

411 for creating a family if the child were to question this choice or the parental authority of the

412 co-parent. In one interview where the son was present, a parent tried to convince her son of

413 the value of this technique:

414   Lauren: It's someone who lives in Denmark, from the Danish [sperm] bank, you know.

415   And we say: "Mummy and Mom both have eggs, we didn't have any seed, so we went

416   to the hospital to get a seed, right?" And the man from Denmark delivers the seeds to

417   the hospital. It's good that there are people like that, huh, sweetie? So then we bought a

418   seed.

419   Walter: But I do think it sounds strange!

420   Lauren: It does sound a bit strange, but it's good that it exists, isn't it?

421 **Social Context as Stimulus and Challenge**

422 Parents explained that communication about the DC was not limited to the context of the

423 family. Rather, the social context 'entered' the family communication in different ways, both

424 via the child and via the parents. Parents indicated that their children sometimes came home

425 with questions either informed by interactions with peers or through events at school (such as

426 Father's Day).

427   Kim: He once asked: "How come I have two mummies and no dad?"

428   Mia: That was around Father's Day (…). They were making things for Father's Day at

429   school and they don't have a father, right, they don't have a dad (…). They have a

430   Mom and a Mummy. And well, then they start raising questions, see?

431 They remembered that at the time of treatment, the counselor urged them to think about the

432 way they would handle the family communication about the DC. Parents still felt challenged

433 at times when friends and colleagues asked questions that were in some cases invoked by the

434 media.

Liz: And at work? It's not really an issue, but some think it's just logical that there is a mummy and a dad. (…) There was an article in the newspaper, about someone who was a single mother and she didn't mention 'father' but used the word 'donor' instead. They [the colleagues] said: 'How can you ...? You can't say that!'. While I said: 'Uhm, well, that's actually what we do at home'.

Finally, also the interview itself seemed to challenge the parents in the sense that it brought the DC 'under attention' while this topic usually did not come to the surface. To Sandy, realizing that the family was built through DC was somehow not compatible with her daily experience of having a harmonious, complete family.

Sandy: We don't think of the child as a part of someone else [laughs] but as a part of our family. I am thinking about it now [the DC], and maybe tomorrow and next week I will too. But once you're back in your normal family life, it's no longer on you mind.

Discussion

In contrast to the idea that disclosure in lesbian families is 'evident', the current study illustrates the depth and complexity that is involved when parents discuss this subject with their children. In their daily family life, the DC did not seem to have a prominent meaning. At the same time, parents presented themselves as open towards the children with regard to their origins. This openness was mainly conceived as 'being willing to answer the child's questions' and entailed certain restrictions: questions were defined in a strict way, they were not stimulated, and answers seemed to fit with the belief that information should be given at the right moment. In general, parents left the initiative for (a sometimes rather restricted form of) talking about the DC to the child. Feelings of uncertainty and responsibility with regard to the DC sometimes made it hard to be sensitive to the child's cues pointing at his or her interest in the subject (even when there were no straightforward questions from the child).

460   Furthermore, parents tried to structure the conception narrative in such a way that it was an

461   acceptable narrative ("a tale they can live with"; Rober, Walravens, & Versteynen, 2012) for

462   both the children and themselves. Parents tried to 'install' this narrative by stressing certain

463   elements (e.g., 'we are different but equally good', 'donor is not a dad'), by monitoring the

464   child's reception of the conception narrative, and by adjusting it when deemed necessary. The

465   tendency to differentiate between the donor and a father was also found in the literature (e.g.,

466   Haimes & Weiner, 2000; Perlesz et al., 2006). Furthermore, the influence of the social context

467   on the family communication was recognized. This context was an extra challenge in the

468   gradual building of the family conception narrative.

469   **Gradual Disclosure and Restricted Dialogue**

470   The first theme suggests that family communication about the DC cannot be pictured

471   outside the context of managing family relationships. The data revealed that there was gradual

472   disclosure of the conception story within the lesbian families. Gradual disclosure means that

473   parents build up the conception narrative gradually with their children and reveal more

474   information as the child grows older. This implies that, while talking about this subject,

475   parents monitored their child's reactions. Moreover, it also entails a cyclical process in which

476   things can be told and retold and gradually obtain their meaning within the family.

