Stories in the Shadows: Lesbians' Experiences with Donor Insemination

by

Dayna Van Caeyzeele

A Thesis submitted to the Faculty of Graduate Studies of

The University of Manitoba

in partial fulfillment of the requirements of the degree of

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MASTER OF SOCIAL WORK

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Table of Contents

Acknowledgements...v

Dedication..vi

Abstract...vii

Chapter I: Introduction..1

The Problem...1

Situating Myself...5

Relevance to Theoretical Development................................8

Relevance to Extension of Empirical Knowledge..................9

Relevance to Practice..9

Relevance to Policy..12

Chapter II: Literature Review..13

Sensitizing Concepts..14

Lesbian..14

Donor Insemination: Choice of Terminology.......................19

Donor Insemination: Context...22

Donor Insemination: Process...26

Donor Insemination: The Impact..29

Selves/Identities...32

Review of Theoretical Literature..34

Lesbian Motherhood: The Dominant Story............................34

Lesbian Motherhood: The Queer Community.......................37

Lesbian Motherhood: Maternal Identities...............................40

Motherhood: The Changing Story....................................43

Gaps in Literature..45

Chapter III: Methodology..49

Methodological Theory...49

Narrative Analysis...49

Methods...52

Sample Definition and Recruitment.....................................52

Participants..53

Data Collection and Management.......................................54

Analysis...59

Hearing the Stories...59

Transcription...62

Identifying Stories...63

Selves/Identities..67

Political, Ethical, and Representational Issues...........................70

Privacy, Confidentiality, and Informed Consent...................71

Issues of Harm..72

Evaluation and Assessment of Merits and Limitations................74

Credibility..74

Consistency..76

Reader Generalizability...77

Chapter IV: Results..81

Political/Cultural..82

Dominant Story of Lesbian Motherhood.................................82

Dominant Story of Lesbian Motherhood: Selves/Identities...........85

Structural...87

Intrapersonal..89

Emotional Impact of Donor Insemination and Gender.................89

Donor Insemination: The Monthly Impact..............................92

Donor Insemination: The Impact of 'Failure'..........................94

Interpersonal..96

Donor Insemination and the Challenge of Support.....................96

Donor Insemination and the Impact on Relationships................101

Chapter V: Discussion..105A

Narrative Analysis & The Stories..105

The Dominant Story of Lesbian Motherhood..................................106

The Stories of Resistance...107

Stories of Lesbian Selves/Identities..111

Stories of Institutions and Power..114

Stories of Emotion and Loss..115

Complicated Stories of Support...117

Impact on Relationship..120

Implications..121

Directions for Future Research...123

References..125

Appendices...131

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Dayna Van Caeyzeele

Dedication

I finished this thesis on father's day, and it is dedicated to the memory of my father, Valere Van Caeyzeele.

Abstract

It could be argued that the popular discourses regarding family exclude families of choice. These families of choice include lesbians who choose to become mothers. Dominant stories concerning lesbians and motherhood are ones that equate being lesbian with being childless. Lesbians using donor insemination (DI) to achieve pregnancy are an anomaly, if the dominant discourses are to be believed. Yet, the lesbian community is now experiencing a baby boom due, in part, to the availability of reproductive technologies. As a result of dominant discourses, lesbians' experiences of donor insemination, and their corresponding stories, exist 'in the shadows'. Through a narrative analysis of interviews with lesbians who are using, or have used, DI in an attempt to achieve pregnancy, dominant discourses can be dismantled, and multiple voices speaking of layered experiences can be heard and privileged.

The stories of the participants tell us that lesbians refuse to allow dominant discourses define what is do-able. This research underscores that lesbians construct DI as a lesbian method of becoming mothers, and variables related to the institutional context of DI have a significant impact on their experience. The stories of lesbians also stress the need for emotional support that is viewed as lesbian friendly.

Chapter I

Introduction

In this chapter, I outline the focus of my thesis. I introduce the reader to my area of curiosity that gave rise to this study, including the context of this research. I also begin to locate myself within this research to acknowledge the bias that I bring to this work. Finally, I will speak to the relevance of this research to theoretical development, practice in social work, and policy.

The Problem

And where the words of women are crying to be heard, we must each of us recognise our responsibility to seek those words out, to read them and share them and examine them in their pertinence to our lives (Lorde, 1993).

Audre Lorde, poet, essayist, and storyteller calls out for our world to acknowledge the neglected stories of women. Research in the social sciences is increasingly heeding the call to listen to people's stories through the methodological application of the narrative worldview (Fraser, 2004). Narrative analysis, located within a framework of post-structuralism, is a way to perceive, analyse, and describe the stories that people tell that construct and give meaning to their own experiences. An important paradigm of the narrative worldview is that knowledge is created through social relations and transactions, and is influenced by relations of power. Certain stories, and therefore certain *knowledges*, are more likely to be constructed as dominant (White, 1990). These dominant knowledges guide the construction of worldviews, stories, and language, and result in the marginalisation of certain stories. The narrative approach acknowledges the role of dominant discourses, and is a meaningful methodology to give voice to those marginalized stories.

I conducted a narrative analysis of the stories of lesbians using donor insemination (DI) to achieve motherhood. This is a topic of interest from a narrative paradigm because it involves the examination of stories pushed to the periphery by dominant discourses. The popular discourse[1] in western society is that the lesbian family precludes children (Ariel & Stearn, 1992; Crawford, 1987). It has been argued that the definition of lesbianism in popular culture is that lesbians are non-procreative (Lewin, 1994; Thompson, 2002), and that lesbians are viewed as barren (Dunne, 2000). This marginalisation of lesbians and motherhood also marginalizes the stories of lesbians and DI. Lesbians' experiences of DI occur within a hetero-normative society—a society where heterosexuality is considered the norm, and difference is categorized as 'other'. The dominant belief is that babies are conceived within heterosexual relations, not lesbian relations. This belief makes the experiences of lesbian women marginal, even invisible. This relegation of these stories to the margins makes it difficult to know what these experiences are like for lesbians.

Lesbians using DI to achieve pregnancy are an anomaly, if the dominant discourse is to be believed. Yet 20% of women accessing donor insemination services at fertility clinics in Vancouver and Winnipeg identify as lesbian (Dr. J. Kredentser, personal communication, August, 2003; Werner, 2002). Therefore, the popular discourse of the childless lesbian is in contrast with another reality

[1] I use the singular term 'discourse', rather than 'discourses' as I am referring to the general belief that lesbians do not have children. It is important to note that many variations on the dominant story of the childless lesbian exist, depending on the location of the teller of the story. For example, a lesbian who believes that lesbians should not have children will likely tell a different story than a member of a conservative group who opposes lesbian motherhood. Stories from the legal arena may differ from stories in the popular media. Canadian stories may differ from stories located in the US. The use of the singular term is not intended to mask the complexity and variety of dominant stories that exist.

that lesbian-headed families with children are more common than ever before. The lesbian *community*[2] is now experiencing a baby boom as a result, in part, of the availability of methods of assisted reproduction (Arsenault in Hequembourg & Farrell, 1999; Dunne, 2000). Donor insemination has given lesbians another method of achieving motherhood.

Thus, the dominant discourse may have a negative impact on how lesbians experience the process of DI, how they perceive themselves during this process, others' perceptions of them, their experiences with systems that provide service, and the support they receive. What is unknown is what stories do lesbians tell to themselves and others that help them challenge the dominant discourses regarding lesbians and motherhood, and what stories help lesbians challenge these discourses as they navigate their way through the process of DI? As well, do lesbians somehow partition or dissociate these stories, perhaps becoming *less* lesbian in order to become *more* mother?

As a result of the dominant discourses of lesbian and mother, lesbians seeking to be mothers through DI may be isolated from dominant society, from other lesbians, and from the infertility community. This research is interested in gaining a better understanding of the stories of lesbians and DI, the effect these experiences have on these women, and how lesbians' stories tell us how they navigate the impact of dominant discourses.

An issue related to the process of DI is the question of how it changes lesbians' sense of selves and identities. The literature acknowledges that lesbian

[2] I italicize the word *community* to acknowledge that there is no agreement on what/whom comprises the lesbian community, although it is often represented by mainstream society as a singular and homogenous entity.

mothers have to negotiate their identity of mother within a discourse that denies them entry into that category of experience (Thompson, 2002). Lewin (1995) advises us that lesbians of childbearing age are less likely than their heterosexually identified counterparts to be considered potential mothers. The knowledge of how lesbian women negotiate and find support for their status as potential mothers while in the process of DI, and how it impacts their experience of it, is submerged within these stories. As a result, the social work knowledge base is not well acquainted with these stories. This ignorance has implications for the provision of social work services (such as counselling), as the impact of this process can be considerable, especially if it is unsuccessful or takes a long time to be successful. In addition, any social issues, or social justice issues, that are contained in the stories constructed during these experiences are submerged knowledges.

Through a narrative analysis of interviews with lesbians who are using, or have used, DI in an attempt to achieve pregnancy, dominant discourses can be dismantled, and multiple voices speaking of layered experiences can be heard and privileged. Part of the power of a narrative analysis of storytelling is that it draws out the stories of marginalized groups. This provides space and opportunity for marginalized women to voice their own stories and forge connections with their similar experiences. This opportunity can empower the members of the group to identify and construct their *own* meanings of their experiences together. Narrative analysis may facilitate marginalized groups to connect with their own power as storytellers and creators of knowledge, which in turn will allow them to challenge

the dominant discourse, and their marginalized status. Senehi (2002, p.44) identifies that storytellers have narrative potency because of the power of being in the "position of relative control in the process of the social construction of meaning". My ultimate goal is that this thesis will honour the stories of lesbians, and facilitate lesbians' action in creating knowledge that comes from the storying of their experiences—what is referred to in narrative as *local knowledge*. It will help lesbian moms-to-be claim their place in the fertility and hetero-normative worlds.

Situating Myself

I agree with Rich (1986, p.x), who, while reflecting on how her own interweaving of personal narrative, theory, and research was received, said that "what still seems odd is the absentee author, the writer who lays down speculations, theories, facts, and fantasies without any personal grounding". Congruently, it is becoming increasingly accepted in qualitative research that the researcher "explain his or her perspective on and relationship to the problem" (Merriam, 2003, p.20). My interest in this topic originates in my own experience as a lesbian using DI. Knowing my own story was submerged and largely invisible, I was curious about the experiences of other lesbians using DI.

First, I found DI a very isolating experience. Other than one friend, I did not know other lesbians who were using, or had used, DI. Adding to the isolation, popular discourses had stated to me that, as an *out* lesbian, the dominant societal expectation is that I will not have children. As well, in my experience of DI I did not sustain a pregnancy—a sort of infertility without explanation. Infertility

stories are starting to be told within the dominant culture as evidenced by their appearance in magazine and newspaper articles. Still, the lesbian experience of fertility and infertility remains largely excluded. Further marginalizing this experience was the fact that there are no support groups in Winnipeg for lesbians going through this process. This reality makes this a very marginalized story.

At one point in the process, I found myself with the sense of being betwixt and between categories of mother. Through the monthly cycles of insemination and hope, miscarriage and despair, I feel strongly that my very identity has changed. To borrow from anthropologist Victor Turner (1996), I seemed to be in a type of liminal stage of neither mother nor non-mother. This has made me curious about how others navigate their way through liminality in a heternormative and heterosexually dominant world, and what stories they construct to create this sense of self/identity of potential mother.

Heterosexual dominance has been described as "the process whereby heterosexuality is not only assigned superior value, but dominates and is actively asserted over all others" (Stiles, 2002, p.67). I encountered this in institutions providing supplementary treatment and care for DI patients. For example, when I was being admitted to hospital for a procedure related to my fertility assessment, I engaged in a struggle with the clerk who had the (unfortunate, in my view) job of trying to force me to fit into categories of marital status that denied my entire family life. The clerk asked me whether my marital status was single, married, or divorced. I answered that none of those designations would fit. I stated that I have a common-law same-sex partner, and indicated my partner standing next to

me. The clerk insisted I had to pick one of the options she mentioned. I declared I would not. To this day, I do not know what identity she chose to give me. In my view, this erased my partner as a potential mother. Although my partner was standing next to me, she was rendered invisible by the categories of relationship validated by this institution. This erasure of my partner both creates and reifies a story of what is considered a family, who a partner is, and who is a mother. These stories can have a real impact on how lesbians experience themselves in the process of DI.

Another stressful occurrence during my experience was the passing of the *Assisted Human Reproduction Act*. I explore this act and its implications in more detail in the following chapter. However, at the time I was experiencing DI, there was tension and uncertainty regarding how this legislation will impact DI programs. The *Winnipeg Free Press* wrote stories about the demise of fertility clinics as a result of this legislation (see "New Federal Bill may Shut Local Sperm Bank", Winnipeg Free Press, October 30, 2003). I found that my personal experience drew me into interests that became political. I found myself not only an aspiring parent-to-be, but also a political activist against legislation that may mean that some women will have less control over their fertility. In 2004, I engaged friends and family in a letter campaign to members of the Senate to express concerns about the potential impact of this legislation. However, at that point the House of Commons had passed the Act and my advocacy work was essentially futile. Having this experience made me wonder about others'

experiences with systems and heterosexual dominance, but the silence about these stories suppressed, and continues to suppress, that local knowledge.

Relevance to Theoretical Development

One of the questions that I considered regarding theoretical development was: what impact does the process of donor insemination have on lesbians' sense of self? In my review of the literature, I found some theorizing on the way that lesbians negotiate the tension between their sense of themselves as lesbians, which is a marginalized identity, and mother, which can be a revered identity (depending on a woman's race, class, age, and sexual orientation). For example, Hequembourg & Farrell (1999) view the self as constituted by the responses of social networks, as well as systems, and studied what strategies lesbians employ to balance the combination of these dichotomous identities. Lewin (1994) proposes that lesbian motherhood requires that motherhood become central to the woman's identity, and their lesbian identity is pushed to the periphery—lesbians become less lesbian to become more mother. In most of the literature I encountered, there seemed to be essentialist notions of mother/non-mother. The theorizing concerns how lesbians who have already become mothers accommodate the dichotomous identities of mother and lesbian, rather than exploring the self/identity of potential mother. I am curious about what stories lesbians construct of their experiences that support their self/identity as potential mother, and how their interaction with others' stories support or negate this sense of self.

Lesbians may have to struggle to be recognised as potential mothers. As Lewin (1995) states "non mothers are still not quite women, although heterosexual non mothers in their childbearing years are perceived more easily than lesbian non mothers as on the way to becoming mothers or as having suffered a putative loss by not bearing children as they grow older" (1995, p.115). There is no literature, to my knowledge, that theorizes how lesbians' sense of themselves as potential mothers is negotiated within the experiences of donor insemination. This thesis may help to extend theoretical ideas of the experiences of DI and its impact on self/identity.

Relevance to Extension of Empirical Knowledge

In the next chapter, I will review the empirical literature relevant to this thesis. In almost all of the empirical literature reviewed thus far, the area of study has been the family that has been created by donor insemination. This research extends the empirical knowledge base by focusing on the process of this experience, rather than the outcome of donor insemination. This research also extends the empirical knowledge base by focusing on the experiences of lesbians in Manitoba. All of the empirical literature, with the exception of one study, focuses on the experiences of lesbians living in the United States or Britain. There will be similarities of experience, but there also are differences related to the disparity in political and legal context of donor insemination in Canada.

Relevance to Practice

As mentioned, this research is salient to social work practice. First, I believe it was a source of empowerment as lesbians shared and created knowledge of their

experiences. Part of the power of this storytelling is that it gives marginalized groups the opportunity to voice their own stories and forge connection with their similar experiences. This can serve to empower the members of the group to identify and construct their *own* meanings of their experiences together.

Sometimes underestimated as an innocent and simple exercise, storytelling is now viewed by many qualitative researchers as a powerful tool of social resistance and change for groups whose stories have been marginalized. Senehi (2002, p.45) states, "the individual voice—expressing one's own experience and possibly also representing the similar experience of others—has the potential to be a critical means of empowerment". Herstory supports the relationship between members of a disadvantaged group sharing their stories and creating social change. For example, in the 1960s and 1970s, white western women were coming together in consciousness-raising groups that told a greater story that they were not alone in their oppressive experiences. They connected through their stories, and this paved the way for social action and social justice as a continuation of the storied resistance of the suffragettes some 70-80 years before (Reinharz, 1992).

Stories bring together members of groups and they also can create the bridges that bring diverse groups. Senehi (2002, p.49) offers, "mutual recognition is fostered when people listen to each other's stories—even across cultural divides and in the context of social conflicts". This mutual recognition opens the door to mutual cooperation, support, and understanding. For instance, once the stories of lesbians and motherhood start to be circulated and heard, they have the potential to bring together both heterosexual women and lesbians.

I know that in some ways my public desire to have children has helped to bridge a gap between some of my heterosexually identified co-workers and me. One of the stories that was constructed of my experience was of feeling of being estranged from heterosexually-identified friends who were not familiar with stories of lesbians wanting children, or were ignorant of the means of achieving motherhood for lesbians. I think that this kept me from reaching out to my friends, and left me feeling separate and isolated. Privileging alternative stories could open up avenues for emotional support and friendship that were previously unattainable. This challenges the dominant discourse, and creates opportunity for a more harmonious relationship by bridging fictional and taken-for-granted differences.

This research is also relevant to practice as it has the potential to educate service providers. As lesbians navigate their way through the process of DI, some may access social work services for support (e.g., counselling, referrals, information). This research will give service providers a way to educate themselves on the experiences of some lesbians so that they can provide a more informed service to their clients, rather than the clients having to spend time educating them. This may make service providers more *lesbian-friendly* so that service users do not have to expend energy on challenging dominant discourses in their quest for service. Ideally, it will *spread the news* [3] of neglected stories of lesbians and motherhood.

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[3] *Spreading the news* is a phrase from narrative therapy that refers to circulation of subjugated stories of persons.

Relevance to Policy

This thesis has the potential to influence policy. As mentioned previously, the *Assisted Human Reproduction Act* passed its third reading in the House of Commons in 2003. I think this thesis has the potential to help turn the lens of surveillance on the politics of donor insemination. This might help to stimulate discussion about this legislation that is touted as being protective, but upon closer inspection may have aspects that are potentially problematic for queers[4]. Haynes (2003) notes that the field of infertility treatment, "like obstetrics, has become a corporate and medicalised business dominated by men" (p.161).

Conclusion

Lesbian experiences of DI are experiences that are overshadowed by the dominant discourse that lesbians do not have, nor are they interested in having, children. This research, a narrative analysis of lesbian's stories of DI, privileges marginalized voices. These marginalized voices will share the knowledge of how lesbians construct their experiences, and they will help to identify issues that are relevant to theory, practice, and policy issues in social work.

[4] I use the term 'queer' to be more inclusive of all members of the gay, lesbian, bisexual, transgender, and two-spirited communities.

Chapter II

Introduction

This chapter has two purposes. The first is to explore key sensitizing concepts that I employed in my thesis. The second purpose is to review the literature relevant to these concepts and this study. Initially, I will discuss sensitizing concepts that are used in this research. These concepts sensitize the reader and researcher to labels and ideas, the choice of which will have implications for the entire breadth of the study. These concepts also provide a framework for the study, and are employed in the analysis of the stories. My aim in defining these concepts is to be clear on the meaning I ascribe to the labels that I am applying to these experiences. Another aim in defining these concepts is to dismantle the hegemonic discourse that takes for granted a universal definition of what a lesbian is and what a mother is.

I will begin by discussing my choice of the term *lesbian* to describe the participants in this research. As well, I will discuss the reasons for my choice of the term *donor insemination*, rather than other terms that are used in the literature. I will define donor insemination, and give a brief overview of the process. Finally, I will introduce the reader to the term *self/identity* that I have chosen to describe an internal sense of self that is constituted by stories that we tell about ourselves, and that others tell about us. I will elaborate further on *self/identity* in the discussion of sensitizing concepts that were employed in the analysis of the data, which will be discussed in chapter 3.

The second part of this chapter is the literature review in which I will explore the historical context of lesbian mothering, summarize some current ideas, and reflect on theorizing regarding lesbian maternal identity. Within these categories, I will summarize some of the theoretical writings and empirical studies that I reviewed that tell us different stories about lesbians and donor insemination. Following that, I will highlight the gaps in research that this thesis addresses.

Sensitizing Concepts

Lesbian

One of the first challenges for this research was to settle on a word or label, for lack of a better term, to describe the population of interest. From a narrative perspective, it is important to anticipate whose stories may be privileged, and whose may be excluded if a particular term is employed. For instance, it is hard to say with complete accuracy whose experience I am capturing in using the concept lesbian in this thesis, as defined below. Also, Martin (2000) highlights that conceptually identifying "categories" of participants is an ethical issue in research, and that studies must indicate what criterion was used to identify participants. Therefore, choosing a label is a political and ethical issue—an issue that is anchored in a long history of labels, their meaning, and associated pejorative discourses—and I aim to be transparent with my choice of the term lesbian.

Thompson (2002) traces the word *lesbian* back to its original use by the residents of the isle of Lesbos. Among Lesbos' most famous residents was the poet Sappho, whose fragments of poems to women have been used to celebrate

lesbian identity since the seventh century B.C.E. The word *lesbian* began to be associated with *female homosexuals* by the sexologists in the 1890s, a time when women in same-sex relationships were viewed as inverts (abnormal). In the previous two hundred years, women in romantic relationships with one another were alternatively viewed as sinners or viewed as having a *romantic friendship* that would end once they married a man. During the mid-twentieth century, lesbian identity became even more actively political when groups began to form, and political protests began to gain momentum. Naming oneself lesbian, then, seems to conjoin the personal and the political, and has implications for those whom identify as lesbian.