477   The idea of gradual disclosure is opposed to the research tendency to classify

478   disclosure decisions as 'disclosure' or 'non-disclosure', a distinction that is generally made in

479   the literature about heterosexual parents using donor gametes to conceive (e.g., Daniels,

480   Grace, & Gillett, 2011; Hahn & Rosenberg, 2002; Shehab et al., 2008). Only a few studies

481   with heterosexual parents focus on the continuum of disclosure (Daniels, 1995; Readings,

482   Blake, Casey, Jadva, & Golombok, 2011) and on the ways in which parents communicate

483   about the DC with their children (Mac Dougall, Becker, Scheib, & Nachtigall, 2007). The

484   concept of selective disclosure can help us further understand this communication process in

lesbian families. Selective disclosure means that people disclose (sensitive) information to others close to them in a selective way (Rober et al., 2012; Rober & Rosenblatt, 2013), for instance, by means of topic avoidance. Topic avoidance refers to dealing with topics such as negative experiences, deviant choices, or failures in one's life by avoiding them in daily conversation (Caughlin & Afifi, 2004). Even though parenthood after DC was not at all perceived as a negative experience or a failure by the parents, some parents considered it as a 'deviant choice' in comparison to societal norms and felt responsible for this particular family context. Uncertainty stemming from this feeling of responsibility might have incited parents to choose not to talk about the DC until the child reached a certain age or started asking questions.

We found a tension between the general idea of being open towards the children and the practice of handling the subject in a rather restricted way. In the cases where a dialogue was started, this often appeared to be a restricted dialogue, in which there were subtle limitations on what could be asked or told and the extent to which there was 'dialogical meaning making' (Gergen, 1999) about the donor and the DC. Furthermore, when parents' experiences were different from their expectation (that their children would start asking questions at a certain point), this did not serve as a cue for them to change their strategy. They rather perceived the absence of questions from the child as a confirmation of the wait-and-see strategy. *'If they want to know, they will ask'*. This 'caution' or 'reluctance' can be related to the first theme again. It is possible that these parents aimed at building strong family ties and consolidating these bonds before giving explanation about the involvement of the donor, as they did not have control over the meaning the child will give to this donor. In addition, some parents preferred not to be confronted with the donor themselves. As a result they might try to limit, control, or at least monitor the communication around this subject in a first stage.

Bidirectionality of Disclosure

510   Overall, talking about the DC is not a one-directional process that starts from the

511   parents and is directed towards the children. Parents felt challenged by their children's

512   questions and at the same time they adapted their communication strategy to the child's

513   response to the story to a certain extent. Theories of bidirectional influences in parent–child

514   relationships (Kuczynski, 2003; Kuczynski & Parkin, 2007) indicate that maintaining a

515   positive long term relationship with the child is considered in managing this subject in the

516   family at present (De Mol & Buysse, 2008). Our analysis supported the mutual influence of

517   parents and children when it came to disclosure: first of all, the child's silence was often

518   responded with silence from the parents' side. Second, the child's questions were responded

519   with a (rather limited) answer of the parents. Third, sometimes the child's silence was

520   responded by parents' explanations as they hoped to avoid the possible future reproach for not

521   telling them. In that case, parents installed the DC narrative proactively. Anticipated guilt

522   could play a role here. Parents may have acted in certain ways in order to avoid feelings of

523   guilt in the future, for instance, for putting their child in an 'alternative' family situation and

524   as such transgressing a general accepted moral norm (Wang, 2011). Fourth, parents reported

525   differences between their children, which gave rise to different approaches to handling the

526   subject of the DC. These findings add to the literature on disclosure strategies (e.g., Mac

527   Dougall et al., 2007). It seems that when parents opt for the 'right time' disclosure strategy in

528   the context of lesbian parenthood, they not only rely on the child's age and cognitive abilities

529   but also (or even especially) on their questions. In a way, the child holds the key to disclosure.

530   While Stevens et al. (2003) already pointed this out, our study adds complexity to the finding

531   given that the inconsistency between allocating a key role to the child's questions and not

532   creating a dialogical space where these questions can be raised, is also addressed.

533   Even when parents have a 'functional' narrative about the DC in their family, this

534   narrative can be challenged when confronted with the world outside. Parents described how

535 the family communication was inspired, influenced, and challenged by the social context. In

536 this respect, it is noteworthy that Vanfraussen et al. (2002) studied how children in lesbian

537 families handled questions from peers and how they actively presented their families to

538 people in the outside world. While Vanfraussen et al. (2002) did not mention the mutual

539 influence of extra- and intra-familial communication, the results of the current study point at

540 this interrelation. Congruent with Haimes and Weiner (2000) we conclude that social

541 relationships are shaping the family communication, especially when it comes to issues

542 related to the family identity.