Furthermore, Martin (2000) notes that women who self-identify as lesbian are a diverse category, and their differences may be related to space (e.g., living in urban Winnipeg vs. rural Manitoba) and time (e.g., it was more socially acceptable to *come out*, or identify as lesbian, in 2006 rather than in 1960). Furthermore, *lesbian* is inadequate to categorically define all women who are other than heterosexual. In fact, there exists a linguistic diversity that reflects the diversity of non- heterosexual women. Ristock (2002, p.23) notes the various labels that persons use to identify themselves can include "bisexual, gay, dyke, boyz, butch, femme, transgendered, two-spirited, and queer", and more.

As an insider, I can draw from my own experience in claiming the label of lesbian in order to explain the diversity of self-identification and labels. I am aware that the label that I chose would very likely be imbued with personal and/or political meaning unique to the potential participant, as well as be perceived as

exclusive to, or irrelevant to, others. For example, when I was in the initial process of 'coming out' (acknowledging to myself and others that I love women), I tried on various labels to capture my experience and identity. Initially, I did not refer to myself as a *lesbian* because, for me, that label was synonymous with being a pervert and hating men. The story of what it meant to be a lesbian, to me, was constructed by remembrances of the taunting that one of my friends went through when people were suspicious of her close friendship with another young woman during high school. Also, the story of who was a lesbian that was told to me was one that depicted lesbians as so-called masculine in their gender expression and had never had a sexual relationship with a man. I, on the other hand, was very feminine and I had been married to a man. My story could not be integrated with the "lesbian" story that I had constructed through my experiences and the environment I grew up in. Martin (2000) highlights women's reluctance to label themselves as lesbians because of the pejorative discourses associated with this label, thus omitting the voices of some women in research. I would add that the choice of self-identifying labels is very much a part of the individual's own coming-out process.

In my experience of coming out, initially labelling myself bisexual was more palatable to me and assisted my attempts to negotiate my non-heterosexuality in a hetero-normative society. I think the bisexual label was my offer of hope to others (and probably somewhat to myself at that point) that I could shift back into a heterosexual identity. Calling myself bisexual was a way of coming to terms with the self that I was discovering, and was a stepping-stone

to labelling myself lesbian as I do now. Naming the label of bisexuality as part of my process to lesbian is controversial, too. In my experience, bisexuality is viewed by some as a transitional label on the way to coming out as lesbian, raising the ire of those who argue that bisexuality is an identity label in its own right.

The boundaries surrounding the story of who is a lesbian are rigid not only in the dominant culture, but also in the queer community. For instance, the lesbian political dialogue movie *Go Fish* contains a poignant scene in which one young woman has sex with a man, and then has a dream that she is verbally flogged for her behaviour by members of the lesbian community, shamed in front of her peers, and banished from the community and from calling herself a lesbian. As we shall later see, the politics of lesbian identity can be just as complex as the politics of mother identity. The question is then, is a lesbian a woman who engages in sexual behaviour with another woman exclusive of men, or is she a woman who calls herself lesbian?

It is precisely this focus on behaviour, often used by those other than the person in question to sanction or invalidate the label they choose, that made me reject the term *homosexual*. Webster's Dictionary of the English Language (1988) defines a lesbian as "a female homosexual". This is typical yet unhelpful, in my view, as the term *homosexual* focuses on sexual behaviours. It is a powerfully pejorative description as the focus on sexual behaviour neglects the entire person except this aspect of their behaviour, rather than their sense of whom they view themselves to be. It reinforces the stereotype that lesbians are

sex-crazed, and are intent on seduction of others, notably innocent heterosexual women. In fact, as this chapter will later explore, writers argue that this story of lesbian identity helps to preclude lesbians from the motherhood discourse (e.g., Lewin, 1994). Choosing a term that focuses on behaviour reinforces the pejorative discourses associated with lesbians.

The term *lesbian*, then, seems a better choice than the antiquated *homosexual*, but its use in research has been criticized. Ristock (2002) identifies the term lesbian is problematic. She argues that it reflects the essentialist modern notion of dichotomous and stable identity labels. Employing the term lesbian, then, reinforces the modernist notion that we are either lesbian or heterosexual.

As well, Thompson (2002) reminds us that, among other issues, the ideologies guarding the borders of maternal identity categories are often expressed through binaries such as lesbian/non-lesbian and mother/non-mother. She highlights that "the existence of binaries, however, disciplines public argumentation in such a way as to patrol the legitimate borders of lesbian maternal identity" (p.8). Employing the term lesbian will not only have implications for whose stories are documented, but also replicates one of the tools used to exclude lesbians from the motherhood discourse.

After careful consideration of these issues, and despite its flaws, I decided the term lesbian was the most inclusive, given the boundaries of scope of a Master of Social Work thesis. As Vera Whisman (in Thompson, 2002, p.131) writes:

> in the end, a lesbian must simply be any woman who calls herself one, understanding that we place ourselves within that category, drawing and redrawing the boundaries in ever shifting ways. For there is no essential

> and timeless lesbian, but instead lesbians who, by creating our lives day by day, widen the range of possibilities.

I chose the term lesbian because I want to examine the experiences of donor insemination for women within the dominant discourses that are popularly associated with that term. Another reason for choosing to focus on women who self identify as lesbian is that I will be including my own experience as a woman who identifies as lesbian and has been through the DI process. In this way, I have constructed myself as an *insider* in this research. Part of that construction of myself as an insider is due to my shared experience of DI with the participants. Another part is that I share the identity label of lesbian.

Most importantly, in defining the population in this study, I heed Ristock's (2002) insistence on "retaining a focus on lesbians (as a category distinct from gay men and more specific than queer) to resist the historic marginalisation and invisibility of lesbians in society and academic scholarship" (p.23). Therefore, I defined my population as women who self-identify as lesbian. A number of studies I reviewed accept the self-definition as lesbian of the participants (Chabot & Ames, 2004; Hequembourg & Farell, 1999;Wilson, 2002). Other studies did not formally define their sample, except to say that participants were *lesbian women* or *lesbian couples* (Bos, van Balen, & van den Bloom, 2004; Dunne, 2000; Nelson, 2002).

Donor Insemination: Choice of Terminology

Another sensitizing concept that I employed is *donor insemination*. Having the experience of donor insemination is one of the criteria for inclusion in

the study. I chose the term donor insemination to describe the method that some lesbians use in an attempt to achieve motherhood. I am choosing to be transparent in my reasoning for this choice as there are a variety of terms used in the literature, and the choice of term has real implications for how the experience is perceived and constructed both by those going through it and others.

For example, when my partner and I made the decision to begin using donor insemination to become pregnant, I told a few select work friends about the journey on which we were going to embark. One work friend asked a question that labelled my future attempts to get pregnant as artificial insemination. I remember having a wave of feeling in response to this, and later wondered at my reaction. It was at that point that I realised that I had not thought through the language around the experience or how that language would define, in part, my experience. I knew that to me there was nothing artificial about what I was going to go through, but hearing it described that way made me feel in some way less than or other—it marginalized my experience as artificial, or not natural, and I felt this line being drawn around me. Not a surprising reaction considering the Collins Dictionary (1995, p.26) defines artificial as "man-made, not occurring naturally; 2. made in imitation of something natural; 3. not sincere". After realising this, I became very aware that how others labelled my experience would strongly influence how I perceived it, and how others would participate in the construction of my experience. The relationship between language and the social construction of meaning was never clearer to me.

Many terms for this process of achieving motherhood are used in research literature. For example, Bos, van Balen, & van den Bloom (2004) use the term *artificial insemination.* Hequembourg and Farrel (1999) use the term *alternative insemination.* Chabot & Ames (2004) label the process donor insemination, and state that it is the preferred term, as artificial insemination casts doubts upon the realness of the experience and method. Lewin (1994) helps us to understand that in the late 1970s the term *artificial insemination* was the popular term. However, she states that the terms *donor insemination* or just *insemination* have been used to reinforce that there is nothing artificial about achieving motherhood through this method.

I agree with Thompson (2002) when she argues, "characterizing lesbian families as alternative fails to reject the hegemonic ideal and instead reaffirms, reinscribes, and reifies its power" (p. 127). I would further argue that at the individual level this power has the effect of segmenting and marginalizing the experience and voices of those who go through this experience. These individuals become fertility's "others"—denigrating that which is constructed as most "natural" of womanhood to the realm of "artificial". The complexity of the issue was clear to me when I read an article by Chabot & Ames (2004). As mentioned earlier, the authors advocate for the term donor insemination, as it can be perceived more positively, including making the process more 'real'. However, when the authors discuss the choice of using donor insemination by lesbian couples, they state that a factor in choosing donor insemination is that it "can be concealed, thereby allowing an assumption of a *naturally* occurring pregnancy"

(Chabot & Ames, p.2). I have italicized their choice of the word *naturally,* as I think that in this statement the authors marginalize the experience of lesbians—something that they are seemingly trying to avoid by using the term donor insemination. By its very corollary, "natural" raises the spectre that Chabot & Ames view lesbian insemination as unnatural. Although beyond the scope of this thesis, I think it raises the question of the hetero-normative concept of "natural", gender and oppression. It seems reasonable to interpret that "natural" is a hegemonic tool of domination used to marginalize lesbian relationships, families and reproduction as not natural. In my view it is hegemonic because it is used not only to dominate lesbians, but all women and mothers.

For all of these reasons, I chose the term *donor insemination.* By doing so, I challenge the hegemonic rhetoric that implies inferiority, unnaturalness, and 'otherness' in this approach to fertility. Donor insemination (DI) is used in this study to describe the process of insemination of sperm of either a known or unknown donor with medical assistance.

Donor Insemination: Context

In this section, I will outline the recent legal context of DI in Canada. Following that, I will lead the reader through the process of donor insemination within the context of a fertility clinic.

Although it is often presented in the media as a recent phenomenon, Haynes & Miller identify that the first documented case of human DI occurred in 1884 in the United States, although it has always been practiced in some form. Lewin (1994) states that DI has been around for many, many years as an informal

method of achieving pregnancy by lesbians and DI accounts for thousands of human births each year.

Lewin (1994) identifies that in the United States there has been little governmental regulation of sperm banks and fertility clinics. In Canada, the situation is much different. In 1989, the Royal Commission on New Reproductive Technologies researched assisted human reproduction (AHR). The commission recommended regulation of AHR in their report, *Proceed with Care*. Their report addressed issues of AHR, as well as ethical issues pertaining to the research related to AHR. In 1995, health practitioners and researchers were requested by the Minister of Health to voluntarily cease some of the practices identified by the commission as problematic. In 1996, the *Human Reproductive and Genetic Technologies Act* was introduced. This Act contained prohibitions of some practices associated with AHR, but did not specify the regulation of other practices. This bill was not passed as a federal election interrupted the process in the spring of 1997. In 2000, the federal government engaged in consultations with some stakeholders, and in 2001 the House of Commons Standing Committee reviewed draft legislation. In 2002, the *Assisted Human Reproduction Act* (Bill C-56) was introduced. In 2003, the Act (now referred to as Bill C-13) passed its Third Reading in the House of Commons. The Senate reviewed Bill (now Bill C-6) and passed it in spring 2004, scaling the final hurdle required to become law (Health Canada, 2004).

As of this writing, parts of the Act are still in the process of being brought into force. However, two clauses that are in effect may arguably impact lesbians

the most. One of the prohibited activities in the Act is the sale of sperm. Clause 7(1) states that, "no person shall purchase, offer to purchase or advertise for the purchase of sperm or ova from a donor or a person acting on behalf of a donor" (Assisted Human Reproduction Act, 2004). This means that donors who were formerly paid $75 for their sperm must now volunteer to provide their sperm without compensation. Canada is attempting to shift to an altruistic sperm donation system. But what impact will this have on DI until that shift occurs?

Canadian fertility clinics are experiencing a shortage of sperm due to the new regulations (Canadian Broadcasting Corporation, December 19, 2006). Prior to the act coming into force, there were 40 sperms banks in Canada; now there are only two. Fertility clinics are relying on sperm imported from the United States, but Health Canada states that this avenue will be cut off at some point. Sperm donation in Canada is in jeopardy unless some kind of incentive, excluding a monetary incentive, can be offered to donors.

Another potentially problematic clause is section 10, as it prohibits procuring sperm without a licence (Assisted Human Reproduction Act, 2004). These licences are obtained from an agency that was established in the Act. In clause 21, an agency is created called the Assisted Human Reproduction Agency of Canada. A ten-member board was appointed in January 2006 to oversee this new agency. Theoretically, then, home inseminations could be considered illegal. Health Canada has stated that its intention is not to monitor home inseminations. However, the Lesbian Mothers Association of Quebec highlights the aspect that lesbians who want/need legal contracts with their sperm donors to protect their

parental rights could leave themselves vulnerable to prosecution. At the very least, their legal document that protects their parental rights could be considered proof that they violated the law.

A case recently heard in the Ontario Superior Court in 2005 further highlights the potential issues facing lesbians who choose known-donor insemination. In this case, a lesbian argues that the regulations regarding semen in the *Food and Drugs Act* violate her rights under the *Canadian Charter of Rights and Freedoms* (Doe vs Attorney General of Canada, 2006). These regulations prohibit the processing and distribution of semen from certain donors, including men who have had sex with other men since 1977, unless an application for special authorization is made by a physician. Inseminations performed with the sperm of heterosexual women's spouses or sexual partners are not subject to these regulations. In this case, the applicant was hoping to be inseminated in a medical context, using the donated semen of a known donor who is a gay man. The challenge was unsuccessful. Although it is beyond the scope of this thesis, this case underscores the increasing complexity of known-donor insemination as assisted conception becomes more legislated. It also highlights the potentially problematic intertwining of the regulations regarding acceptable sperm donors and the potential need for a license for home inseminations as this may subject these practices to legal regulations.

This is salient as some lesbians choose to forgo the medical system, and do their own insemination. Self-insemination networks are informal connections amongst lesbians and men who are willing to provide sperm outside of a medical

setting. Self insemination must occur with either a known or unknown private donor—e.g., a friend, relative, acquaintance, or sperm acquired through a third person where the donor remains anonymous. The process is then, ideally, that the donor will produce the sperm close by, and the insemination will take place with a needle-less syringe within an hour for optimal effectiveness.

Although parts of the Act seem to be problematic, one clause provides protection for queer community members seeking to become parents through DI. The Lesbian Mothers Association of Quebec and Egale Canada (a prominent national queer advocacy group) lobbied the Standing Committee on Health in 2002. They presented many concerns on behalf of the queer community, and they succeeded in getting a clause included in the Act that prohibits discrimination based on sexual orientation or marital status (Egale Canada, 2002; Lesbian Mothers Association of Quebec. Clause 2(e) is an important clause given the fact that some lesbians have been rejected service by fertility clinics. For example, a Quebec lesbian complained to the Human Rights Commission in 2005 after she was denied fertility services in 2002. The commission ruled in her favour, and the clinic began accepting lesbian client in compliance with the new law (CTV.ca News Staff, 2005).

Donor Insemination: Process

In Manitoba, women wishing to use donor insemination services within a medical setting must attend a private clinic, or get their physician to agree to perform these procedures. Currently there is only one clinic in Manitoba offering this service. The clinic refers to donor insemination as therapeutic donor

insemination (TDI), and the clinic serves both heterosexual women and lesbians, whether partnered or single. Currently the cost for this procedure is $820.00 per insemination. Generally, women require a referral from their general practitioner, and then an initial appointment is arranged with one of the three physicians to gather information about the patient's reproductive history. Any additional tests required to assess reproductive capability are ordered. For example, a hysterosalpingogram will identify if any scarring is evident on the fallopian tubes, which is a condition that can prevent successful pregnancy. At this time, the woman planning to undergo DI (and her partner, if relevant) are sent for blood tests to monitor their hormonal levels, as well to rule out any infections such as HIV.[1]

After the initial blood screening is completed, the woman undergoing DI attends another appointment with the physician to discuss the results of the blood work, as well as any other testing requested. At this time, the advisability of proceeding with donor insemination is discussed. If the decision to proceed is made, she is required to sign a disclaimer regarding the likelihood of insemination succeeding, and the possibility of viral infection occurring through exposure to donor sperm. She is then introduced to a nurse, who will review her basal body temperature charts with her, and discuss how to use her ovulation predictor kit (OPK). Usually women have been charting their temperature (recording her temperature prior to any activity at the same time each morning) for at least three months.

[1] There is currently a case before the courts in Montreal, where an HIV-positive couple were refused DI for "ethical reasons".

At this time, donor profiles are given for review. The profiles give descriptive data about the donor—e.g., eye and hair colour, occupation, education level achieved, information about the health and death rates of his family of origin, and sometimes a letter from the donor describing himself and his motivation for donating sperm. She (and perhaps her partner, if applicable) makes her selection and advises the nurse by telephone.

She will call the nurse on the first day of her next menstrual cycle, and the nurse will confirm the date that she should start using her OPK to detect ovulation. On that day, and until ovulation is predicted, she must dip a test strip in her morning urine (best time is around 10 a.m., with nothing to drink for four hours prior) to determine if a certain level of hormones indicate that ovulation is likely to occur within 24-48 hours. Once the OPK gives a positive reading, she calls in to the clinic, and the insemination is arranged for the following day. Women can monitor other clinical signs of ovulation such as a drop in temperature and increased cervical mucous.

The following day, she attends an appointment (usually with a nurse) where the frozen sperm is thawed and inserted through a catheter into her uterus. Sometimes cramping occurs, and some women report no pain. She is asked to rest for 10 minutes, and then is told she is free to resume her activities if she so chooses. Thus begins the roller coaster of emotions related to the possibility of being pregnant. If she does not get her period on the anticipated day, she can attend the clinic for a pregnancy test. If she does get her period, the whole process can begin again. If pregnancy does not occur after three attempts, another

consultation with a physician will usually be held, and other diagnostics can be ordered, depending on the woman's situation. For example, in my situation, I underwent exploratory laparoscopic surgery.

Donor Insemination: The Impact

There are many psychosocial issues that the experience of DI may bring. Pies (1987) identifies issues such as the attitudes of the dominant culture, the attitudes of the family of origin toward gay and lesbian parenthood, dealing with the sanction of who is the 'real' (e.g., legally and biologically defined) parent, as well as legal and ethical issues. Henry (in Chabot & Ames, 2004) states that women of differing sexual identities face many similar issues in the process of DI, but lesbian women also face another layer of issues—making the decision of who will conceive, legal issues of parenthood, how to negotiate the medical process, and how to address economic and social costs.

Chabot & Ames (2004) performed the only study I found that focused on the process of creating a lesbian family through DI. They interviewed ten lesbians about decisions that they made as they transitioned to parenthood through DI. Chabot & Ames identify seven key decisions that lesbian families made in preparation for the process of donor insemination. They are; (1) Do we want to become parents? (2) Where do we access information and support? (3) How will we become parents? (4) Who will be the biological mother? (5) How do we decide on a donor? (6) How do we incorporate inclusive language? and (7) How do we negotiate parenthood within the larger heterocentric context? They also identify factors that influence the process of DI as follows: conception decisions,

cost, donor issues, social support, family terminology, medical issues, and community support. Of all of these factors, they identify that being connected with other lesbians in a group context was a critical factor. Social support helped lesbians considering DI to "share experiences, ideas, and resources" (p.6). Social support also helped lesbians to feel less isolated in their experience of DI. It was perceived as especially helpful by lesbians who were coping with infertility and felt their needs were not met through mainstream infertility groups.

All of the women in Chabot & Ames' (2004) study were successful in achieving pregnancy. Self-inseminations were used by some of these participants. In their study, nine out of ten couples interviewed were already pregnant or had had babies conceived through DI. The participants in the Chabot & Ames study viewed DI as being safe, simple, and relatively inexpensive if pregnancy occurred quickly. But how is the process of DI experienced when pregnancy does not occur as quickly as one would like, or at all? Success rates (e.g., chances of achieving a live birth) using DI in a medical setting for women under 30 are 10-12% per cycle, aged 35-39 have a 9% chance, and women over 40 have a 3-4% chance of bringing a baby to term (Haynes & Miller, 2003). It seems likely, then, that lesbians may have to face, at the very least, multiple procedures of DI, and the issue of infertility.

Haynes & Miller (2003) identify the many choices that technology offers potential parents, the possible dilemmas related to these choices, and note that because of DI and other fertility treatments, "some people have more intense experiences of loss and ambivalence about issues concerning their fertility" (p.3).

They state that there are different categories of infertility identified as: unexplained infertility with no physiological cause identified; a diagnosed medical condition that does not respond to fertility treatment; and infertility as a result of failure to carry the foetus to term. They observe that in DI "the body has become an object of professional scrutiny whilst the mind, and its emotions, become neglected and isolated in anxiety" (p.4). I know that in my own experience with DI, I was not referred at any decision-making point to support services. In fact, I was unaware that the clinic offered counselling services until I made a suggestion that a social worker/counsellor would be a beneficial addition to their staff. To my surprise, I was told that there was a person who provided this service on staff. Even though I was faced with a very poignant decision of going ahead with more surgery or ceasing DI, I was not informed of this service. When I told two other women who have/are attending this same clinic, they too were shocked that this service exists. This story represents, to me, the lack of support and acknowledgment of the emotional impact of the DI experience, and the curious way that support services are offered (or not offered).

Given the limitations of DI, as well as other obstacles to achieving pregnancy, some lesbians using DI must face the reality of infertility. Miller (2003) quotes Jung as stating those women who cannot conceive as experiencing a "special kind of hell. For a woman there is no longer any way out; if she cannot have children, she falls into hellfire because all of her creativeness turns back to herself; she begins to eat herself" (p.51). A dramatic description, but Jung's perspective reminds us that there is a spiritual and psychic disablement that

happens when women can't conceive, and that women who do not achieve motherhood with medical assistance can be stuck in a sense of permanent failure. From a narrative perspective, I would be curious about how lesbians who are dealing with this 'failure' construct stories of their experiences, notably within a cultural context that denies their story/identity as a potential mother. This research includes women's stories of both successful and unsuccessful attempts at conception.

Selves/Identities

One of the questions I have in this research is how experiences within the context of DI impact lesbian's selves/identities. I have chosen the term selves/identities as a sensitizing concept that reflects what women think and feel about themselves in the context of their experiences. From a narrative perspective, selves/identities are viewed as being constructed by the stories that we tell about ourselves, and the stories that others tell about us (White, 2002). In this section, I wish to sensitize the reader to my choice of this term. In the following chapter, I will discuss the use of this term in my analysis.

Modernist theorizing about the selves/identities proposes a linear model of the development of identity that is based on men's experiences. Feminist critiques propose that women's development of selves/identities is constructed within their relationships with others. Feminist critiques notwithstanding, modernist notions of identity reflect the belief in the existence of "a singular, coherent self that is the outcome of early life experiences" (Sands, 1996, p.174). This research is located within a framework more likely to be associated with

postmodernism. I adopted a perspective of identity for this research that fits with my belief that identities are fluid and evolving, and are constructed within narratives that exist within certain political and socio-cultural discourses.

From a post-structural perspective, identities are constructed as subjectivities. This term implies that "every individual is multiply constructed by a variety of sociolinguistic forces that act upon her or him (Illinois State University, n.d.). Sands (1996), situated within a post-modern perspective, argues against essentialist notions of the selves/identities, as it doesn't capture the multiplicity of experience within the constructs of male and female. Rather than subjectivities, she uses the term self/identity "to describe an internal sense of personality integration and continuity that encompasses one's life history, accrued identifications and values, and relationships with others" (p.169). Sands writes that the self/identity is communicated and constituted through narratives, and "in constructing narratives, they [women, in her example] are articulating their identities" (p.179). Although she agrees with theorists who purport that narrative identity is a process to achieve narrative wholeness, she is adamant that even with wholeness the narrative self is constantly changing and dependent upon context and time. I chose to modify her term self/identity, and use the term self/identities to reflect the multiplicity of the selves, dependent upon factors such as time and context. Within this research, I am curious about how lesbians' sense of selves/identities as potential mother is storied through experiences connected with DI, and within the larger context of the dominant story of lesbian motherhood as oxymoronic.

In the next section, I will tell two stories of lesbian motherhood. The initial story is one that has been, and continues to be, told by dominant society. The second story includes chapters of the queer community's discourse on lesbian motherhood. Finally, I summarize some ideas in the theoretical literature that grapple with lesbian motherhood and identity.

Review of Theoretical Literature

Lesbian Motherhood: The Dominant Story

Historically and currently, the dominant story of lesbian motherhood in popular culture is one of identities that are polar opposite to each other. Lewin (1995) argues that motherhood is constructed as a woman's natural experience. She states, "both feminist theorists and the wider community tend to perceive women's journey into motherhood as growing "naturally" from heterosexual behaviour, an assumed dimension of adult life" (p.106). The construction of what it means to be a woman (e.g., womanhood) reflects a discourse on the natural relationship it has with motherhood. Lewin (1995) theorizes that lesbians are constructed as non-women, therefore are not natural and not part of the discourse of motherhood. She states that "lesbian sexuality is transgressive both because it seems to make lesbians independent of men and because it is, by definition, nonprocreative" (p.106). Glenn (1994, p.3) states that "mothering—more than any other aspect of gender—has been subject to essentialist interpretation: seen as natural, universal, and unchanging". Lesbians (who are constructed as unnatural) are excluded from the motherhood discourse because motherhood is

not storied as a natural part of lesbian experience, as mothering is understood as connected to man.

In her extensive examination of public ideologies and their relationship to what she refers to as the oxymoron of lesbian mother, Thompson (2002) looks at the popular stories about lesbian motherhood that are circulated and perpetuated by the mass media, the law, and academia. She asserts that aggregate public voices create a *rhetorical ambivalence* that "becomes manifest in such a way that competing and sometimes contradictory characterizations of lesbianism and motherhood trap lesbian mothers in a web of illegitimate subject positions" (p.8). Thompson finds that the dominant discourse of lesbian is a state of being perverted, sick, and criminal; clearly this discourse cannot be intertwined with the discourse of mother as selfless and nurturing. The result is that the lesbian mother would appear to members of the dominant hetero-majority to be the strangest sort of mother—reviled and revered, perverted yet nurturing, and, I would argue, the vessel of the ultimate ideological mind-bender of natural yet unnatural. Thompson draws ironically on popular culture's own symbols to drive home the fierce nature of the confused popular understanding of lesbian and mother by naming this concept *mommy queerest* [2].

In another study, Nelson (2002) identifies a *culture of motherhood*, where other mothers guard the entrance to this status. She states that "accompanying achievement of the status "mother" is entrance into the culture and discourse of motherhood, and this entrance is quite closely guarded" (p.42). Nelson (p.42)

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[2] The book, Mommie Dearest , by Christina Crawford documents the family violence and mental health issues of her movie star adoptive mother, Joan Crawford.

believes that the identity of lesbian doesn't exclude lesbians from the discourse, but "sometimes makes interaction there awkward", and participants in her study identified that entrance into this culture denied their lesbianism. Nelson states that the assumption of universal heterosexuality makes lesbians invisible. I agree with Nelson based on my own repeated experience with the story that being lesbian means I shall be childless.

When I initially wrote this section, my 25 year-old niece was planning her marriage to a man. Since she started dating him, there have been various speculations and talk about her state of maternity, and much forecasting of her fertility future. Despite the fact that I was in a committed relationship with my partner for six years, there was no talk or speculation about my own state of maternity. The silence from my own family and non-queer friends about my procreative future has been conspicuous. When I told my mother that my partner and I were in the process of beginning to become parents, the question from my otherwise 'accepting' mother was a very puzzled "how?" In the three years since then she has never shown any curiosity or interest in my attempts to get pregnant. At the same time, a heterosexual co-worker of mine has also been trying to get pregnant. I have observed a culture of support build around her from my heterosexual co-workers. These two disparate experiences demonstrate just how the Childless Lesbian story can marginalize women, even within their own otherwise 'accepting' families; whereas the Childed Heterosexual Woman story produces networks of support, even among co-workers who are not as close as family.

Lesbian Motherhood: The Queer Community

Historically, lesbians choosing motherhood contended not only with invalidating discourses by the dominant society, but also from their own community members. In the literature on lesbian motherhood from the 1970s, there appear to be three intertwined stories of lesbian motherhood within the community—the story that motherhood is not part of the lesbian experience (which translated into individuals' own inability to conceive of themselves as choosing motherhood); the story of the lack of acceptance toward lesbians who had become parents by members of the queer community; and the story of fear that kept lesbian mothers' stories submerged.

As Thompson (2002) notes, the queer community's relationship to lesbian motherhood has been historically ambivalent. As members of the larger society , lesbians (who are generally socialized within hetero-dominant society) are also influenced by the discourses of the dominant group. Further, the dominant group's discourse defines what is do-able in society (Fraser, 2004). Glenn's (1994) discussion of ideology is important to understanding the influence of dominant discourse. Glenn reminds us that ideology:

> is a collective rather than an individual product. Groups develop ideologies which are distillations of experience, and, because their experiences differ, so do their ideologies. However, ideologies do not have equal sway. A dominant ideology represents the view of a dominant group; it attempts to justify this domination over other groups, often by making the existing order seem inevitable" (p.9).

Furthermore, Glenn defines ideology as "the conceptual system by which a group makes sense of and thinks about their world" (p.5). Thus for many lesbians,

motherhood is constructed as unattainable. Weston (cited in Haimes & Weiner, 2000, p.479) proposes, "gay men and women had considered themselves to be exiles in kinship".

To further illustrate this point, I draw upon my own process of coming out to myself as a lesbian. At that time, my understanding of what it was to be lesbian was informed by my experience and lessons in the dominant heterosexual culture. Not surprisingly, then, my own story of what it meant to be a lesbian included childlessness. As I got to know other lesbians, my story of lesbian included lesbians who were mothers from previous heterosexual experiences/relationships. My desire to have a child resurfaced, but it was a formless desire in that I had no idea how I would fulfill it. When a friend announced that she was using DI to get pregnant, I was fascinated. Fourteen years after my initial coming out, I was able to see that alternate stories of lesbian and mother existed within the queer community – stories of achieving motherhood using DI or adoption. This illustrates one of the consequences of the story of the childless lesbian—to prevent lesbians becoming mothers. For instance, I think that the likelihood that I would have been successful in my attempt to get pregnant would have been much greater 14 years ago, as the success rate of DI is negatively correlated with age.

Another story is the lack of support for lesbian parents by members of the lesbian community. Lewin's (1993) research participants described the lack of support received by some members of the lesbian community in the 1970s. Rich (1986) documents the painful issue the lesbian separatist community confronted in where and how to draw the line with the male children in the community. As well,

some feminist critiques of the oppression of women saw motherhood as a tool of oppression. Within this context, Lewin (1994) analysed the stories of lesbian motherhood to identify whether their stories are stories of accommodation or resistance. In the late 1970s, lesbians becoming mothers was framed as a type of resistance to traditional families which feminists argued were oppressive to women. On the other hand, Lewin argues that lesbian motherhood could be viewed as accommodating the popular definitions of womanhood. She states that becoming a mother allows lesbians to have "a more natural or normal status than she would otherwise achieve, as becoming a mother conforms to the gender expectations of being a woman in western society" (p.349). This may also help explain why queer communities tend to have rejected parenthood in the past.

Fear was (and still is) another story within the queer community that helped to submerge lesbian motherhood. The story of fear has to do with the risk many lesbian mothers faced in losing their children to former husbands and other family members. The family members' efforts in convincing the courts that lesbians were unfit mothers were made possible by dominant discourses and corresponding laws that vilified and pathologized lesbian identity. In a legal system also shaped by the male-dominant society, where women were not treated fairly at the best of times, lesbian women preferred to keep this narrative quiet rather than jeopardize their custody of their children.

The groundbreaking book *Our Right to Love: A Lesbian Resource Book* (National Gay Task Force, 1978) gives us a glimpse of lesbian motherhood in the

mid to late 1970s[3]. Only two chapters (out of 62) were devoted to lesbian motherhood. Both chapters deal implicitly and explicitly with lesbian mothers who had become mothers prior to identifying as lesbian. One chapter identifies the legal issues that arise for lesbian mothers who are going through the process of separating from their husbands. The second chapter highlights the legal issues that lesbian mothers face when custody is the issue. For example, it tells the story of two lesbian mothers who were given custody of their children with the condition that they must live apart from each other—a situation deemed common by the author. My heart grieves for those women. The irony of the two chapters in this book gives me an inkling of what it might have been like for lesbian mothers in this era. For example, the above chapter documents the lengths that lesbians had to go to in order to deny themselves but keep their children. The other chapter devoted to lesbian mothering encourages lesbian mothers to be open with their children. What choices they faced (and some still continue to face)—pressure and/or encouragement to be open about whom they are, coupled with the reality that if they do, they perversely increase the risk of losing their children.

Lesbian Motherhood: Maternal Identities

An area that is quite active within the theoretical literature concerning lesbian motherhood is lesbian maternal identity. In general most writers on this subject seem to agree that the dominant discourse is that lesbianism precludes motherhood, and this impacts on how lesbian women negotiate their self/identity as mother.

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[3] Lewin (1993), too, includes this snapshot of lesbian motherhood in her explanation of the context of her own research done in 1976.

In analysing personal narratives, Lewin (1993) identifies that both lesbian and heterosexual mothers placed motherhood at the centre of their identity; that is, motherhood nudges other aspects of identity, such as lesbianism, to the periphery. Lewin states that lesbian women "spoke with some intensity of their motherhood as a more crucial determinant of their identities than their lesbianism, a more compelling indicator of loyalties and affiliations" (p.10). Lewin identifies several reasons why lesbians perform this separation. In my reading of her participants' stories, the reasons seem to be related to experiences of homophobia and heterosexual dominance (e.g., threats from former husbands that they will engage in custody battles for children and fear of being out with their family of origin and the loss of that relationship). If this is true, one could reason that if the dominant story of lesbian motherhood changes, lesbians would no longer feel the need to perform this separation.

Hequembourg & Farrell (1999) theorise that becoming a lesbian-mother changes who you are, and requires the *combination* of the identities of lesbian and mother. They, like Lewin (1993, 1994, 1995), note the disparity in popular definitions of mother and lesbian. They posit that lesbians who become mothers combine marginal (lesbian) and mainstream (mother) identities. They explore the strategies that lesbian mothers employ to construct a 'balanced identity' of both lesbian and mother. They identify that lesbian mothers "constantly reassessed feedback cues and readjusted the impressions they gave off so as to provide evidence of their ability to be both lesbians and 'good mothers'" (p.553). Their

study emphasizes the important role family members and social systems play in the combination of these marginal and mainstream identities.

Nelson (1999) explored the experiences of lesbians in Canada. She researched the experiences of lesbian mothers in families created through donor insemination, as well as families created when one of the mothers had children through a previous relationship with a man. Nelson identifies the different experience of biological mothers, non-biological mothers, and stepmothers in achieving the status of *mother*. Like Hequembourg & Farrell (1999), Nelson explores the role that recognition and acknowledgement from several *bodies* (e.g., the state, the church, and the medical industry) play in validating the status of mother. She also explores the role of the families of origin of lesbian mothers. Nelson's research illuminates the differential experiences of biological and non-biological mothers, and the additional struggle for validation as mothers that non-biological mothers go through.

As mentioned previously, Thompson (2002) explores the effect that ideologies about motherhood have on the self/identity of lesbians. Thompson acknowledges that identity formation occurs within the context of relations other than the arenas of public ideology that she examines—e.g., family and friends—but argues that these are influenced by the public discourse flowing from these arenas of mass media, law, and academia. She identifies that ideological discourses interact with identity in five ways: through constituting identities, through negotiating identities, through representing and reifying identities, and through constraining the performance or enactment of identities. Thompson

suggests that we can create social change through discursive change in the public domains, as well as every day private domains.

Motherhood: The Changing Story

Out of the above stories grew the need to legitimize lesbian motherhood. This need to normalize lesbian's identities and experiences led to writings that highlighted the common experiences of lesbian mothers and heterosexually-identified mothers. Lewin (1993) states that she focused on illustrating how similar lesbian mothers are to heterosexually identified mothers in an effort to enhance "the legitimacy and reality of lesbian mothers…in 1976" (p.3). Adrienne Rich (1986), reflecting on her writings on lesbian motherhood a decade earlier, writes that "at that time it seemed important to discuss lesbian motherhood in general, not to set lesbian mothers apart, in a separate chapter" (p.xxx).

Conversely, Rich (1986) notes some of the trends in the 1980s, including more lesbians becoming mothers through donor insemination, non-biological mothers seeking legal validation of their status as mothers, and the trend away from collapsing the lesbian mother's experience into the heterosexual mother's experience. Rich cites work by Sandra Pollack, who takes issue with the homogenization of lesbian mothers experiences. Pollack argues that the lesbian experience of mothering is different from their heterosexually identified counterparts due to having to mother within the context of a homophobic society and the ramifications of that, and also that the experience is different due to the lack of adherence to rigid gender roles. Glenn (1994, p.3) highlights that:

> as Third World women, women of colour, lesbians, and working-class women began to challenge the 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 mothering into the spotlight. The existence of such historical and social variation confirms that mothering, like other relationships and institutions, is socially, not biologically, inscribed.

Glenn reminds us that mothering is a political act, and politics are inherent in mothering ideology. The politics of inequity between sexes, races, and classes mean "mothering cannot escape being an arena of political struggle" (p.17). Lewin's (1995) view is that motherhood is still seen as tied to the patriarchal family, including that it should be experienced with men and through heterosexual sexuality. However, reproductive technology makes it possible for some lesbians to choose motherhood (those who can afford its hefty price tag), and has helped to create the current baby boom. This baby boom has also developed alongside increased activity by queer activists' demands for queer rights.

The baby boom in the queer communities is also reflected in popular media. Parenting and pregnancy books for lesbians are readily available on most bookstore shelves. Queer comic strips such as *The Chosen Family* and *Dykes to Watch out for* feature lesbians who are parenting. Celebrities who are 'out' lesbians are talking about their children in the media. Television shows such as *The L Word* and *Friends* have lesbian characters who are pregnant or try to become pregnant. In the successful film, *If these Walls could Talk 2* a segment tells the story of a lesbian couple using donor insemination to get pregnant.

While this could be viewed as a success in revising the story of who is a mother in dominant culture, it is a story still bound by issues of class and race. For example, these characters portray a particular kind of lesbian—she's white,

wealthy, and beautiful. This reflects how the discourse of motherhood is more flexible for some than others. While the boundaries around motherhood discourse could be starting to loosen a little to allow some lesbians who are financially, professionally and racially privileged, it remains closed to others. Race and class continues to marginalize women's experiences of motherhood. The motherhood discourse serves to identify who mothers can be, and there are many women who are judged as being the wrong women giving birth in the wrong circumstances. For instance, First Nations women and poor women are not supposed to have children either. Lesbians who are also a cultural minority face even more barriers in challenging the dominant stories of who is a legitimate mother or potential mother. As well, with donor insemination becoming more medicalised, and with increasing intervention from the state, fewer and fewer lesbians will have access to it. Already, the price tag is increasing, making it off limits to many lesbians. Also, the new legislation makes it illegal to procure sperm without a license, driving the informal donor insemination further underground with the effect of making it more illegitimate, and taking with it the stories of lesbians who self-inseminate.

Gaps in Literature

As we have seen, it seems agreed upon by many thinkers that lesbian mothers have to negotiate their sense of self/identity within the context of a society that attempts to deny their entry into this experience. The pejorative construction of lesbian is associated with qualities that are diametrically opposed to the construction of motherhood (Lewin, 1993). However, as Day Sclater

(2003) reminds us, humans are active subjects and do not always act within the boundaries of dominant discourses. Lesbians choosing donor insemination are engaging in a political/personal act, and are defying the dominant discourses surrounding motherhood.

Although the literature provides us with information on lesbians who are living as mothers, it neglects to provide us with rich information about the experiences of lesbians *as* they 'do not do as they are told'—e.g., *as* they go through the process of DI. In this research, lesbians' stories of DI may help us to understand how they navigate a sense of potential mother and mother within the dominant discourse of the childless lesbian. I did not find any literature that explores this. However, Lewin (1995) tempts us by stating:

> Women are still mothers (or potential mothers). Non-mothers are still not quite women, although heterosexual non mothers in their childbearing years are perceived more easily than lesbian non mothers as on the way to becoming mothers or as having suffered a putative loss by not bearing children as they grow older" (p.115).

This research explores the *process* of DI and its impact on self/identity, and what stories lesbians tell that help them to reinvent themselves through that process.

Empirical studies mostly focus on the study and analysis of women's experiences of being a mother, not of potential mother. For example, studies explore the decision-making process as lesbians plan to be mothers (Chabot & Ames, 2004); the strategies that women use to gain acceptance of their identities as lesbians and mother (Hequembourg & Farrell, 1999); the division of labour involved in childcare in lesbian-headed households (Dunne, 2000); the issue of openness in disclosure of sexual identity and donor insemination (Stevens, Perry,

Burston, Golombok, & Golding, 2003); family functioning (Chan, Raboy, & Patterson, 1998; Vanfraussen, Ponjaert-Kristoffersen, & Brewaeys, 2003;); and the experiences of co-mothers (Wilson, 2001). This research, then, has the potential to fill in gaps by privileging the stories of lesbians who are in the process of becoming mothers—they are potential mothers. It helps us to understand better how lesbians negotiate their sense of self/identity as potential mother within the reality of their political, cultural, and social contexts. As Lewin (1995) states, the methods of reproduction chosen by lesbians "are not only a means to an end, selected for reasons of convenience, but vehicles for crafting statements about the self" (p.112).

This research builds knowledge about the stories of lesbians using DI in an effort to achieve motherhood. It tells the stories of the participants, the stories of the cultural, political, and social context, and how these stories interact. It fills the gap in the literature relating to Manitoban/Canadian lesbians. With the exception of Nelson (1999), studies focus on the experiences of American or British lesbian women, where the legalities and the process of acquiring sperm for donor insemination are radically different than in Canada. These differences likely influence the experiences of lesbians, and the unique experiences deserve separate attention.

Conclusion

This review of the literature highlights the different stories of lesbian motherhood, including the dominant story, the story of lesbian motherhood in the queer community, and the changing story of lesbian motherhood. Discussing the

gaps in the literature, underscores the need for this study. Further, outlining these stories helps to ground this research in a context for the reader. Next, I outline how I researched lesbians' experiences with DI.

Chapter III

Introduction

In this chapter, I will give the reader an overview of the theory that guided my analysis, examples of my analysis, an introduction to the sensitizing concept of self/identity that I used in my analysis, and methods by which this research was evaluated. I will also provide a description of an evaluation of my research. Following this chapter, I present the results of this research.

Methodological Theory

Narrative Analysis

My use of narrative analysis is influenced by my use of narrative therapy in my counselling with women who have experienced child sexual abuse. My interest in narrative began with a family therapy course in my Master of Social Work program. The stance of the narrative therapist (e.g., acknowledging bias and being humble), as well as some of the philosophical assumptions about people (e.g., as having inherent strengths and being influenced by relations of power), correspond with thoughts that I associate with my feminist orientation as a counsellor. What was new to me was narrative's understanding of stories being the way that individuals construct meaning in their lives and construct their identities as persons. Narrative gave me a way to language what I see in my counselling office—that an individual's sense of who they are is constructed by the stories that they tell *and* the stories that are told about them by other individuals and society. In my work, I engage in talks with people that seem to help them re-author an alternate identity of themselves—one that allows them to

shred those pages of their autobiography that have been written by 'the problem' and invariably lead to negative identity conclusions. Instead, other pages that were 'edited out' are reclaimed and written back into their story line of who they are. In addition, links are made between the person's experience of the problem and the often pejorative societal stories that contribute to the construction of the problem, thus linking the personal with the political.