543 **Implications for Clinicians and Future Research**

544   In the literature on counseling, talking about DC has been regarded as an isolated issue

545 and little attention has been given to the broader family communication and the managing of

546 parent-child relationships. The findings of this exploratory study suggest that we should

547 broaden our perspective and also include this relational focus in the counseling sessions at the

548 fertility clinic. While parents usually experience a certain level of self-confidence when it

549 comes to explaining things to their children (Jensen, Gulbrandsen, Mossige, Reichelt, &

550 Tjersland, 2005), here it seems that parents experienced more uncertainty and that they were

551 eager to find advice or guidance to hold on to, especially from a professional in the field. On a

552 societal level, there seems to be a lack of 'scripts' to talk about the DC with the children.

553 Jensen (2005) noted that when topics are rarely addressed, families lack 'already practiced

554 rules or habits for conversation' to lean on to (p. 1408). Counselors can play a role here and

555 support parents in their search for a script, especially by recognizing and normalizing their

556 feelings of uncertainty and helping them to recognize the child's cues, while respecting

557 choices with regard to gradations of telling and of representing the donor in the family

558 narrative.

559   One of the strengths of this study is that the recruitment did not occur via donor

560   families networks so a possible bias could be prevented. The rigorous analysis of rich data can

561   be considered as another asset in comparison to the literature on this topic. However, this

562   study also has some limitations. First, we have to take into account that the participants were

563   counseled 7-10 years ago. The counseling session is a conversation with the psychologist of

564   the Department of Reproductive Medicine, prior to treatment (mandatory at Ghent University

565   Hospital). The counseling discourse now (which is more focused on openness) may differ

566   from the guidelines counselors followed back then. At that time the counselors' guidelines

567   were 'non directive' which means that neither openness, nor secrecy was advanced.

568   Secondly, by interviewing these parents we posed the underlying question of 'how do

569   you manage as parents?' This might give rise to parents trying to prove themselves as good

570   parents. While parents' positive self-presentations might reflect their benign intentions as

571   parents, it can also be an expression of their need to construct a consistent self-image as 'a

572   good parent'. Related to this, it is important to note that we gathered recollections of

573   conversations and not the conversations themselves. Some level of selection bias in what the

574   parents chose to present in the interview may be present. In this respect, gaining the

575   perspectives of the children of these parents would further contribute to our understanding of

576   this family communication process. A future study including both parents' and children's

577   voices, using dyadic interview analysis methodology, will inform us about the way the family

578   communication is actually perceived by the child and will further explore the bidirectional

579   influences that are involved.

580   Third, as this is a qualitative study, statistical generalizability of the findings of this

581   study is not applicable. Rather, we aim at maximizing the transferability and the theoretical

582   generalizability (Flick, 2014) of the findings. Using the current information on the context of

583   the interviews and the sample, readers, academics and policy-makers can assess whether the

584   findings of this study could possibly be meaningful to other contexts.

585   Finally, conducting a study on communication about DC holds the risk that this

586   communication is unnecessarily problematized. In a way, similar mechanisms can be

587   observed with communication about other 'sensitive' subjects in the family, such as for

588   instance sexuality. According to Rober et al. (2012), there is a bias towards openness in our

589   Western society. We can ask whether openness is always required in the current context.

590   However, most importantly, we should acknowledge the complexity of family communication

591   on these sensitive issues in full (Rober & Rosenblatt, 2013).

592   **Conclusion**

593   Overall, DC and the donor were not regularly talked about in these families. By talking about

594   the DC in a 'restricted' way, the donor was also kept at a distance. This seems to be functional

595   as family life revolves around creating connections together rather than representing an

596   unknown donor figure. When family communication about the DC did occur, it seems that

597   this could take many different forms and was a complex interplay of extra-familial influences,

598   the child's agency and perceived needs, the parent's preferences and emotions, societal

599   discourse, etc. Often the strategy parents chose was motivated by the wish to act in the child's

600   best interest and to maintain good relations within the family. By exploring previously

601   unknown family communication processes, this research adds to our general understanding of

602   lesbian led families and lesbian relationships (Gotta et al., 2011). Both qualitative and

603   quantitative studies are needed to investigate, for instance, the bidirectional aspects of this

604   parent-child communication process.

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725

726   *Table 1: Participant Characteristics*

N	Biological mother	Social mother	Children (years of age, range)
01	Sarah	Lisa	Tim, Lynn (6 - 9)
02	Mia and Kim	Mia and Kim	Tom, Eva (4 - 9)
03	Rose	Liz	Ben, Jessica (7 - 9)
04	Nicole	Angela	Travis, Rian, Antonio, Milo (1-9)
05	Mary	Monica	Charlie (9)
06	Lauren	Jill	Walter (9)
07	Beth	Lydia	Neil, Florence (6 – 9)
08	Kate	Sandy	Kenny, Marilou (7 - 8)
09	Martha	Lexi	Bart, Mathilda (8 - 9)
10	Ysa	Anni	Brenda, Geena, Louise (5 - 9)

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