With this project my aim was to build knowledge about lesbians' experiences using DI. I approached it from a post-modern and critical narrative methodological framework. According to the narrative worldview, we organise the events of our lives into stories that help us make sense of our experiences, shape and communicate our identities, express our moral convictions, and serve as a rationale for action (Holmberg, Orbuch, & Veroff, 2004; Seheni, 2002). Stories are not constructed in isolation, but are created and maintained through social relations and transactions that are influenced by relations of power (White, 1990). Narrative analysis, a research methodology mostly located within a framework of post-modern ideology, is a way to perceive, analyse, and describe the stories that people tell. These stories construct and give meaning to their lived experiences. Riessman (2002, p.263) states that "narrative analysis allows for systematic study of personal experience and meaning: how events have been constructed by active subjects".

Narrative analysis has become increasingly sanctioned as a method of enquiry in the social sciences (Fraser, 2004; Josselson, 2003). The story metaphor is used in the generation of knowledge and understanding in such

disciplines as psychology, anthropology, nursing, and, increasingly, social work (Fraser, 2004; Riessman, 2002).

Riessman explains that there is no single correct approach to analysing narratives. Researchers differ in what they define as a story, how they analyse stories, the degree they acknowledge the impact of the researcher in the production of narrative, and the degree they connect the social context to the stories of the participants. My approach in this thesis is influenced by Fraser's (2004) description of narrative research as influenced by a critical social work perspective.

Narrative research done from a critical social work perspective, through its emphasis on subjugated stories, seeks to "authorise the stories that 'ordinary' people tell" (Fraser, 2004, p.181). This makes narrative methodology well-suited to the task of examining the stories of 'ordinary' lesbians. The critical narrative approach also acknowledges that the construction of stories is influenced by interactions with others' stories. Stories are created within political, cultural, and social contexts (White & Epston, 1990). Therefore, narrative researchers (especially those informed by feminism and anti-oppressive ideas) will acknowledge, and be curious about, the role of power in the marginalisation of some stories (Fraser, 2004). As a narrative researcher, I am moved to "retain an awareness of social conditions as they consider how culture, and social structures, surface in the stories participants and researchers tell" (Fraser, p.182). This means that narrative research has the potential to make the *invisible* experiences of disadvantaged groups *visible* (Devault, 1999a). Riessman

(2002) associates the linking of story and the layered contexts of race, class, and gender with a school of thought called the Personal Narratives Group.

These attributes of narrative analysis are important to this study for many reasons. First, I believe that lesbians' stories of DI are made invisible by a culture that denies their existence. I believe that it is no coincidence that this is an area where there is not a lot of information published in academia. In fact, there is only one published study that exists exploring the process of decision-making in DI experiences (see Chabot & Ames, 2004). Narrative analysis not only has the potential to identify these stories, but also acknowledge the participation of societal discourses in the stories of lesbians using DI. As Riessman (1993, p.220) states, "political conditions constrain particular events from being narrated". Performing this research from a narrative perspective helped to make very private stories more public. In making them more public, the dominant discourse of lesbians and motherhood was further unravelled, examined, and dismantled, thus creating more space for another story.

Methods

Sample Definition and Recruitment

Despite the many differences in the work of analysing personal stories, one of the commonalities in narrative research is the use of interviews to elicit personal narratives (Fraser, 2004; Riessman, 2002). I conducted individual interviews of lesbians who have used DI, with the assistance of a clinic and/or physician, in either successful or unsuccessful attempts to achieve motherhood. Criterion sampling was the main sampling strategy, meaning that all the participants have to meet the

criterion of having had at least one experience with donor insemination within a medical context. I explored the stories within a medical context as I believe this context can add another layer of experience that is important to acknowledge. Further, I believe having the medical context in common enriched my analysis between women's stories. Participants self-identified as lesbian (see chapter two for a discussion of this label).

Three women participated in this study. My first two participants were friends who elected to participate in my study. I also recruited one participant who heard about my study through word of mouth. When contacted by potential participants, I introduced myself, sent them an information sheet that described my study, explained confidentiality and its limitations, outlined the interview procedure, and explained the data management and recording plan. I gave potential participants the option of thinking this over for 24 hours, and I contacted them to confirm their interest. I then arranged an interview at a time and place that was at their convenience and ensured their confidentiality. I reviewed the consent form (see Appendix A) with them, and asked them to sign a copy. A copy was provided for their records.

Participants

I asked the three women who participated to provide me with a *pen name* to enhance their confidentiality, and these are the names by which I will introduce them. Kate is professional woman in the field of education. Kate and her partner conceived a son through through DI. They later tried to conceive another child through DI, but Kate was unable to conceive after a year of trying through ten

inseminations. Kate and her partner later adopted a son, and Kate has no intention of trying DI again.

Emily is a now single professional woman who works in policy. Emily went through DI two times, but did not conceive a child. Emily's partner also tried to conceive a child through donor insemination, but was unable to conceive as well. Emily and her partner have since ended their relationship, and Emily has decided to cease trying to become a mother.

Jo is a professional woman who has been with her partner for many years. Jo has been through more than ten donor inseminations procedures. Jo is still trying to get pregnant, and she and her partner are currently in the process of petitioning a clinic for additional procedures to help Jo become pregnant.

Data Collection and Management

The individual interviews were 45 minutes to 1½ hours in duration. I was sensitive to how much time each woman needed to tell her story. Second interviews were offered for a 'member check' (discussed later) of any data and representations. With the participants' permission, all interviews were audio-taped. I recorded my impressions after the interview on a face sheet. I noted the context of the interview (e.g., one participant chose to be interviewed in her home), the date and length of the interview, and any initial observations that I threatened to lose to time and memory. For example, after interviewing Kate, I noted the silence and hesitancy I observed when I asked her about the impact of DI on her relationship with her partner. With Emily, I noted some behavioural details that would be lost in the transcription of only auditory dialogue. For

example, I noted that Emily tended to rub her eyes during the telling of her stories related to support during DI and what she referred to as the "whole motherhood thing". These notations reminded me to pay attention to areas that may have been forgotten if I had not noted them at the time, and enhanced my analysis of the intrapersonal (e.g., feelings) domain of the stories. With Jo, I made sure to note that she non-verbally indicated quotes around the word *natural*:

> *So, um...you know, even, even, to the point where it seems odd that me as somebody who had never been pregnant but had never had any issues trying to get pregnant would be considered um to have infertility, you know which, which is how they perceive it because of our situation, because we haven't tried in a natural way, you know, the diagnosis is infertility.*

If I had not made a note of her non-verbal indicator, I would have interpreted her use of the word natural very differently. Her use of the quotes indicated to me that while she did not recognize the way she is attempting to get pregnant as unnatural, others may.

Two of the participants know each other as acquaintances and, as far as I am aware, the final participant was not acquainted with the others. I have altered some identifying characteristics, and been purposefully vague with other characteristics (e.g., employment). I emphasized to participants that while I would do all I could to protect their anonymity, it was impossible to guarantee their confidentiality and privacy. Due to these considerations, participants had the option of not allowing me to use direct quotes from their stories, but none chose this option. Also as part of their informed consent, participants were asked for their permission in the publication of information such as age and occupation.

Narrative analysis supports the interviewer in being active and connected to the participant during the interview, rather than the traditional interviewer role of being remote and neutral (Durham, 2000; Esterberg, 2002; Fraser, 2004). Laird (1995, p.152) reminds us that "as a researcher or practitioner we can not participate without influencing or being influenced by what we are observing". I was warm and engaging, sharing of myself as seemed relevant to the process of having a *conversation* about this issue and its meaning in the participant's life. I also listened with my *third ear* [1](Reik, in Anderson & Jack, 1991) for clues to the *disappeared experiences* of women's lives, or those experiences that women do not have language to express (Devault, 1999). Devault argues that an important part of the data analysis is to listen for those gaps in women's descriptions of lived experience. Self-disclosure is an important component of interviewing, and could help to facilitate the development of trust (Neuman & Kreuger, 2003). Self-disclosure meant sharing some of my perceptions in the moment with participants. It also meant that I revealed my investment in the research, an act supported by Fraser (2004). For me, this meant that I was transparent that I am a lesbian who has been through DI, and I was prepared to answer any questions people had about my own experience. At the same time, my disclosure had to be timed and tempered so that the focus is on the stories of the participants, rather than my story. It was important to me to refrain as much as possible from inadvertently sidelining aspects of the participant's stories. In my counselling conversations with women, I will often ask them how the conversation is going

[1] Dana Jack reflects on how her training as a therapist helps her to listen to her own responses in interviews. This helps her to fill in the gaps of what might be missing. Jack identifies that Theodore Reik called this *listening with the third ear.*

for them. Women will sometimes state that they want to go in a different direction than where we were heading. I used this question in my interviews to invite participants to share the stories that had meaning to them.

Also with the aim of hearing what the participants think is important, I conducted semi-structured interviews. Esterberg (2002) suggests that the qualitative interviewer create an interview guide that gives focus and structure to the interviews through identifying topic areas and questions. From a narrative perspective, Riessman (2002, p.247) prefers to conduct less structured interviews "in the interest of giving greater control to the respondents". She encourages the development of several general questions about the topic, as well as probes to facilitate storytelling.

I wanted topic areas to be tentative categories so that they could change depending on the flow of the interview. I purposefully created space for participants to identify the aspects or experiences of DI that were meaningful to them. Devault (1999) advocates that as researchers who want to count women's experiences in, we should have tentative categories or labels of experiences, and be prepared to change through the data collection process. As a narrative researcher I aimed to be "more responsive to the idiosyncrasies of each conversation" (Fraser, 2004, p.185), rather than focus on asking the correct questions. However, as a lesbian who has experienced DI, I had hunches of areas that may be interesting as women tell their stories.

My basic question was: What are the stories of lesbian women using DI? I found in my limited experience of performing two research interviews in a class,

but also supplemented by seven years of counselling conversations with women, that some people tend to like some structure. Prior to my initial interview, I developed a guide with potential questions (see Appendix B). Some probes that I used to encourage participants were: " Could you tell me about a time that displays that at its clearest? Is there a specific incident you can think of that would make clear what you have in mind; could you tell me what happened, starting from the beginning?" (Weiss in Chase, 2003); and "what does [the event] mean to you?" (Anderson & Jack, 1991).

The interesting phenomenon that happened after each interview was that I revised my questions. This reflected my experience that some of the stories yielded ideas that had not entered my consciousness at that point in the research. For example, after interviewing Emily, I added questions about the gender of the practitioner who inseminated women. During, and after, Emily's interview, it became clear to me that this was an aspect of experience that I had not considered, and one that was clearly very important to Emily's story of DI. It ignited a sense of curiosity in me about the variable of gender in women's experiences, and I asked subsequent participants to reflect on this.

My initial two interviews were done with women with whom I was previously connected. As a result of that connection, I was familiar with some aspects of their experience. Subsequent to that, I had to revise my interview guide to reflect the fact that I knew nothing about the next participant. I had to add in many more questions that helped place her story of DI into a context of her life. I

have included the initial interview guide and final interview guide in Appendix B to illustrate the evolution of my questioning.

All confidential material was stored on a floppy disk and on my personal laptop computer, rather than the computer that is accessible to my family members. Consent forms were stored separately from transcripts and tapes. I purchased two lock boxes in which to store the audiotapes, as well as documents such as the face sheets, informed consent forms, and my computer disks. One was used for the hard copies of transcripts and tapes, and the other was used for consent forms. I am the only person who has a key for these boxes. It is possible that the data from this research may be used in future research, such as a doctoral dissertation. I informed participants that I will keep the data for ten years from the approximate completion date of this research. At such time, all data will be destroyed. I will shred all disks and hard copies of any confidential data (e.g., consent forms and transcripts).

Analysis

Hearing the Stories

Fraser (2004) acknowledges that interviewing is part of data analysis in narrative research, and she calls the first phase, *Hearing the Stories, Experiencing others' Emotions.* Fraser advises the researcher to listen to the words and emotions of both the participants and researcher. Following Devault's (1999) guidelines, I was mindful of the emotional responses that guided me towards certain questions during the interviews. I was also mindful of the emotional responses that guided me towards certain questions during the interviews. I was also aware of these responses

during the analysis, in the hopes that they would steer me toward potential new topic areas.

As I was interviewing, I acknowledged the similarities between the participants and myself, and listened through the filter of a lesbian who has also been through DI. Neuman & Kreuger (2003) state that the researcher's experiences cannot be compartmentalized into non-impactful experiences. I was influenced, too, by my relationship to the participants, and the previously established connection.

An example of using my own experience to fill in gaps occurred in my interview with Kate when she was describing the impact of deciding to cease DI after a year of inseminations without achieving pregnancy:

> *We had pretty much decided before we started how much money we could spend...and we, we hadn't reached the amount that we said we would spend or the length of time that we said we could try but we emotionally, we just didn't have anything else left, there was, there was nothing to build on so we had to stop. (And did the two of you talk about that or was it one of you saying...quit). Yea we talked about it, yep, and we were both at the same point, at the end of the rope. Yep, I think it was a bigger relief than a loss at that point. (A relief to be done with it?) To not...live in the maybe or maybe, this will happen...it was almost easier...at, at that point to, I mean, I mean after you've held on to this hope for...well and it's longer than the time you tried...(Kate, A Bigger Relief than a Loss, Lines 3-7 of 11)*

I asked Kate to clarify, and tell more about that experience knowing that it was an incredibly emotional experience when I decided to cease inseminating. I know that during the interview, my own emotions about ceasing insemination were surfacing. As I was familiar with Kate from our friendship, I also knew that it was possible that she may skirt this emotionally sensitive issue. My request for clarification and elaboration was a gentle one, meant to respect her own limits and boundaries, but also challenge her to tell more about a potentially difficult experience.

I was also aware of the differences between the participants and myself, and had to be careful to refrain from making assumptions about their experience. This behoved me to listen carefully, and to ask for clarification when I was uncertain what they were saying. An example of this occurred with Emily when she was describing the impact of being inseminated by a male physician:

This particular doctor is not the most sensitive guy on the planet. Um, so, he, he was nervous and uncomfortable too in trying to be comfortable so you know, I appreciate that he was trying and just didn't know how to be...what I needed (sighs). Um...but, uh, but another woman does and this other woman who had gone through this really did, so in a way she was almost like a shadow person. Um, which is to say she made me so comfortable that probably in a few years I'll forget she was even there except that I know somebody did it. Um, but it wasn't the focus of the event, um, when I was inseminated by her. When I was inseminated by the doctor that it became very focused on that. (On his gender). On his violation. (On his violation). (Emily, Compassion of Being, Lines 5-11 of 18)

My interpretation (on his gender) is in brackets. I was not sure what was the 'that' to which Emily was referring. My interpretation was an intellectual response of it being the physician's gender. Emily corrects me, and tells me that the 'that' she is referring to is his *violation*, a word that is much more emotionally compelling than my benign interpretation. I remember feeling grateful that I listened to my own confusion, and shared my understanding of her words with her. If I had not, the emotional impact of her story would have been greatly diminished.

The lack of a previous relationship with a participant led me to be cautious in my interpretation of her experience. For example, Jo described how she copes with the emotional impact:

And even if it's five years for adoption, like, at least we've started that instead of (clears throat) not doing anything. Um....I mean it's, it's hard when people in your life are....trying and (snaps fingers) the first time they get pregnant. That's really hard. I mean it doesn't.... it doesn't ...I'm happy for them, it doesn't take anything away from...I know...I know we will parent. Like my head knows...it's just it is, it is hard to see that happen over and over and over ' cause for three years now, like we've been trying. Somebody we knew last fall went to a clinic once for an insemination and got pregnant.

> *It's like…huh….you know….that's not fair. I hadn't really. I know that in my head that happens and I, you know, but, but, it's hard. (In what way is it hard?) (clears throat) Um, I guess I, I feel like a bit of a terrible person.*

I had no previous relationship with Jo. When she told me how hard it is for her to hear about people who are able to become pregnant relatively easily, I was cautious in my interpretation of what that meant for her and asked "In what way is it hard?", giving her the option to explore her emotions if she was comfortable, or not if she was not.

Transcription

In my analysis, I was influenced by the writings of Devault (1999) and Fraser (2004). As Riessman (2002, p.249) states, "taping and transcribing are absolutely essential to narrative analysis", and I consider the process of transcribing as part of the analysis. This is in contrast to the traditional notion of transcribing as a technical detail (see, for instance, Bogdan & Biklen, 2002). As per Devault and Riessman, I instructed the transcriber to transcribe the interviews verbatim, including any silences, laughing, crying, and vocal inflections. Devault (1999, p.78) argues against the traditional practice of polishing and smoothing speech, and encourages researchers to "preserve the messiness of everyday talk". Although I hired someone to do the initial transcription of the interviews in order to complete this thesis in a timely manner, I listened to the tapes while reading the transcripts several times for accuracy, and as well to increase my closeness to the talk, a quality valued by both Fraser (2004) and Riessman (2002). I also listened to the tapes while doing the mundane tasks of everyday life. I listened to their stories while I was doing the dishes and tidying my home. This, too, increased

my familiarity with the participants' stories. It also brought back recollections of ideas I had had when originally hearing the stories, and this was useful in the analysis.

As suggested by Bogden & Biklen (2002), I worked closely with the transcriber and emphasized what I wanted preserved, and helped the person to understand why. I ensured that this person agreed to, and signed, an oath of confidentiality, in order to protect the confidentiality of the participants. Participants were informed that I would be employing someone to transcribe the material, and that this person signed an agreement of confidentiality. Transcripts were offered to participants for their review, for accuracy as well as to honour their stories. Only one of the participants chose to review her transcript. Participants were also given the option of receiving a copy of the completed thesis by email or regular mail. All participants elected to receive a copy of the completed thesis.

Identifying Stories

Fraser (2004) suggests that in narrative analysis, the talk may be divided into ideas or plot themes. Process markers such as changes in topic, grammatical tense, talk that signifies a shift from present to past tense, dialogue pace, and questions posed were flagged to identify the beginning of new stories (Angus & Hardtke, 1994; Riessman, 2002). I segregated the talk into stories by identifying shifts in plots, by my questions, and by shifts in feeling. Once these stories were identified, I copied the narratives onto a fresh page. I underlined the lines that

had significance, and seemed to highlight what made the person's story significant to me and, in my opinion, to them.

Also, following Fraser (2004), I gave names to the stories to reflect the *flavour* of the story, as well as for clarity and organisational purposes. The names that I gave the stories were either phrases or words taken from the participants' story. For example, when Kate told the story about the challenge of finding support while going through DI, I named her story *Support on my Terms*. This was not a phrase that she actually uttered, but it was phrase that reflected, to me, how she balanced her need for support with the pitfalls in sharing her experience with the people in her life. Alternatively, the name given to the story was a phrase that a participant uttered that captured the essence of that story to me. For example, in one story Emily told about the secrecy of DI, she stated, "I wouldn't even say there's a misconception, there's no conception". *No Conception* became the name of that particular story.

As mentioned previously, I had hunches about the stories that I think were important. I believe that my experiences of DI had the potential to enrich the process by my sensitivity to some issues. However, I think it also had the potential to obscure areas that did not resonate for me. Therefore, I scanned the stories across different domains of existence, including intrapersonal (e.g., shifts in feelings), interpersonal (e.g., shifts related to other people), and cultural domains (e.g., shifts related to a popular discourse, such as lesbians not having children) (Fraser, 2004). Scanning the stories across such domains helped me to hear beyond my own experiences, and to be open to hear other categories of

experience. This openness is an integral component of data analysis, according to Devault (1999).

With that in mind, I went through the stories that I had segregated, and organized the stories according to the above domains. For example, in a story of Emily's I named *You can't Take the Male Out,* she described the impact of having a male practitioner inseminate her. She stated, "I don't think it was his intent, like it wasn't, but having a male doctor do it was just horrible". In another story by Kate (*It was Ugly/No Memory*), she described her overall experience of DI by saying, "I know it lasted for about a year and I know we tried about…ten times, (pause), and it was…ugly". As these stories spoke to me about the emotional impact of DI, I organized these stories under the heading of *Intrapersonal*, which included stories that reflected the emotional impact of DI.

Scanning the stories across these domains helped me to retain an openness to the meanings the particular stories might have had, and helped me to think beyond my experience. I note, though, that Emily's story of gender and DI could have been organised under the *Structural* heading as it speaks to the systematic issues associated with DI. Similarily, stories that highlight homophobic experiences that impacted the support the participants received were organised under the *Interpersonal* heading, when it is possible they, too, could be viewed as more appropriately placed under the *Structural* category. However, I wanted to highlight the impact that these issues had on participants. Emily's experience with the male practitioner occurs as part of the structure of DI, but impacts her on a profoundly emotional level. Participants' experiences of homophobia are again

part of the structural experience of DI, too, but significantly impacts them on an interpersonal level as it limited the amount of support they received. This focus on the impact reflects my location as a social worker who deals more so with the feeling states of others, and my bias lies in my propensity to focus on these states. I state this in an effort to be transparent about my analysis, but it is clear that another researcher could have analysed the stories in vastly different manner depending on her or his location.

In my analysis, I also heeded Fraser's (2004) advice to link the personal with the political. Questions supplied by Fraser (p.193) include: "What relationship do the stories have to particular discourses? What do the stories say about the (multiple) lived experiences of class, gender, race, sexual orientation, age, dis/ability, religion, and/or geographical locations"? Riessman (2002, p.256), too, reminds us of the importance of this when she states "individuals' narratives are situated in particular interactions, but also in social, cultural, and institutional discourses, which must be brought to bear to interpret them". For example, I scanned the talk for stories that reflected the participants' experiences with the dominant discourse of the childless lesbian.

Next, I scanned the domains across participants, and analysed the patterns and themes that are similar and different for the participants, and interpreted why this might be so and how it fits into the particular domain (Weiss in Chase, 2003).

I then numbered the lines of the story as suggested by Riessman (2002). When numbering the stories, I realized that I did not number the lines of my talk in these stories. It became clear to me at one point that my questions influenced

the participants' stories, but I was taking myself out of the story by not including the lines of my own talk as part of the stories. For example, in Emily's story *The Wait Room,* where she identified negative experiences in the wait room of the institution providing donor insemination, she also explains her reluctance to access a mainstream infertility support group. I ask her whether she thinks her issues are different from the heterosexual people attending, and this leads her into speculating about the level of acceptance she would receive from group members. I realized while reviewing this story that my question greatly influenced what she chose to share, and decided to include my questions as part of the participants' stories.

Finally, the last phase of the data analysis is *writing academic narratives about personal stories* (Fraser, 2004). Fraser argues that in writing the stories of others, we are writing our own. Post-modern research operationalizes this point, and requires that the researcher's "presence needs to be unambiguously evident in the report" (Neuman & Kreuger, 2003, p.91). I have stated my own location within chapter one, in hopes of helping the reader to see my influence on the stories that have been told in the thesis.

Selves/Identities

One of the questions I considered regarding theoretical development was: what stories do lesbians tell that reveal their sense of selves/identities as a potential mother during their experience of DI? In this section, I wish to explore this term in more detail, as it is a sensitizing concept that influenced my analysis of the data. As Riessman (2002, p. 256) states, "the features of an informant's

narrative account an investigator chooses to write about are linked to the evolving research question, theoretical/epistemological positions the investigator values, and, more often than not, *her personal biography"* [italics mine]. I do not pretend to hide behind the pretense of objectivity. Rather, I intend to give the reader some ideas about how my own stories may influence the analysis, and my curiosity regarding selves/identities will inevitably influence my perception of the data. I will now outline the literature I have reviewed regarding selves/identities and narrative.

Many writers theorize the connection between stories and identities. Byrne (2003, p.30) tells us "the interest in narratives and the narration of identity signifies a move away from the search for essential, universal, or even rational identities and a stress on the more uncertain and creative processes of construction and fabrication". Constructing identities is viewed as a process, not an end state reached at a certain developmental stage. Polkinghorne (in Byrne, p.32) describes self-narratives as:

> the ways individuals construct private and personal stories linking diverse events of their lives into unified and understandable wholes. These are stories about the self. They are the basis of personal identity and self-understanding and they provide answers to the question 'who am I?'

Day Sclater (2003, p.321) acknowledges that identities are constructed in the context of social relations. She sees narration as

> at once uniquely individual yet social, cultural, and interpersonal. It is the practice of active human agents, where those human agents are intentional and embodied, and where their practices have an inevitable moral dimension. Narration is a dynamic signifying practice that is the work of embodied human agents in cultural settings.

This includes our interactions with friends and family, and also reflects the potential impact of dominant discourses.

Day Sclater (2003) reviews the ideas of some who believe that the narrative or story guides our thoughts, feelings, and choices, as well as constituting our identities. For Day Sclater, though, these ideas about narratives omit our internal psychological self. She identifies the importance, in her view, that the relationship between narrative and the self acknowledges the salient role of language as posited by post-structural thought, but also critiques the omission of the psychological self from the discursive self of post-structuralism. She states, " a more complete conception of a narrative self demands that we take account of the subject's moral agency, her embodiment, and the force of unconscious fantasy, as well as the determinations of language, discourse and story" (p.324).

Sands (1996) suggests adopting a post-modern stance of positionality and uses the term 'self/identity'. She hypothesizes that the self/identity exists and does not exist, as an essential concept, depending on the context, while acknowledging the fluidity and contradictory qualities of self/identity. She proposes that self/identity is constructed and communicated through stories that are told. Narratives provide the vehicle where the self is constructed. Sands states that women's stories have been untold, and "storytelling provides women with an opportunity to reach into parts of themselves that are hidden or submerged" (p.179). They are constructing their identities by telling these stories, and thus restorying their identities/selves. She acknowledges that the audience also participates in the construction of the self-narrative.

My perspective on identity reflects the above ideas. I believe that humans are active subjects in the creation of their self/identity, and the self/identity is not a fixed concept that is attainable after certain developmental phases. Rather, self/identity is constituted in the narratives that individuals tell and hear about themselves. As individuals are constantly constructing stories of their experiences at different times and different contexts, self/identity is a fluid construct. As a result, I prefer the term 'selves/identities'. I think the theories of selves/identities are important to this research as I am particularly curious about the experiences of lesbians as they construct selves/identities as potential mother throughout the experiences of DI. What do their stories tell about how they constructed these identities? Finally, how does the story of lesbian mother as oxymoronic influence their stories of lesbian as potential mother?

Political, Ethical, and Representational Issues

What would happen if one woman told the truth about her life?
The whole world would split open.
--Muriel Rukeyser

Every endeavour that I describe above is the outline of a political act, and political acts are often intertwined with ethical tensions. Research involving disadvantaged groups in particular "is necessarily an ethical and political intervention with participants" (Walsh, Bowers, & Parlour in Martin, 2000). Although I think that all research has an agenda, and is situated (and is therefore political), there are salient considerations, particularly when working with a disadvantaged group that has already been under surveillance.

Ethics boards are set up to regulate research with the declared intent of protecting the participants, and the Psychology/Sociology Research Board approved this research (see Appendix C). However, meeting the criteria set up by ethics boards does not mean that ethics are resolved. It has been said that research councils do not regulate the internal context of ethical issues, such as researcher reflexivity and issues of representation that are also discussed in this section (Van den Hoonaard, 2002).

Privacy, Confidentiality, and Informed Consent

Lesbians may feel uncomfortable about participating in research: privacy and confidentiality are particularly sensitive issues due to the realities of "discrimination, violence, and other serious harm" (Martin, 2000, p.6). This is a veritable concern with narrative analysis because direct quotes are used to tell the stories. This is done with the intent to privilege participants' experiences, but in reality may compromise their safety. I asked participants permission to use direct quotes and highlighted the issues it could raise as part of my informed consent procedure.

Another dilemma related to privacy and confidentiality is related to informed consent. Informed consent has been criticized because it "releases the institution or funding agency from any liability and gives control of the research process to the researcher" (Fine, Weiss, Weseen, & Wong, 2003, p.177). In my view, this highlights the power differential in the relationship and leaves vulnerable people at risk. At the same time, informed consent offers information so that people can make an informed decision about their participation. Another

confounding issue is that informed consent may compromise the participant's anonymity and she or he may be reluctant or refuse to participate. Van den Hoonaard (2002) identifies how groups under surveillance may refuse to sign consent forms because it may be a paper trail back to the participant. Also, Fine et al. (2003) state that informed consent may compromise any trust that is established. The irony is that informed consent was developed supposedly to minimize harm to participants. However, with groups already under surveillance it may be harmful, or feel like it has the potential to be harmful. For example, many of us have grown up with the stories of how the Royal Canadian Mounted Police composed files on lesbians and gays in the 1950s and 1960s, and are aware of the potential harm that committing our identities to paper can do if it were confiscated by the police or subpoenaed. Van den Hoonaard (2002) cites one interviewer who allowed participants to sign their form in code. I found this a creative solution, and was prepared to employ it in this study if participants expressed reluctance to sign their names; however, none expressed any discomfort with this.

Issues of Harm

It is integral that the researcher be aware of the potential oppression that the research (including the researcher) may cause the participants and their group (Durham, 2000). For instance, Pollack (cited in van den Hoonaard, 2002, p.14) identifies the potential harmful effects when her presence as a researcher and the research "disturbs the equilibrium of the community". Perhaps, though, upsetting the balance is not all negative. Perhaps disequilibrium has the potential to

stimulate analysis of experience. While there may be a period of adjustment and tension, it may be part of the process of social change. In my experience, instability can sometimes be the conduit for change. I think the researcher has some responsibilities with this issue.

There are ethical implications pertaining to short and intensive conversations that open up issues for participants if researchers do not ensure adequate support afterward. In my research, if a discussion raised some emotional issues for the participants, and they felt like they were just getting started but the interview had to end, I felt a responsibility to spend time with them to facilitate their structuring their next step, if needed. I was prepared to also speak with them if they were upset, and had referrals for further support available.

Harm can also be constructed through the collection and dissemination of harmful stories. Fine et al. (2003) raise the dilemma over the lack of control of who uses potentially harmful stories and for what purpose. Janice Ristock (academic lecture, November 2003) identified the dilemma of writing about abuse in lesbian relationships, with the awareness that some people and organisations are going to use this information in a pejorative manner. For example, in this project a lesbian could tell a story of considering or having sex with a man in order to become pregnant. This story could be used to denigrate lesbian relationships and/or identity, thus potentially further polarizing or marginalizing the community. Fine et al. (p.185) state that they leave stories out that they perceive could be used to "reaffirm the ideology and rhetoric of the right and re-inscribe dominant representations". They wrestle, though, with the role these

stories may play in validating the effects of oppression. Omission of harmful stories is a solution, but it also subjugates another story of oppression. In the above example, perhaps this disclosure is a lesbian woman's expression of how much she wanted to have a child and her lack of opportunity to do so. The result of censoring it is that an emotionally compelling story would be omitted. There is a cost to protection, and it seems the researcher is left to weigh the risks/benefits. If these issues arose in my research, I planned on engaging in a risk/benefit analysis, as well as consultation with my advisor. This issue did not arise in my research.

Evaluation and Assessment of the Merits and Limitations of my Research

Introduction

In my thesis, I analysed the stories of women, thus drawing conclusions based on my interpretations of their talk. My goal was to conduct a 'trustworthy' study, but there exists many ideas about what is good qualitative research. As Riesmann (2002, p.261) states, "validation in narrative studies cannot be reduced to a set of formal rules or standardized technical procedures". In this section, I reflect on some concepts associated with 'trustworthy' qualitative research and the limitations of this research in reference to them, as well as discuss some strategies that I employed. Specifically, I will comment on the concepts of credibility, consistency, and reader generalizability.

Credibility

The term credibility in qualitative research asks the question of whether the findings of the study are believable (M. Cheung, personal communication,

February 2004). Merriam (2003, p.25) notes that in qualitative research, the "understanding of reality is really the researcher's interpretations of participants' interpretations or understandings of the phenomenon of interest", rather than being compared to an objective reality. In order to maximize the understanding of lesbians' experiences of donor insemination and thus increase the believability of this thesis, I engaged in several strategies. Importantly, I employed a member check (when the results are reviewed by participants) when I completed a preliminary analysis of the data in order to see if my understandings made sense to participants. Riessman (2002, p.259) states that in qualitative research, "it is desirable, as a general rule, to take work back to the individuals and groups who participated in the study." When participants were interviewed, I asked them if they would like to participate in this endeavour, and two participants agreed. If my representations were recognizable to participants, then the credibility of my study was enhanced, and that was the case. Another check was comparing my results with the literature, and noting some of the similarities and differences, and reflecting on why these might be so.

Reflexivity also increases credibility. Lincoln and Guba (in Merriam, 2003, p.26) define reflexivity as "the process of reflecting critically on the self as researcher." In my thesis, I discuss my ontological and epistemological orientations, and how this influences my analysis and approach to this research. I locate my position to this area of inquiry, as I have done throughout this document. In addition, I continuously critically reflected on my position while

performing the data collection and analysis. Issues or experiences that may help the reader to understand the decisions I made were included in my thesis.

Another strategy suggested by Merriam (2003) to increase credibility is to "be submerged or engaged in the data collection phase over a long enough period to ensure an in-depth understanding of the phenomenon" (p.26). Merriam identifies the concept of saturation, the idea that the data no longer reveal anything new, as a yardstick to measure whether a researcher does have a good enough understanding. In order to achieve this within the scope of a master's thesis, I had to be careful about the amount of data I gather as time was an issue that I considered. I think that I struck a balance between having enough interviews to give me an in-depth understanding, but not too many so that the data is unmanageable for the scope of this thesis. Another issue related to data collection is consistency.

Consistency

In qualitative research, the focus of consistency is whether "the results are consistent with the data collected", and whether they make sense (Merriam, 2003, p.27). I left a "trail of breadcrumbs" (Strega, academic lecture, September 2003) to ensure that readers understood how the data was collected, and how it was interpreted and analysed. Riessman (2002) highlights that an important way that we allow others to measure the trustworthiness of our study is to be transparent with how we have made our interpretations, and also by ensuring that the transcripts are available to other researchers. The steps of my analysis were outlined in the methodology section of my thesis, and examples of how I made

my decisions were shared, along with presentation of the segregated stories, in the results section of my thesis.

Reader Generalizability

In this research, the focus is to gain an in-depth understanding about relatively few persons' experiences, rather than a thin description of many experiences. Reader generalizability is a common concept used in qualitative research to define the criteria of whether the results or findings apply to the reader, instead of thinking of how well the study's results apply to many people as is done in some quantitative studies (Merriam, 2003). The question for this research is then: Can the reader see her experience in the story that is told? Providing a rich and thick description is integral, so that the reader can decide if the situation and analysis fits for them. I described participants so that readers get a sense of the authors of the stories. As is common in narrative analysis, I used direct quotes from the participants to provide a rich story of the analysis I have made. I stated enough of my own story to make my location transparent, as the story of the research is a combination of the participants' and the researchers' stories (Fraser, 2004).

Making myself visible is helpful in addressing another ethical dilemma. I was conscious of the dilemma of *imperial translation*, described by Fine (1998, p.150) as the decisions of "how, when, and why to situate and privilege whose voices". As a researcher, I need to account for the decisions I make about which stories I tell. I accomplished this by being transparent with my theoretical and personal location that influences the decision of what stories to include, and what

was excluded. The narrative worldview refutes the modernist idea that the researcher is value-free, neutral, and that she or he does not impact the study. Instead, it purports that "as a researcher or practitioner we can not participate without influencing or being influenced by what we are observing" (Laird, 1995, p.152). As a researcher interpreting others stories and making pronouncements about them, I am aware that I come to this relationship as a white and financially privileged lesbian-identified woman who can afford access to reproductive technologies.

As I was interviewing, I acknowledged the similarities between the participants and myself, and listened through the filter of my own experiences as a lesbian woman who has made the decision to become a mother. Neuman & Kreuger (2003) state that the researcher's experiences cannot be compartmentalized into non-impactful experiences. These are just a few factors that influenced my choice of research question, as well as my examination of others' stories.

As a researcher, I have to be aware of the harm and oppression that I may create (Durham, 2002). As an educated white woman in a position of power, I must ask myself about how I use my power in the interview process (e.g., opening up and shutting down stories told by women; being aware of race and class differences). Also, I am focusing on the category of *lesbian*, but some group members may simultaneously belong to other disadvantaged groups. The question was then: how do I address this in the interview and the analysis? Once again, I think that being reflexive is important. Owning my location as a white,

western, and educated lesbian is important as I try to find a balance between "the autobiography of the researcher and the biography of the participants" (Van den Hoonaard, 2002, p.15) so that the participants and readers can have some idea of where that line might be drawn. This was something I reflected on, and engaged critically with, in my notes made after the interview.

The language I chose may impact the reader generalizability of my thesis as well. In chapter two, I discussed the dilemmas associated with the terms lesbian and donor insemination. Using these terms means that I may be omitting certain participants. For example, my experience tells me that there are women whose primary relationships are with women, but they would not call themselves lesbian. Also, I use the term donor insemination, but some people may use other terms such as artificial insemination, and perhaps would not participate in this study. As well, my choice of sampling strategy did not guarantee a diverse sample. I did not employ strategies to ensure that people of differing racial and cultural backgrounds will be included. These issues meant that I ended up with a relatively homogenous sample, and that this research will not reflect the stories of all women.

Narrative methodology acknowledges all research as inherently political (Fraser, 2004). This means that the narrative researcher will be aware that the stories that she or he hears are not the absolute 'truth', and that many other stories will exist regarding the issue. In narrative analysis, the goal is not to know little about many, but to understand much about a few. Within these parameters, voices are likely to be excluded. Ethically, I cannot represent few women's

experiences as *everywoman's* experience. Many quantitative studies gather little information from a large number of participants, and make generalizations to larger populations. In this study, I heard stories that might be told by many lesbians, but I make no attempt to universalize these stories. These are stories told by white, western, and relatively privileged women. The stories I gather are local knowledge generated by the participants. Many lesbians may share this local knowledge, but that commonality of experience can never be assumed given the omissions in this research.

This research sought to increase our knowledge of lesbians' experiences with DI. It is a study that may help to facilitate personal and social change. Certainly it privileges stories that are often hidden within a discourse that insists that lesbians are not mothers. It is not without its limitations, and its findings are situated within the lives and experiences of relatively few participants and the researcher. It may raise more questions rather than providing explanations with which many people agree. However, as Devault (1999, p.27) states, we are "bound together not by agreement about answers but by shared commitments to questions". It is in this spirit of intellectual curiosity that I present the results of this research in the following chapter.

Chapter IV

Results

I have arranged the next section according to the domains of experience that I analysed. The domains of experience that I felt were critical to a full analysis were political/cultural, structural, interpersonal, and intrapersonal. I have selected stories based on these domains, and also to reflect the scope of this thesis. I have also collapsed the political and cultural domains as the stories in these areas overlapped to such a degree that it made sense to weave them together. Fraser (2004) states that an analysis of the cultural features of stories includes scanning the talk for cultural conventions. Embedded in these cultural conventions may be threads of dominant discourses. Linking the *personal with the political* is a related aspect of analysis, and I selected stories that related to the dominant discourse of lesbian motherhood. Finally, I present the stories in an unpolished format. As Devault (1999) observes, everyday talk is much more messy than writing. As mentioned in the previous chapter, I believe that *how* something is said may be as interesting as *what* is said. Leaving the stories in their natural state allows the reader more insight into the emotional life of the storyteller. I use ellipses to note a pause in the talk. My comments or questions are presented in brackets. Also, following the stories I provide the name of the storyteller, the name of the story, and the line numbers of the story in brackets.

Political/Cultural

The Dominant Story of Lesbian Motherhood

All of the women I interviewed seemed to challenge the dominant discourse of lesbian and motherhood as incompatible identities. I was surprised by this given that these women's teen years would have been in the late 1970s/early 1980s when attitudes regarding lesbian motherhood were even more negative than today. Emily tells her story of 'coming out' to herself and others when she was in her 30s, and that she never really considered motherhood until she was in a relationship. She ascribes this more to her relatively late coming out, rather than to her lesbian identity:

But, um family was never something ...that I really...spent a lot of energy dreaming about or worrying about. (Hm). Um and then when I was a teenager I was more worried about what kind of car I might have one day. Laughs. Yeah. Um, and uh I think, I mean I'm sure, possibly that has to do with something in my family of origin but you know nothing was... whether I was lesbian or straight or whatever. (So, you think... not really seeing yourself as a mom that had more to do with other factors rather than identifying as lesbian?) Uh... I think so, I think it was part of my...I think that lesbian is part of my personality, my identity rather, so uh... don't know that it had any influence on that. I mean I was more focused on what kind of career I would have. And I don't think that would have been different if I were straight. That's just the way I am. So then I mean you could argue the way I am is because being lesbian is part of my personality and somehow I might have internalized that lesbians don't have families, but I don't really think that's the case because um, because I was so closeted to myself it wasn't even an option for me until I was 29. (Emily, Building a Family, lines 12-19 of 34)

Jo's story of always knowing that she will be a mom clearly illustrates how this knowledge transcends identity and relationships for her. Jo tells me how she has been grounded in this knowledge whether her relationships have been with men or women, or whether she was on her own:

But um...for me I, I, I guess I just always knew, like you know I knew when I was...like, with a guy at 18 or 19 I knew that I was going to be a parent and I knew I was, I know I'm going to be a parent at 35 with a woman. Like it's...it's never...yeah it's never been about, like, who I'm with...um, and Yea I mean I know people don't necessarily accept or, or anticipate

that that will happen when you're in a same sex relationship, but um. ......I mean I suspect it's way more, way more of an issue with men but um...you know...but, yea, I mean it's certainly, never was ...an option for me not to. Like I never said, oh I'm a lesbian I can't be a mom. I never said that or thought that. (It sounds like you just didn't let those attitudes get in the way at all). Yeah. Yeah, no. (And it wasn't linked with your identity in that way. It was...this is what you wanted). Yeah, I mean as a single parent I,I was, you know I was prepared to do it as a single person. It's always been something that I knew that I wanted to do. Before I knew that I wanted to be with women, like it's, it's they never changed. (Jo, Never was an Option for Me not to, lines 1-9 of 9).

When I asked Kate about what impact the dominant story of the childless lesbian had on her experience of viewing herself as a potential mom through DI, Kate thought for a moment and then told a story of her brother's assumption that because she was a lesbian she would never be a mother. Kate also told a story of how her colleague asked another colleague how Kate became pregnant. The other colleague told her that it was due to science, and left it at that. Kate retold this story with disgust in her voice, and stated that some folks are ignorant. Kate later demonstrates how she dissociates herself from these experiences and states emphatically:

Well I don't really care what other people think. It didn't impact me a whole lot. Laughs. They can think what they want, keep it to themselves. I let people deal with their own crap most of the time. (Kate, I Let People Deal with their own Crap, lines 3-6 of 26).

Emily tells how she encountered the story of the childless lesbian, also from a work colleague, when she was going through DI:

Uh...I just sort of don't pay attention to it. Especially because I was trying to get pregnant at the time. Most recently, you know...(Do you remember what happened when you encountered that when you were trying to get pregnant?). Oh, just someone at work made a comment about, you know just sort of in a coffee time, yawns, camaraderie, uh, 'oh the kids are this and the kids are that. You're lucky you'll never have to deal with that" sort of thing...um, so I mean for someone who is trying to get pregnant, I just sort of smirked, you know. (How did that impact you?) I think I probably wanted to prove her wrong. Um...I mean I've encountered it in other ways, I don't really dwell on it in other places, I don't really dwell on it so I can't really remember where I've encountered

it over the years. And, uh, I mean I don't buy into it. (Emily. Childless Lesbian. lines 6-14 of 20).

Like Kate's story, Emily's story clearly demonstrates the choice that she is making to not allow the dominant discourses to impact her negatively. In fact, she makes a point of saying that she does not even remember these stories as she does not give them space to exist.

Jo tells the story of encountering the assumption that she would never be a mother in her previous employment in a "very blue collar kind of environment". Her laughter when I ask her if she has encountered dominant ideas of who a family is speaks volumes:

Laughs. Well yeah, all the time. Um, but again I make decisions that try to combat some of those ideas and living in [liberal area]is one of them like I think that this school right here there's, there's a ton of same sex parents you know and, and, you know, I think there's four couples, four lesbian couples on this block and I mean one of them has a kid and...trying to surround myself with other images is definitely a conscious choice . But certainly, yeah...it's everywhere right? (Jo, A Conscious Choice, lines 2-4 of 9)

Jo reflects on the pervasiveness of this story, and identifies that she makes concerted choices that deconstruct the power of those ideas. Jo clearly triumphs over heterosexual dominance, whose prescription for her is for a barren life, by surrounding herself with images that tell a very different story—the story that lesbians can have children.

One of the participants told a story that highlighted the cultural convention of how women become pregnant. Earlier in our interview, Jo commented on how she can count on the support of her mother, and that her mother was "accepting" of her lesbian identity. However, as the story continues, Jo expresses her surprise at her mother's reaction to her method of getting pregnant:

Yea there were some struggles with that initially and I I think that in particular my mom, um... it's interesting because I didn't actually realize that she had an issue with with um...with becoming pregnant in a, in a clinical way. Um... like, we had a conversation, probably a year and a half into this process where I I mean I was, I was shocked...she said, well why don't you just go...like...sleep with...like sleep with somebody and it was like....oh, you ...really? Like you think that would be better? Yeah...like, it would have, it would have been much better in her mind. Um...so I, I don't know if it's a scary science thing that, I don't know. I still don't know exactly what the issue is there but, she's she's certainly come around, through...three years now knowing that this is something we want. (Jo, Scary Science Thing, lines 1-6 of 11).

Jo's story underscores the politics of DI, and the strong belief that pregnancies are conceived by sex between a man and a woman. Even Jo's otherwise 'accepting' mother grapples with her daughter's method of achieving pregnancy. It highlights that DI may be perceived as a radical and 'unnatural' method of conception by the very people who are considered allies to the queer community. During the interviews, two of the participants used the term *natural* to refer to pregnancies occurring through heterosexual sexual activity. Although both participants indicated quotation marks non-verbally when they used this term, I think the fact that they used it at all indicates that they recognize that the *natural* story of conception is a story that is still in circulation.

The Dominant Story of Lesbian Motherhood : Selves/Identities

I asked all of the women to comment on the idea that lesbians' selves/identities may change during the process of DI. This query was based on Lewin's (1993) work where she found that when lesbians are mothers, they push their lesbian identities to the periphery as their motherhood identities becomes the central defining identity. All of the participants found this an interesting question, but none of them felt this reflected their experience during DI. Emily identifies

that the lack of separation of these identities is related to her construction of DI as a lesbian way of getting pregnant:

No I think it was opposite for me in the sense that I was very in tune with the fact that I was lesbian I was seeking means to get pregnant that was distinctly lesbian. Um... pause you know what...uh...for, say, straight people, donor insemination is a fall back. It's ...the natural way didn't work, um...this is our fallback position, this is what we have to do because we're, we're not able to do it the other way. Um for me....this is the way that lesbians get pregnant, this is the way lesbians have kids, unless they come from a former relationship. So...ah and like I told you with the doctor, um, the fact that it was a man trying to impregnate me was abhorrent to me... to...as a, as a lesbian. Particularly as a lesbian, um, because this was lesb...lesbian pregnancy...um even though I was on a gurney, and, you know, with my legs jacked up in the air...ah... that's just the way lesbians get pregnant, you know. Laughs. It's the lesbian way. (Emily, The Lesbian Way, lines 29-35 of 44).

Kate is surprised when I explain this idea. She relays how she believes that the experience of DI and being pregnant facilitated her lesbian identities coming to the "frontburner". Kate explains that at this point people had to accept her relationship with a woman and her identities as lesbian. She tells the story:

And, they, I mean, they have to accept it. I think there was another teacher across the hall. Both laugh. When I was about six months pregnant, she came across the hall and she said, so how far along are you, how much longer do you have to go? You're getting really big! And I, I think I said oh I think I'm six months or whatever, and she said, oh that's right...[partner] is a pretty tall person. And I said...that's true, she is a tall person Laughs. And she said Oh my God I can't believe what I just said! –laughing- I said, no that's ok, that's good, I like it. Both laugh. (That's a good story, laughing) She felt really stupid, I thought it was a great story...so. Laughs. (So that's interesting...so do you think it's a case where...then it made it less, where it made people less able to sort of push lesbianism kind of too the backburner). I think so. They really just have to deal with it. And I remember thinking I wouldn't push...I wouldn't let that happen. You know that I, I would be who I was regardless of the fact that I was also going to be a mother. That wasn't going to change me. Not...it wasn't going to change who I was as a lesbian, it was going to change who I was as a person, for sure. (What made that...what made you so determined about that?). Because it's a big part of who I am. (Kate, Key to the Club, lines 16-29 of 31).

Kate is emphatic when she states that she made a conscious choice not to push her lesbian identities away in the process of becoming a mother. She acknowledges

that she expected the process to change who she is as a person, but it was clearly important to her that DI and becoming a mother not change her lesbian identities.

Judging from her hesitant language, it seems that Jo found it a provocative question. Her initial response is that she would not push her lesbian identities to the periphery. As she processes the idea, Jo ponders whether that might change once she has a child. She decides that it would not, and her thoughtful response gives us insight into strategies that may make this separation less necessary:

Hmmmm… ….hmmm…no, I…well…..I mean I guess I see the possibility for that to happen it, I don't feel like that… today, um, it it's possible that I might in certain circumstances once I do have a kid. That, that I could feel like that might be something I would….I don't know…I, you know we live in Wolsely for a reason, like, like it…. I don't know….I don't think that I would push that lesbian identity in to...like, further back to…I don't, I, I don't know. I mean it's an interesting question, uh…laughs…pause…. I would say not, but, but I may change my mind in 5 years or something when I'm talking to a teacher, or…you know. But again, you know, I, we will always choose to live in a community that you know is, is a more open-minded or progressive community like, those are decisions, lifestyle decisions that we would make whether we have a kid or no kid. And, and, and surrounding our people with ourselves, by, by people who are…more progressive and, and, and see us as valid parents. (Jo, Insulation, lines 4-8 of 13).

Structural

All of the women commented on how structural aspects of their experience impacted their process through DI. Jo identifies in the beginning of her interview that one of the reasons she wanted to participate in this study was due to the negative experience she and her partner had at a clinic. Jo discusses the hetero-normative environment at the clinic, such as brochures that used language referring only to heterosexual couples. Jo classifies this as being expected and she said that it did not have a significant impact on her, although she sounds irritated when she comments that the clinic could have changed the "little things".

However, she later tells two stories that clearly have had a substantial impact on her experience with DI.

The first story Jo tells about her experience with the clinic involves how she was perceived when she was not able to become pregnant after the sixth insemination. Jo describes the clinic's hetero-normative model of fertility analysis which had labelled her as infertile at this point:

So, um...you know, even, even, to the point where it seems odd that me as somebody who had never been pregnant but had never had any issues trying to get pregnant would be considered um to have infertility, you know which, which is how they perceive it because of our situation, because we haven't tried in a natural way, you know, the diagnosis is infertility. Which seems a bit strange, um the whole, the whole set up and um, I mean you can see where I was coming from, the whole heterosexual model for, for uh treatment and, and whatnot. Um...so that's kind of where we started and um...you know we tried...I guess we started when I was about 30, I was 34 I think...which is...you know, getting on the older.....or at least from, from the stats you know it's, its getting on the older, it starts to become um more difficult. And um, so after six failed attempts with insemination. Coughs. I should actually get some paperwork out, I'm not sure exactly where the...happened, I mean I had um...laparoscopy and all those other things which, which in retrospect probably you know three years we can say I do have infertility but back then I don't think we knew that and, and that was sort of the route that, that they were proposing that we take and, and you know... looking back, like I said it's 3 years and I'm still not pregnant so probably I do have infertility issues but um, it seems to me that trying 6 months...um, in a heterosexual world wouldn't necessitate that sort of treatment plan. So, that was kind of interesting. (Jo, The Diagnosis is Infertility, lines 3-7 of 7).

Jo does not elaborate on how this impacted her, but it seems to connect with another experience she shares about the lack of control she has in the institutionalized environment of a fertility clinic. Jo talks about the response she and her partner received when they have asked for different procedures than are routinely offered:

It, it, I don't, I don't feel...like, they've...like there's a number of things that we've asked for that they have, have not been willing to...to do. We'll pay for it, why not? Well it, like I think...I get the sense that it's all about creating a...pause...like a set of odds that look good on paper for them. Um, you, you know if they [provide additional procedures].and it doesn't work well then that hits their numbers, which I ...I, to me that's not what medicine's about. And maybe I'm just naïve, you know, but I don't think it's...they just say that the odds aren't any better by doing that, and I, well how can they not be? What

if we're off by 8 hours? You know I, I just don't understand that. Why do other clinics do it then? They're just, you know completely...this is the way they do it, they don't want um....us to, make any recommendations or suggestions_or it's like you, you can't...we get the feeling going in there we, we can't advocate for our own...like what, what we want. Which has been really, really frustrating. (Jo, It's about Creating a Set of Odds, lines 7-16 of 28).

Kate, too, feels her experience with a clinic did not meet all of her needs. She wishes that the clinic she accessed had offered more emotional support during the insemination cycles. She relays:

The nurses were really good I found that they were good but um the whole process is pretty cold. And it I mean it's so depressing, you call them on day one when you know that you aren't what you want to be. And you just call them and say well it's day one and that's all you get and nobody says anything or....there's no sort of acknowledgement of, of your loss where you think that maybe they could provide something. (Like when you call in?) Like when you call in you just leave a message or you talk to the nurse and you say uh it's day one ok, so... start counting again kind of thing and it's just kind of...it's all pretty much a...like uh, just sort of a rigid process, and there's not, there wasn't a lot of support in it although you, I mean you could talk to the nurses if you wanted to you could call them and say I want to talk to you and they would phone you back but....it would have been nice of they just did it. (Kate, No Acknowledgement, lines 3-6 of 6).

Intrapersonal

Emotional Impact of Donor Insemination and Gender

Kate's story above makes reference to the emotional consequences of DI. All of the participants were emotionally impacted by their experiences of DI, albeit in different ways. The way they described their experiences left no doubt of this impact. When I asked Emily to describe how DI affected her, she said that "hell was probably as close as I could get to describing it". For Emily, a significant impact was having a man perform the actual insemination. She also identifies that her feelings regarding that particular procedure were influenced by other factors. Emily begins her story:

That time it just felt gross, it was really awful. Umm, I don't think it was his intent, like it wasn't, but having a male doctor do it was just horrible. Ah, and especially cause he, laughs, I, I kind of feel for the guy, Laughs, on a human level but from my perspective, um, like he'd come in early on a Sunday morning, he had a coffee, and he's kind of groggy, and he'd gone off to the washroom and he left his fly undone, so he came in to do the procedure and his fly was undone, laughs, and it was like having all these freaky thoughts like you know was he just jerking off into a cup, or you know (yeah). And then, uh, it was just it was painful when he did it. (Physically?) Physically painful 'cause I was, he said I was tense...[intake of breath] Uummm, so yeah, when they crank a speculum up that last notch it hurt, um, and it's an interesting pain, laughs, just shoots right through your entire body and that's um, so that wasn't very good, and then uh, I ...found out that...uhhh, it hadn't worked...uh, that was partic...like the emotionally, speaking of this, particularly excruciating, because I found out that it hadn't worked at the same time I found out that my best friend's cancer had metastasized and any hope of curing her was gone. She was, she was going to die. And at the same time some things were going on at work that were really upsetting so everything sort of came crashing down at once. And then um, I think that um, it was particularly difficult and at the same time my relationship was starting to really fracture and break up. So the combination of things was, it was just a horrible experience. (And all of these things were combined with finding out that that particular insemination didn't result in a pregnancy). Yep, yea like from the front to the back end, like the actual insemination itself through to the end was just a miserable, miserable month. (Emily, You Can't Take the Male Out, lines 3-11 of 11).

For Emily, the emotional impact of that insemination cycle was coupled with other devastating life events that were happening at the same time, highlighting that women's experiences of DI do not exist in a vacuum. When I pressed Emily to speak more of the impact of having a male inseminate her, she speaks candidly about what that experience meant to her:

Pause...Ah... well... it, it, it actually felt like uh, like what I would imagine, like without the pain and the, the, the torture and all that. It was as close to a rape I think as that it would be not too harsh a word. I felt like I had been violated even though, the irony was and I was thinking of this as it was happening, I arrived here of my own free will and I'm doing this, I'm paying $800 that I don't have that I'm going to charge to my credit card and not tell my partner. And with no way of paying and um I'm doing it all and it feels like I'm being violated. I think that to compare it to when the woman... the nurse did it that was, it felt more comfortable, more natural Uh...yeah I mean it was all the difference in the world having a man versus a woman doing it, you know. (Yea it was the gender of who was doing the actual insemination it was, like that was, uh a really important thing for you). Yeah, and it's not like I hadn't had this doctor up to his elbow poking around my privates before uh just those time he wasn't shooting sperm into to me. You know it was just bizarre. (So it had to do with...). Yeah he had done an ultrasound um using a you know when you do the phallus with uh the ultrasound thing in the end that didn't bother me but this did, so I think

the context you know, it's not, it's, it's definitely the act of trying to impregnate someone made all of the difference. (Emily, The Rape, lines 2-7 of 17).

Emily is clear that it was the pairing of the act of insemination and the gender of the practitioner that was so meaningful to her. She makes the distinction that this practitioner had performed another gynecological procedure and this experience was qualitatively different. Emily gives us insight into how this experience reified her position as marginal at a very time when she felt empowered by making the choice to inseminate. She goes on to explain:

My lifestyle choice or my sexual orientation or my genetic disposition whatever the hell you believe is that I'm a lesbian and I choose to love women and uh I've found a way to procreate without a man and here I am in this situation that was unnatural to me. Uh it was not only unnatural but it kind of mocked my defiance and uh I mean so there's probably a bit of...my defiance of the heterosexual norm and getting pregnant without a man um so in the end you know the straight people had the last laugh because it had to be a man who, you know, if I had gotten pregnant well it was a man who impregnated me. Well yeah, the sperm it's from the man but really when it comes from a little vial the man is taken out of the sperm. It becomes a chemical substance it's not a man. But when man actually um, injects you with it, it gets it maleness back. (What did that do if anything with how you saw yourself as a lesbian?) Um...ah ...well, pissed me off a bit I guess. I haven't really thought about it that much. Pause. It reaffirmed I guess that, that I am a marginal member of the population you know that's a constant, constantly something that we're reminded of. Um so it was just yet another reminder at a time that I didn't want to be reminded cause I had taken the power. It's, it's almost like a mocking of that I had taken the power but it, in a way it had been denied me after all. (Emily, The Rape, lines 10-17 of 17).

Emily describes the profound difference when she had a female practitioner perform the insemination. When Emily shifted into this story, her energy changed—it became softer and less angry:

Yea it was it was more like...Sigh...she was there but she...um...she was joking, gentle and gentle with us talking to us and making it more comfortable for us and the fact that she was a woman it's almost like having a midwife person for the delivery of a kid versus having some male doctor chop it out of ya. There's a compassion of being, like she had gone through the experience herself um and, unsuccessfully and uh and she knew what it was like. (Was that important to you?). Um I think so. I think so I think that women are naturally more compassionate to each other about it um because you know, I mean all you have to say to a woman another woman is make a comment about a speculum and

you instantly have a sisterhood, both laugh, of you know uh....and...(The bonding there). There's a bonding and um I think that I mean...we know that men and women are socialized differently. This particular doctor is not the most sensitive guy on the planet. Um so, he, he was nervous and uncomfortable too in trying to be comfortable so you know I appreciate that he was trying and just didn't know how to be... what I needed, sighs. Um... but, uh, but another woman does and this other woman who had gone through this really did, so in a way she was almost like a shadow person. Umm which is to say she made me so comfortable that probably in a few years I'll forget she was even there except that I know somebody did it. Um but it wasn't the focus of the event um when I was inseminated by her. When I was inseminated by the doctor that it became very focused on that. (On his gender..). On his violation. (On his violation). And violation is kind of, it expresses it, but not in the sense of rape and that uh...it didn't hold it against him. I didn't feel victimized by it, but I still felt that sense of shame and uh felt like my body had been violated. I didn't hold anything against him. He was just trying to do his best, I know that. Coughs. Uh...so... it was upsetting for me for a few weeks. But it's not something, like already now it doesn't bother me; I'm not going to carry it with me for the rest of my life. I mean there's a few moments where I go...and shudder convulsively but it passes, it's not something I dwell on. (Emily, Compassion of Being, lines 1-18 of 18).

Emily is clear that she does not begrudge the practitioner, but his gender negatively impacted her experience of DI nonetheless. Emily's description of a woman performing the insemination is poetic and poignant—the female practitioner's role will fade from Emily's memory as she is a "shadow person". However, the male practitioner violated not only Emily's body as she identifies, but her sense of autonomy in her lesbian fertility. It highlights the gender politics in lesbian DI, and the implications of a male practitioner on the emotional well-being of lesbians who construct this experience as a 'lesbian' way of procreating.

Jo and Kate state that the gender of the practitioner had no impact on their experience. Jo identifies that the actual experience of DI was not uncomfortable for her. Kate expresse that during the insemination she focussed on the reason she was there, her partner, and her *baby rock*, not on the gender of the practitioner.

Donor Insemination: The Monthly Impact

However, all of the participants commented on the 'roller coaster' ride of emotions they experienced during the monthly cycles of insemination. Words used to describe this time period were "disappointment, crushing, letdown, hell, torture, and ugly". Two participants noted that they "don't remember much" of the period of insemination. Jo noted the cycle of hope and despair:

And...uh, I mean certainly, it's, it's, it's a real roller coaster, um, there's so much anticipation and then so much, um disappointment when it doesn't work. I think, I think probably more so that, you know somebody who hasn't taken it to a medical or clinical level. Like...I I just...I mean you, you think that everything is perfect for this to happen, like the timing is, is right...um there's no reason for it not to work so why...I mean going into it the first time I thought, I was going to get pregnant. I...there was... you know it didn't occur to me that I wasn't going to. And so that, that's been...it's been difficult and I mean, there's been ups and downs and hard...harder times and something. (Jo, Everything is Perfect, lines 1-6 of 6).

When asked what was positive about her experience of DI, Emily quipped "that it ended". All participants exclaimed over the money that they spent on DI, and the stress that expenditure brought with it. The three women spent between $5 000 to $32 000, highlighting the socio-economic class issues of exclusion with DI, for it is a select few who can afford its hefty price tag.

Kate was in tears when she describes making the decision to cease DI when their second round of inseminations did not result in a pregnancy. Kate tells how "emotionally, we just didn't have anything else left". Kate states:

(A relief to be done with...). To not....live in the maybe or maybe, this will happen...it was almost easier...at, at that point to I mean, I mean after you've held on to this hope for...well and it's longer than the time you tried....that we were, that we were inseminating too because growing up you know you , you kind of think, oh, I'm going to grow up and I'm going to have 2 kids....and you have one kid and you think...well, I'm still going to have another one. So it's not just like a year of...I mean, that was more the intense year about wanting the second child and not getting it...but... then, but I mean it's a lifelong dream it not just a brief.....want, desire it's, it's big, it's pretty big. (Kate, A Bigger Relief than a Loss, lines 7-8 of 11).

Kate explains the magnitude of making that decision to cease DI. She identifies that stopping the process of DI was more than just stopping the inseminations, it was, at the time, the end of her story of family that she had told herself over the years. Kate makes it painfully clear that it was not just the end of a year of inseminations, but the end of a dream for her. Despite this, ceasing the cycles of inseminations is "a bigger relief than a loss" for her.

I ask Jo what helps her cope with the emotional impact, and she identifies the importance of having "more than one iron in the fire". Jo describes how six months prior to our interview, the emotional roller coaster was particularly intense. That was when, she states, she and her partner realized that they needed to have a multiplicity of methods of becoming parents. Jo highlights the importance of pursuing multiple paths such as adoption, known-donor insemination, and in-vitro fertilization (IVF).

Donor Insemination and the Emotional Impact of "Failure"

I was touched by Jo's story that describes the difficulty of accepting the feelings that arise when her friends, family, and acquaintances achieved pregnancy during the three years she has been going through DI and IVF:

I hadn't really, I know that in my head that happens and I, you know, but, but, it's hard. (In what way is it hard?) Clears throat. Um, I guess I, I feel like a bit of a terrible person, for, for, and I'm sure this is... this is where the infertility comes in and I think that you know there's lots of support groups and stuff out there but, um, you know, I know my experience isn't, isn't unique in terms of um...you know wanting to get pregnant and seeing all kinds of friends and family members get pregnant in the meantime. But, um, but it's hard emotionally. I feel like...I feel like a terrible person for even saying it but...you know...it's my turn, you know. (Jo, That's not Fair, lines 7-10 of 22).

There is a poignant moment later in the interview when Jo is reflecting on advice she would give to lesbians who are about to begin DI. She identifies earlier in the interview how disappointed she was when she did not become pregnant after her initial insemination, and she offers that it would be helpful for lesbians to not have that expectation as people rarely get pregnant the first time they inseminate. Jo responds to my affirmation of this with "yeah, yeah, damn people", and we both share a laugh. I think this statement is profound in its simplicity. It succinctly reflects the feelings of envy and resentment that arise during this process—feelings that are not easy to admit to having, as one tends to feel like a bad person for having them. At one point, Kate made reference to knowing that she is healing from this experience because she no longer hates women who are pregnant.

Kate, too, admits that when she went through DI the first time, she really did not give herself an option to "fail". Kate identified that she was lucky that she did not "fail" the first time she was inseminated. Kate explains this sense of failure when she responds to my query of how the experience of DI changed her as a person:

Hmm well the first time it made me a mom so that was a big change...laughs and the second time, I guess it taught me that sometimes I have to accept defeat. Which I don't like...but...laughs but, but I now accept...laughs. I mean... I guess...getting upset... accept defeat or problem solve....or think out...you know, re-think your priorities, decide what you really want how you want to do it...there's not just one way to...to do things. So it just makes you... I guess it makes you think differently then...then the way...you just assume the world is going to work. We assume that things will be right and just and that if we want to get pregnant we could, and I think that doesn't always happen. Pause. (So it changes how you see the world?). Yeah, and it, well it changes... like really... I don't think I've ever failed at anything that I'd set my mind to do except that. (Kate, Accepting Defeat, lines 2-7 of 7).

Kate considers herself a perfectionist, and she uses the word *fail* when talking about her second round of DI—where she was unable to conceive after ten inseminations. In the story above, one of the lines that shares so much about the emotional impact of DI is the last line where Kate reflects on the fact that she has never failed at anything she has tried. This sentence highlights how intensely *personal* it feels when DI is not working. Kate clearly thinks that she failed at becoming pregnant, rather than the technology of DI failing. It also relates to the dominant story of women and mothers—being a mother is a natural state for women (depending on your race and class). The implication is that you are a failure if you are not able to conceive in a so-called natural way, and a failure as a woman if you do not have children.

Interpersonal

Donor Insemination and the Challenge of Support

The above heading is so named because the stories of the participants highlight how complicated the issue of support is during DI. Although I chose to discuss support separate from other domains of experience, the issue of support is not estranged from the politics of DI, including the dominant story of lesbian mother. The stories of the participants demonstrate that getting support during DI is not simply a matter of attending the right support group. These stories underscore the delicate balance between gathering enough social support so that one is not isolated in her experience and limiting that support when it becomes more of a burden than a help.

The issue of support also emphasizes the issue of secrecy in donor insemination. Kate's story of her encounter with a DI practitioner is telling:

It was shortly after Mother's Day that... that we were, we were there for our first appointment, just to meet him and at the initial interview...whatever...to have him assess us as a couple or whatever he does, I don't know. Um...and and I said, oh my dad called me the other day and...you know I told him what we were doing and he said oh well, maybe the next Mother's Day I can wish you a happy Mother's Day and...the doctor looked at me and said...you told your father what you were doing? And I thought, oh what would you like him to think? Both laugh. I wouldn't want him to think anything else cause I ain't been doing that! So I just thought that was odd that he thought that this was a big secret process and that I wouldn't tell my parents what I was doing. I thought that was kind of strange. So, even though he's been doing this for...20 years he still a little bit ignorant. (How does a lesbian hide that?) Both laugh. I don't think that he thought that because I was a lesbian I think that he just thinks people don't tell. This is a secret. (Do you think that that's the case? Like do you think...)I think that most heterosexual people don't. I don't think they talk about it. Pause. Maybe some do, maybe some do and maybe, I think it's growing I think that there's more understanding out there but...I think it's just, just beginning to open up. I think there's a lot of heterosexual couples who went through insemination who don't want to talk about it. Who don't tell the kids...(Yeah, I think there are too). I mean as a lesbian you kind of have a limited choice about what you're going to tell your kid, both laugh, and usually the truth is better –still laughing. (Kate, The Secrecy, lines 2-18 of 18).

Emily, too, highlights that the secrecy of insemination that transcends the gender orientation of the woman using DI. Whereas Kate relates to this issue on more of political and abstract level, Emily's story connects the issue of secrecy to the intricacies in navigating support. Emily states:

Um they just, most, you know most people don't understand insemination and uh it's only a marginal, uh number of couple who ever go through it straight or gay so it's not commonly understood um there's a lot of...I wouldn't even say there's misconception there's no conception. (Tell me more about that). Um well...I think there's an idea that you can get pregnant on the first ti.. try, where for the, you know the 20 year old with perfect ovaries there's uh an average of like nine times insemination you get pregnant. You know it's, it it takes a long time, uh the frozen sperm, well you know all that, the frozen sperm isn't as ah long-lasting. So it in the I mean it's you're trying to hit a moving target, basically. So they don't, uh I think the lack of understanding is that...they fig, you know a lot of people figure that, that don't know a lot about it that all it takes is one pop and you're pregnant, but that's not the case at all and they don't understand the cost involved, they don't understand, or they have no conception. Uh...I think that they, unless you're talking about a couple who's been trying to get pregnant and gone through it themselves that's not something we talk about in social settings. I mean we live in a society of repressed sexuality still and that's one of the things that's repressed. We don't talk about what we went through to GET pregnant

we just talk about what we think it's safe to talk about it that we are pregnant. (Emily, No Conception, lines 3-13 of 40).

Here, Emily identifies that there are many reasons why DI may not be talked about or understood. She also emphasizes how she anticipates a lack of understanding from others, and that is a barrier to reaching out to support. She identifies later in her story that the dominant discourse of the childless lesbian adds yet another layer to the isolation of going through DI, as some people would not even expect her to be trying to get pregnant. Emily also observes that because of the secrecy and resulting ignorance, she could not tell people every time she inseminated, which is when she identifies that she needed the most support.

The issue of support is further complicated by the fact that sharing your experience with people means that you open yourself up to their curiosity and/or beliefs about your pregnancy status. I named one of Kate's stories *Support on my Terms* because it illustrates so well how a part of her strategy regarding gaining support and coping with the emotions of DI was to control the amount of information she gave to people. Kate states that she only talked to other lesbians about it, and they were supportive. She remarks that she did not want to respond to people's questions as she found them irritating. Kate tells the story of how others' expectations contributed to her negative emotional experience:

'Cause the first time that I got inseminated my sister and her girlfriend were there just when I was either going to get my period or know that I was pregnant. And I didn't feel well that morning and I was kind of nauseous and I kind of had a headache and my sister and her partner got really excited thinking that I was pregnant and then I said I'm not and they said well how do you know... ***because I had my period****, laughs. So and I mean it was just a horrible yucky emotional experience so that just really confirmed to me that I didn't want a whole bunch of people asking me, so are you pregnant? Um...well I guess that was the one experience the first time around that was really emotional. And it was more emotional because I felt it was more public I, I think had it just been Carole and I*

then I think we could have just…we would have been calmer about the whole thing 'cause we were sort of holding back our expectations like not to have such high expectations because we knew there were risks, and it might not happen right away…so. Um, but also the first time I went through it I, I'm kind of pig-headed and I was just sure it was going to happen. Laughs, so I kind of thought oh we'll tell people when it does happen kind of thing. (Kate, Support on my Terms, lines 10-15 of 15).

Kate continues with another story that illustrates the impact of a simple and well-meaning question:

And the second time around too many people knew. And I didn't…I mean at some points I guess I liked that people were interested and, and you know they were, they wanted to know how it was going, did I still want a second kid…um….but then there's just… I mean I remember one time where somebody was across the hall from me at school and she thought oh I'll go and have a conversation with [Kate] and it was just after we decided that really we were done, we couldn't we couldn't handle it anymore, we couldn't do the emotional ups and downs and that and, nor the financial part of it and um she came across the hall and asked me, so are you pregnant yet? And I just blew up in her face and I said "no and I never will be." Laughs. So, that's why I didn't want people to know. Coughs. It's just easier, for me…I'm better at managing my disappointment by myself…I don't like to have to share it cause then it…gets to be too much. (Kate, Too Much, lines 1-7 of 7).

Kate's story points out that part of the challenge of support is having a desire to share the experience with others, but having to deal with the reality that their questions may propel her into emotions that are raw and unprocessed. It is worth noting that Kate identifies that she prefers to deal with disappointment on her own.

Jo, too, identifies that her overall preference is not to talk to strangers about her experience, and this impacts her decision to not access a support group that is offered by the Infertility Awareness Association of Canada, Manitoba Chapter. She also offers that she would not attend the support group as her sense is that her experiences as a lesbian would set her apart from others:

Um, so, but, but, in terms of, in face to face…we haven't done that cause it's not really my way of coping but also because…. I don't know, I, I would probably feel a bit uncomfortable

...um, being in a same sex relationship. I don't, I don't, know if I ... (What about it would make you feel uncomfortable? Regarding that?). Well I feel like, I feel my experience is different and I feel like going to uh, uh a support group and talking about, um...and I don't, I'm assuming that there would be couples of all kinds there...but um, (clears throat). Our experience is so different because there's nothing we can do on our own to, really to try to make this happen. We can't just go have sex and, and have a baby right. And so...that, I mean, it's a very different experience I mean...I...yeah you know they always talk about, you know, people going through the adoption process or finally getting a baby and then they get pregnant cause the, there's no stress or whatever...well that's just not going to happen so we'll just relax. Well, you know like, it does seem like a different experience. (Jo, We can't Just go have Sex and have a Baby, lines 8-15 of 19).

Emily, too, identifies that her preferred method of coping would not include a support group. In fact, she did not attend a support group during her experience of DI. She identifies that she made this decision partly because she felt that it would be mainly heterosexual couples in attendance and she felt their issues would be different from hers. To reiterate that point, Emily states that if other lesbians attended that group, she would "fall over from the shock". She anticipates that the reaction of heterosexual couples would be negative. Further, she speculates that her presence in that group would be vaguely threatening, or at worst "it would be threatening and I would be received with hostility". Emily comments on how her experience in the wait room of the clinic when she went in for an insemination impacts on her decision regarding support groups:

I mean I got enough weird looks there, at the uh doctor's office in the waiting room (pause) without going to a support group, you know. (Who did you get weird looks from?). From patients...um. (What do you think was...do you have a sense of, of what that was about?). Well because I ah, I think, I mean there's two possibilities. Either they, they could identify me right away as a lesbian woman, um...the fact that I'm mannish. Both laugh. Um I was there with my partner, who's a woman, ah or they thought one of us was a single woman, you know both are sort of the social margins in terms of getting pregnant. So I think that's...you know most likely why, which is, is silly because that uh that clinic does all sorts of different things. Yawns. Excuse me. (Yeah, but your sense of it was that some... assumptions were being made). Um hum, yep. Clears throat. Yep so I mean that's a case in a wait room where I could be doing anything there, getting a, a, I don't know... an endometriosis treatment or whatever...um how would it be in an actual... hmmm...group where, if by virtue of going to the group

I'm identifying myself not only as a lesbian but... as a lesbian trying to get pregnant. (Emily, The Wait Room, lines 4-13 of 26).

Emily explains that this experience made her wonder how she would be received in a support group environment. When I ask her what she thinks the dominant heterosexual culture thinks about lesbians having children, she responds:

Um, I don't know but at my most vulnerable time in, in, life I'm hardly going to subject myself to that, I'm not willing to take than risk. I have to deal with it without risking... so I mean I guess that's the bottom line, there's a risk, um I mean a lot of heterosexual people have proved themselves to be untrustworthy. They've, you know they're closed minded, uh... their hate, behaviours, hateful behaviours, resentful, whatever...it's, it'...s um.. it's tough enough to deal with when you've got both pistols loaded. Um... it's worse to deal with when you're vulnerable, so it's not something I would even subject myself to. I would have to be pretty desperate to go, I would go to an individual counsellor first. (Emily, Take the Risk, lines 2-6 of 11).

Emily identifies that her experiences of heterosexual dominance and her experiences of homophobia contribute to her reluctance to attend the support group. Kate, too, identifies that she needed to put her energy into getting pregnant, and she did not want to expend it dispelling myths about lesbians to people in a group that was supposed to support her. Another reason Kate identifies as her reluctance to attend a support group was the fact that the group is called an *infertility* support group. The initial reason Kate gave for not attending the group was that she did not consider herself *infertile*. Along with the gender orientation of the group members, the name of this group reinforced to Kate that it would not meet her needs. All of the participants said that they would be more open to a support group that was only for lesbians, but two said they would still be reluctant to attend a group as their preferred method of emotional processing is more internally focused.

Donor Insemination and the Impact on Relationships

All of the participants noted the emotional impact on themselves as they went through DI. Another area that has the potential to be affected is the primary relationships of the women going through DI. All three participants were in long-term relationships during their DI experience, and all identified an impact on their relationships. Jo identifies that while the experience has been difficult, it has brought she and her partner closer together as her partner's position on becoming a parent evolved:

I think there's still, like maybe two ways that this can go and one is like it the relationship will break down and the other one is it will become stronger and I, I definitely think it's become stronger. Like it's a, it's a big, you know shared experience that you both, and although mostly it's been me...um...physically I know that...um... you know from year one where she was kind of like...aahhhhh...I'm not so interested in parenting to uh making this decision to do this, I mean she is just...absolutely, 100% into it and I, I mean we both are and so it's definitely brought us closer together. Uh to the point where she, I mean she's considering... never in her life has she wanted to be pregnant but she, she's considering that. I mean, I mean I said that we're pursuing this other ...avenue first, clears throat), but so, like, from, from, from that perspective it's I mean it's been rough but it's been good. (Jo, It's been Rough, but Good, lines 4-7 of 7).

I ask Jo to elaborate on how she and her partner have managed to make their experience of DI enrich their relationship. It is meaningful to Jo that her partner has shifted from not considering children to potentially going through DI herself. Jo grapples with the question of how it has brought them closer and responds:

Um well I don't know how it's happened. I mean I I guess...pause...I mean we've, we've been through a lot in, in this in this last three years of trying to do this. I mean, from her initial interest being, sort of, well no interest, to moderate, to...I mean, like we are totally committed whatever way that this needs to happen. We're, we're doing this and, and I guess I just...pause....I mean how does that happen? And how does that strengthen our relationship? I guess it's made us a team, you know and including now where we're going to try [other methods], like it's, I mean that's, that's a really kind of team effort there. Like its, it's it's,...I don't know.... I mean and I guess it kind of...what I've said about not talking contradicts that in a, in a way but, um...but it....I don't know, it, it, I mean it's, it's definitely strengthened our relationship and I don't I don't know how but I think just, you know that common experience and, I mean, recognizing that our

experiences actually are different 'cause I've been the one that physically tried, but, um, but, but she has experience a lot of grief around it too and, and you know, going all through that together is...like that's a, that's a big shared thing. (Jo, We are Totally Committed, lines 1-7 of 8).

Kate alluded to the difficult position in which the partner who is not inseminating is placed. In their relationship, it seems that less talking was done as the time passed. Kate states that her partner started to ask less questions because "it's not fun when you get the answer". Kate shares a story that highlights how the emotional roller coaster infiltrates their daily life:

I, I think it was day 1 or day 2 or day 3 or something...anyways it was a bad day, laughs, where I went out to get burgers and I didn't get [partner's] burger the right way. And, she was really upset and I just looked at her like...you can't be telling me that the fact that there's some ketchup on your burger really matters...I'm not pregnant! Laughs. That was a bad evening, I think that I left the kitchen crying, maybe [son] did know something was going on. Both laugh. Perhaps he noticed every now and then that something was happening –laughter. What the hell was that? (Do you think that reflects, like, just each of you going through the emotions, of it.) Frustrated...we were just so frustrated. (Kate, So Frustrated, lines 1-4 of 19).

Like Jo, Kate identifies a relationship resiliency related to knowing that she and her partner were living a shared experience through the DI process:

I don't think we had really lots of long conversations I think it, it was just...it was a feeling of us in it, we knew we were in it together and that we could just be sad together...or work through it. We're not really... big on process.... Laughs.
So, we did, I mean we did talk about it just not at length and, and I don't think either of us wanted to talk about it at length I think we did more...sort of quiet thinking...that just...it's that feeling...I mean I knew, that her support was there. And I don't think that...I don't think that it negatively affected our relationship, but I think that maybe we learned a little bit more about some hard things. (Hard things?) Having to accept things that you don't like, and doing that as a couple too. (Kate, So Frustrating, lines13-17 of 19).

It seems that the most important issue for these two couples was the sense that they were on a shared journey toward parenthood, rather than needing to talk

directly about their experiences. Their sense of commonality was conveyed in other non-verbal ways.

For Emily, the experience of DI added yet another stressor to her already-fractured relationship, with the relationship ending soon after she stopped inseminating. She describes DI as "just a log, it wasn't the fire". Emily identifies that the process of going through DI requires a lot of energy. This, coupled with the homophobia that she and her partner encountered added another layer that made this experience difficult to navigate:

Um, I mean here's a way that being a lesbian really is a disadvantage to this as straight couples just have to deal with their angst at going through this. Lesbian couples not only have to go through their angst but they also have to live in a homophobic world deal with you know, like I said, um, curious hostile stares in the office uh and know that they can't... they have an extra layer of insulation in their isolation when it comes to support and getting support from the people who are ignorant of the process. You know so, I think um ...I think that it makes it a little more difficult. You know so that it's an eight out of ten for straight couples going through donor insemination in terms of stress it's probably a nine out of ten or so for a lesbian couple. (Emily, Extra Layer of Insulation in their Isolation, lines 13-16 of 17).

Conclusion

The stories that these participants tell explain to us that the experience of DI impacts lesbians both individually and relationally. It packs an intense emotional punch that was exacerbated by the response of institutions and structures. The results of this study demonstrate, too, that the experience of DI occurs within a hetero-normative and, at times, homophobic contexts. While some of the issues that the women identify may be shared by women regardless of their gender orientation, lesbians seeking to achieve pregnancy through this method have to navigate their experience within the dominant culture and the story of 'the childless lesbian'. The participants' challenges with this are woven throughout their stories. These stories

also shed light on the incredible strength and resiliency of lesbians going through DI. They also illuminate strategies and insights that these women employed to outsmart the tactics of heterosexual dominance and homophobia. Perhaps if more stories like these were disseminated for public consumption, people would begin to view lesbian motherhood differently.

Chapter V

Discussion

Narrative Analysis & The Stories

The universe is made up of stories, not atoms.

--Muriel Rukeyser

Poet and storyteller Muriel Rukeyser's sentiment mirrors the narrative ontological orientation regarding the constitutive role of stories in human lives. Narrative research is curious about power because those with power are known to shape what the *truths* are, and are the constructors of dominant stories about others. The very dominance of these stories has the effect of ignoring, overwhelming, discrediting, and marginalizing alternative stories (Foucault, in Madigan, 1998). These stories are then relegated to the status of aberrations or exceptions.

Rather than privileging the 'global' knowledge of the experts and accounts of *common sense*, the narrative framework shines a light on what Foucault referred to as the silenced local knowledges that offer alternatives to the dominant knowledge (Foucault, in Madigan, 1998; Fraser, academic lecture, August 18, 2004). It also means "by entering into dialogue with others, narrative interviewers may unearth hidden or subordinated ideas" (Fraser, 2004, p.184). The narrative approach acknowledges the existence and role of dominant discourses, and is a meaningful methodology to give voice to those marginalized stories.

The narrative analysis I performed in this study reveals that the dominant society continues with its hegemonic discourses that lesbians do not have children. However, the lesbians in this study exhibit mighty acts of resistance and generate

alternative stories of lesbians and motherhood that reflect the reality of their lives. In the following section, I place the results of the study within the current milieu, as it is impossible to consider the stories of the participants apart from the political and cultural context where they are generated. I then discuss the stories of resistance to the dominant narratives, the stories of lesbian selves/identities, the stories of institutions and power, the stories of emotions and loss, and the stories of support, and I connect these stories to literature. Finally, I discuss directions for future research, as well as the limitations of the current study.

The Dominant Story of Lesbian Motherhood

My initial area of inquiry was the stories lesbians tell themselves and others that help them to challenge the dominant discourses of the childless lesbian. The fact that each participant had embarked on a journey of DI told me that each woman considers herself a potential mother. However, participants never considered their lesbian sense of selves/identities as incompatible with their selves/identities as mother.

Part of what makes these women's stories so remarkable is the context in which they are occurring. It is clear that the dominant discourses of family that exclude lesbian mothers exist. The conservative right is blatant in its appeal to uphold the dominant stories. For example, consider some of the responses to a recent court case in London, Ontario. In January 2007, a lesbian couple who had a child through DI and the sperm donor father became Canada's first legal three-parent family when the non-biological mother was bestowed the legal status of mother (AA v. BB, Court of Appeal for Ontario, 2007). Instantly, critics

criticized the decision of the Ontario Court of Appeal, forecasting that it paves the way for other non-biological persons in a parenting role to be granted parental status. The response from the queer rights groups interviewed in the article was that family units have always been diverse and this is the legal arena "catching up with the reality in Canada" (Hanes, 2007).

The reaction from the political right continued. In an editorial in *The Winnipeg Sun* (Family Matters, January 9, 2007), the author cries that the nuclear family is about to undergo a "tectonic shift" with this ruling from the Ontario Court of Appeal. Evidently, the author believes this 'tectonic shift' has not already occurred. It is as if the courts recognition of this family unit brought it into existence, when the reality is that different forms of family have existed for some time. The editorial ends with the plea to judges to stop "overturning the fundamental building blocks of our society" (Family Matters, January 9, 2007). It is important to note that there were supportive responses to this court case. However, the responses I cite here are situated to illustrate that the dominant hetero-majority are trying to convince us that the dominant stories of family still reigns, even if the practical reality reflects a more diverse stories.

The Stories of Resistance

The participants in this research view themselves as potential parents despite the dominant discourse. In Jo's story, her desire to be a mother transcends the gender of her intimate partner as well as her relationship status. Kate, too, deflects the direction of the dominant ideologies and relates that she always knew that she would be a mother. Emily's story differs somewhat from Kate and Jo, as she did not

have a long-standing desire to be a mother. However, Emily perceives this desire as having nothing to do with "whether I was lesbian, straight, or whatever". In fact, it was not until Emily 'came out' as a lesbian that she began to think about having children—seemingly **the exact opposite** of the prescription of the dominant ideologies that try to convince us that lesbians do not have, or want to have, children.

It is even more significant for Emily as Emily is the most *masculine* in her appearance. Lewin (1993) posits that part of the reason that a gulf exists between the identities of lesbian and mother is that motherhood is connected to womanhood, and lesbians are viewed as non-women, or not 'fully' feminine. Emily, who has told stories of being mistaken for a man, has managed to successfully challenge the dominant discourses surrounding women, mothers, and lesbians. Furthermore, she does not let these discourses determine her identity. This adds more complexity to the issue of lesbian motherhood, as it raises the issue of gender expression.

The results from this research support Benkov's (1994, p.109) statement that "somewhere along the way these lesbians stopped assuming they couldn't be parents and began figuring out how to bring children into their lives". Benkov understands this alternative story of lesbian motherhood as a story that is generated in conjunction with the reproductive and queer rights movements. With the reproductive rights movement, women embraced the sense that they had some agency over their reproductive abilities. At the same time, the queer rights movement yielded what Benkov refers to as a "social dialogue"—what I would call alternative stories—of lesbian motherhood. The participants in this study support the observation that "clearly discourses are not determining either of selves or identities,

not least because human subjects can refuse the positions they offer, or they might negotiate a slightly modified position" (Davies & Harre in Day Slater, 2003, p.321). Dominant stories may prescribe what is "do-able", but humans are actively processing these stories and finding ways to get out from under the influence of them.

While the aim of the dominant discourses is to be prescriptive, the participants in this study find ways to author alternative stories that support their sense of selves/identities as potential mother or mother. Emily, in particular, tells stories of experiences that reified her place as a non-mothering lesbian, but instead of allowing this to dictate her identities and corresponding choices, Emily uses that as the impetus to embark on DI and do what she is told she cannot, or should not, do—that is, be a mother. She is also clear that she does not "buy into" the dominant stories.

When I ask Kate how the story of the childless lesbian impacted her sense of herself as a potential mother, it is interesting that Kate initially seems uncertain as to what I was referring. My interpretation of her uncertainty is that Kate pushes this dominant story to the periphery, thus dismantling its power to dictate her selves/identities. In fact, Kate and Emily both state that they do not pay attention to this pejorative discourse. Jo's stories reflect strategies such as living in a more liberal part of Winnipeg where there are many lesbian parents. This seems to reinforce a very different story than the dominant one to Jo—a story where lesbians getting pregnant and having children shifts from its existence in

the margins to a position of dominance. It seems implicit in Jo's stories that she is aware of, and influenced by, the dominant discourses.

The participants' acts of resistance are even more profound given the absence of role models and reflections of lesbians' lives in the media. Thompson (2002) identifies the impact of systems, including the mass media, on the development of a story of lesbian mother as oxymoronic. When I began this research, I was curious about the role that the constructions of lesbian motherhood in the popular entertainment media had on the participants. I wondered whether the lesbian mothers portrayed in the popular media (such as the television show *The L Word* and the movie *If these Walls could Talk 2*) helped the participants deconstruct the dominant story of lesbian motherhood. All of the participants noted that they did not relate to the lesbians portrayed in the popular media, with one participant referring to them as *Hollywoodized.* Kate notes that one segment of *If these Walls could Talk 2* where Sharon Stone plays a lesbian going through self-insemination illustrates some of the "disappointment" of insemination. However, in discussing her reaction to another show, Kate relays a significant story that reflects the dominant discourse of lesbian in action:

I watched A Baby Story [a reality television show] today and it was about two lesbians which... it was really interesting... but they never said the word lesbian once in the whole half hour show. They called themselves same-sex parents and I thought... what the hell is that! Laughs. I thought that was really weird and an odd way for them to refer to themselves. Ummmm... I don't know what I think about the whole idea of representing lesbians.... I think they never quite get it right. But.. I mean, I don't... you know they try to sum up all of the stereotypes or generalizations and put them into this one person and make a perfect little movie out of it and that's usually not life.

I would suggest that this is a perfect example of *lesbian* not being equated with *mother*. Rather than using the more political and loaded term, *lesbian*, the couple and possibly the shows producers chose to use the more sanitized *same-sex parents*. While it could be argued that this is a step forward as they include "same-sex parents" on this predominately heterosexual television show, Kate expresses significant feeling when she made her statement "what the hell is that"! I think it is telling that moments later she remarks that the popular media never "get it right" in their representations of lesbians. It seems to me that Kate was excited at the possibility of seeing a part of her life as potential mother/mother mirrored back to her as lesbians so rarely do, and is severely disappointed when the language reflected something different back to her. However, Kate distinguishes that this reflects a failure of the show, not a failure on her part.

When I ask Kate what she thinks of popular representations, she sounds disdainful when she offers, "well, I guess it's trying to explain to the straight world that lesbians have children or that we exist". But how far is that education likely to go when *sanitized* labels are used? I think that the use of that label only dismantles the dominant stories of lesbian motherhood to a point—perhaps a point that the producers of the show thought palatable to the majority of their audience.

Stories of Lesbian Selves/ Identities

Based on the participants' stories, where motherhood is a decidedly present identity, one could argue that perhaps motherhood is at the core of these women's sense of selves/identities. However, when I presented this idea, two of

the women identify the opposite. Emily constructs DI as a lesbian way of achieving pregnancy, and this meant she was very connected to her sense of herself as a lesbian potential mother during her process of DI. Kate's stories seem to imply that the effect of going through DI and being pregnant did not allow others, or herself, to discount or minimize her lesbian identity. As a result, this pushed her lesbian identity to the "frontburner" during her DI experience. Further, she makes a point of stating that this was a conscious choice.

These results contradict Lewin (1993), who finds that lesbians in her study viewed motherhood as being at the core of their identities, while lesbian was pushed to the fringes. Jo's story may offer insight on why this is so. Jo pondered this question and again identifies the importance of living in a "more open minded and progressive community" where she and her partner are viewed as "valid parents". During another story, Jo talks about trying to find "like" people. Jo does, however, encounter the dominant story of the lesbian mother when her mother tells her to have a sex with a man to achieve pregnancy. I would argue that her mother's suggestion is the enactment of the dominant belief that babies are conceived within heterosexual relations. The tone of incredulity in Jo's voice reflects her disbelief that her mother would view having sex with a man she is not in a relationship with as more agreeable that conceiving a baby through DI. Although Jo is confused by her mother's position, she clearly does not view this as an option or allow this to erode her decision to pursue DI.

Jo's response seems to highlight the interconnectedness between being able to maintain an equal connection to mother and lesbian identities and living in

a context that insulates one from the prescriptions of the dominant discourse, or at least offers alternative stories. It is possible, then, that lesbians living in a more conservative and outwardly homophobic context may have to perform more of a separation than lesbians living in an environment that is more liberal. Indeed, Hequembourg & Farrell (1999) highlight the important role that families and social systems play in helping lesbians balance their lesbian and mother identities. Not surprisingly, all of the participants in this study were the recipients of family support while in the process of DI, and two felt that everyone they told viewed them as a potential mother.

Perhaps, too, this explains why some of the participants in Nelson's (1999) study estranged themselves from their families of origin. In her study, Nelson identifies that in the transition to motherhood, many donor insemination families have to deal with the impact of their families of origin, who could no longer submerge the reality that their daughters or siblings are in lesbian relationships. Many of the women in Nelson's study identify that this was challenging, and some isolated themselves from their families of origin as a result. Perhaps separating themselves from their families was less painful than separating from their lesbian identities. This further demonstrates that lesbian and mother are not separable identities for lesbians who try to get pregnant. In this study, lesbians do not seem to be choosing to become 'less' lesbian in order to become 'more' mother.

However, I do not wish to suggest that the juxtaposition of lesbians' selves/identities as mother and lesbian are in a fixed state of being. Sands (1996)

theorizes that one's sense of selves/identities is fluid as it changes over context and time. Narrative theory views that identities are constructed by the stories that we tell and hear about ourselves. As the stories that we tell and hear change over context and time, it is possible that our sense of selves/identities may change, too. Jo alludes to this when she ponders the question of separating her lesbian mother selves/identities. She wonders whether her mother selves/identities will be more central in the future in a different context such as at her child's school. But she later rejects this idea as she tells me that she will continue to live in a lesbian-friendly environment. Her comment underscores the fluidity of selves/identities. Lewin (1993, p.350) reminds us of this fluidity when she states that "lesbian mothers are, in some sense, both lesbians and mothers but they shape identity and renegotiate its meanings at every turn, reinventing themselves as they make their way in a difficult world".

Stories of Institutions and Power

The institutions that provide DI also provide a hetero-normative environment that impacts lesbians' experiences, and highlight the issue of power. Emily's story of having a male medical practitioner underscores how the institutional context of medicalised DI plays a role in perpetuating the dominant story of lesbian motherhood. Benkov (1991, p.117) states that for lesbians, DI creates the story that a lesbian can become a mother "without input from men beyond the single contribution of genetic material". Emily's story illuminates that she constructs DI as a lesbian way of getting pregnant, and when a male practitioner inseminates her it is liking putting the male back into the process. This experience impacted Emily on an

emotional level, as she labels this as a rape and a violation due to the feelings of disempowerment or shame that she felt. Her experience highlights how the institutional context of DI disempowers some lesbians who feel like they have made an empowering choice by choosing to attempt conception through a lesbian means.

Kate tells a story of initially broaching the subject of DI with her physician, who would only tell her that the cost would not be covered under her medical plan. Kate describes how there was no room for further conversation with this physician. This raises the question of who decides who gets pregnant. Kate did not let this deter her, however. Her partner asked her physician for more information, and is referred to a fertility clinic.

The hetero-normative environment of a clinic continues with Jo's experience of six unsuccessful inseminations labelled as *infertility*. This is an emotionally loaded word for women, and Jo takes exception to its label being applied so early in her experience. Kate, too, speaks to the power of this label when she tells the story of refusing to attend support group meetings because they are labelled infertility support group meetings. Clearly, both of these women felt that this term did not capture their experience or fertility status. This, again, underlines the issue of power in lesbian DI. Lesbians' experiences are viewed the same as heterosexual DI, when in fact the experience can be very distinct.

Stories of Emotion and Loss

The results of the emotional impact of DI were not surprising, and women of all gender orientations likely feel the emotions that the participants articulated. All of the participants have the experience of unsuccessful inseminations. Emily never

conceives. Kate becomes pregnant on the second insemination of her first round, but does not achieve pregnancy after a year of inseminations the second time. After many years, Jo is still going through inseminations. I think these experiences help to explain why these participants' perceptions differ from the participants in the Chabot & Ames (2004) study. In that study, participants viewed DI as safe, simple, and cost-effective. However, almost all of their participants achieved pregnancy at the time of the study, and some utilized self- inseminations. In this study, Jo notes the difference she felt between a home insemination and an institutional insemination. She expresses that she felt less of a negative emotional impact when she did not conceive via a home insemination. Jo speculates that this may be due to having higher expectations of a successful insemination for a fertility clinic. I suspect, too, that the financial impact would be less, causing less emotional anguish that is related to spending more than $800 per month on one insemination. Inseminating at home would be an environment that would be warm and familiar, compared to a medical environment that was, not surprisingly, described as cold by one participant. More than once, Jo said she thinks the clinic staff hate her and her partner as they are assertive in their requests for additional services. That sense adds another layer of emotional impact to their monthly DI experiences.

Being unable to conceive is a loss, and it impacts women physically, emotionally, and spiritually. Haynes & Miller (2003) observe that women using reproductive technology experience more intense feelings of loss associated with issues of fertility and infertility. I would argue that issues of infertility are an ambiguous loss—that is, "a loss that remains unclear" (Boss, 2007, p.105). Boss,

who has been studying experiences with ambiguous loss for over 30 years, maintains that closure is impossible with ambiguous loss. She observes that it forces people to live with ambiguity, something many of us are not comfortable with, and this disables the individual from making meaning of their experience.

Ambiguous loss is viewed as a relational disorder, rather than an individual pathology. It disrupts the supports available as families are unsure how to cope, and friends and neighbours tend to fade away as they do not know how to be supportive. Jo refers to this when she observes that she no longer talks much to friends as she gets the sense that they no longer want to hear "it". I know in my experience of unsuccessful DI, I experienced two competing realities: DI was not getting me pregnant so I experienced a kind of infertility; but I also believed that my so-called infertility was mainly due to a lack of access to sperm—something I could remedy if I am not a lesbian—therefore I was not convinced I am infertile. In my own healing, I had to accept the ambiguity of the loss of a child that was never here, and I had to accept the ambiguity of my level of infertility—not easy things to accept. Boss defines resiliency as being able to live with unanswered questions. I had to live with the unanswered question of: Would I get pregnant if I had access to sperm, or access to a clinic that had different methods? Kate's stories reflect these questions, too. When she rejects the label of infertility, she tells me that she believes she would be pregnant if in a heterosexual relationship.

Complicated Stories of Support

The stories of social support told by participants highlights the evolution of the discourses on lesbianism and motherhood within the queer community.

The stories tell us that participants felt supported by the lesbians in their lives. Lesbians are not immune to the dominant discourses on lesbian motherhood, and historically the queer community has approached the issue of motherhood with ambivalence (Thompson, 2002). However, their stories support Rich's (1986) observation that the queer community's response to lesbian motherhood is changing. This makes sense, given the queer community is experiencing a 'baby boom', and an increasing number of lesbians are choosing to be parents. Participants told of getting support from lesbian friends as well as internet sites that provided forums for discussions on lesbian DI.

Benkov (1994) highlights how DI's primary purpose in the past was to aid infertile heterosexual couples. This was a story shrouded in secrecy, as heterosexual couples had the option to conceal whether DI was used to conceive a pregnancy. However, lesbians cannot hide the fact that DI was employed in their pregnancies, and the participants' stories illuminate that lesbians contribute to changing the story of DI. This is illustrated in Kate's story of the practitioner's disbelief when she discloses that she told her father that she was inseminating. Kate's interpretation of this is that his reaction is related to the secrecy of DI. Her tone is emphatic when she says, "I don't think that he thought that because I was lesbian, I think he just thinks that people don't tell."

Benkov (p.119) highlights the important role that lesbians play in bringing DI 'out of the closet', observing "lesbians will write the story of donor insemination, as they speak openly to their children about another way that people come into the world". Lesbians help dismantle the secrecy of DI not only when

they talk to their children, but also when they speak openly to friends, family, and perhaps co-workers about their method of conception. In Kate's stories, dispelling the myths held by co-workers featured prominently. I think it could be argued that the more the story of DI is disseminated to the people with whom we have the least connection, the more social change will occur as it is possible that these are the less *accepting* people in our lives and the most ignorant of this alternative story. Further, the issue of secrecy and DI means that lesbians face additional challenges, as they have to navigate the dominant story that DI does not exist as well as the dominant story of the childless lesbian. This has implications for support as Emily attests to when she complains that most people have "no conception" of DI.

The stories of the participants underscore the complicated nature of support during DI. All of the women's stories suggest that talking about the emotional impact of DI is difficult, and many stories illustrate that a part of the challenge is the difficulty in facing ill-timed questions from others about the status of their fertility. I suspect that this is an issue that is likely to surface for women going through DI regardless of their gender orientation. However, the stories also illustrate that lesbians using DI in Manitoba have fewer options for support. There is no support group geared toward lesbians using DI, and all of the participants stated that they would not attend a support group that is not specifically for lesbians.

All three of the participants felt that their issues would be qualitatively different from heterosexual women's issues, with the result being that they would

not receive the support they desired. Two participants expected that they would experience homophobia, or at the least an inhospitable hetero-normative environment. One participant comments that she was just not willing to take the risk of being met with hostility at a time when she is already emotionally vulnerable. Two of the women identify that talking to strangers is not their preferred method of coping, but would they feel differently if that option were readily available to them? One participant initially discounts the usefulness of a lesbian support group, but later in the interview returns to that issue. She states that in retrospect she would probably have attended a lesbian-specific group during her DI experience. The importance of this issue is emphasized by Chabot & Ames (2004) whose study mentioned previously found that social support was a crucial factor in lesbians' DI experiences. Further, the lack of support available ensures that the lesbian story stays marginal as lesbians seem to avoid the available mainstream support, making the dominant discourses further reified.

Impact on Relationship

Emily poignantly identifies that lesbian couples have an extra layer of "insulation in their isolation" due to the presence of homophobia and heterosexual dominance when it comes to getting support. Having to navigate this may have consequences for the relationship, and Emily views DI as playing a role in the ending of her relationship. Kate and Jo's stories reveal surprising stories of ways that they and their partners mitigate the potentially negative impact of a prolonged DI process. Jo comments on the fact she spoke to her partner less and less through their years of DI. She questions whether that contradicted her statement

that the experience has increased their connection to each other. However, her story highlights how their shared emotions, even though they may not be articulated, are enough to create a bond. As well, the "team effort" that is required by their request for additional fertility services seems to create a sense of balance in a journey that may sometimes feel lopsided when one partner is going through DI and the other is not. I would also speculate that the joint advocacy in challenging the rules of the clinic has brought them closer together as well.

Implications

This research is salient to social work practice. First, it may be a source of empowerment as lesbians share and create knowledge about their experiences. Part of the power of this storytelling is that it gives marginalized groups the opportunity to voice their own stories and forge connection with their similar experiences. This can serve to empower the members of the group to identify and construct their *own* meanings of their experiences together (Senehi, 2002).

This research is also relevant to practice as it has the potential to educate service providers. As lesbians navigate their way through the process of DI, some may access social work services for support (e.g., counselling, referrals, information). This research will give service providers a way to educate themselves on the experiences of lesbians so that they can provide a more informed service to their clients, rather than clients having to spend time educating them. For example, it may sensitize social work practitioners to the emotional impact and the issues related to the institutional aspect of the DI experience. It may flag variables such as the potential impact of the gender of the

practitioner and his or her value base about parenthood and sexuality. This may make service providers more *lesbian friendly* so that service users do not have to expend energy on challenging dominant discourses in their quest for services.

This research highlights the issues with the medicalised aspect of DI. Lesbians (and all women, for that matter) have very little control over their experience in many institutional settings. The stories underscore how issues such as being unable to choose who performs the insemination, being unable to choose other methods of insemination, and labelling lesbians as infertile can have a perceptible impact on lesbians. It highlights the need for institutions to recognize that there are aspects of lesbians' experiences that are distinct, if not unique. Institutional staff need to refrain from viewing and labelling lesbians' experiences as the same as those of heterosexual women, and highlights that being lesbian friendly goes beyond accepting lesbians into the program. Lesbians construct DI as a lesbian way to conceive a child and have a family, and are bringing DI 'out of the closet', and this construction has implications for service delivery.

It also supports the changing stories of motherhood that includes lesbians. It highlights the complexities, tensions, and challenges in the struggle for change and exploding stereotypes. All of the participants reveal that they view themselves as potential mothers, despite having experiences that reinforce the dominant discourse. Their stories give us insight into strategies that help lesbians construct an alternative story of motherhood, such as deliberately not giving the dominant story space to exist and impact them, and living in a community that provides daily and concrete examples of lesbians who are also mothers.

These women's stories also underscore how integral it is for lesbians in couple relationships to have a sense of shared experience while going through DI. Their stories reveal that it may not be as important to talk about their experience to one another, but to convey in some way that they are 'in this together'.

The stories also reflect the need for lesbian-only support and information groups. Although two of the participants remarked that they prefer to not talk to strangers about their experiences with DI, all of them identified that they felt their experiences as a lesbian were different enough to give them the impression their needs would not be met through 'mainstream' groups. Two participants anticipated that they would experience a hetero-normative environment, as well as homophobia. Lesbians need a safe place to talk about their experiences.

Directions for Future Research

The directions for future research are seemingly endless as this is a fresh area of inquiry. The more research undertaken, the more the dominant story of lesbian motherhood may be dismantled. Future research could focus on broadening the domains of existence analysed, as well as interviewing a more diverse range of participants. Partners of lesbians undergoing DI should be consulted for their experiences. Future research needs to include lesbians of colour, First Nations lesbians, and lesbians of different socio-economic classes. Future research should also include stories of lesbians using self-insemination, rather than medicalised DI. As well, it would be interesting to research the issue of gender expression and DI.

Conclusion

Every story that lesbians tell about their attempts to become mothers helps to dismantle the dominant stories of lesbian motherhood as an oxymoron. This research confirms that the dominant stories of lesbian motherhood exists, but despite this lesbians are not allowing the dominant discourses to dictate what is do-able. Potts, Rasmussen, & Brown (1999) state, "resisting oppression involves expressing feelings, perceptions, and personal reactions to ourselves and others." The storytellers in this research help to shine a light on the stories of lesbian DI, stories that exist in the shadows. Their stories help us to understand how they resist the oppressive prescription of the dominant discourse. The stories of the participants create a reality where lesbians are connected to motherhood as naturally as womanhood is connected to motherhood—a preferred reality, indeed.

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Appendix A

Research Project Title: Stories in the Shadows: Lesbians' Experiences with Donor Insemination

Researcher(s): Dayna Van Caeyzeele, BA, BSW

Thank you for considering whether you will participate in this research project.

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose of the Research

This research is designed to build knowledge about lesbians and their experiences with donor insemination (DI). I am interested in learning more about the stories that lesbians tell about their experiences with the process of donor insemination. I am also interested in learning about how lesbians' identities as mother/potential mother are formed during this process within the context of a society that often does not equate lesbian with mother.

Research Procedures

There are two further potential steps in this research:

1. **Interview: The interview will last 1 to 1 ½ hours in length, and will take place at a time and venue that is convenient for you, where your confidentiality can be maintained, and is a venue that is relatively quiet to allow us to have a conversation. I am hoping that, rather than following a strict question and answer format, we can talk together. During our conversation, you may wish to talk about the specific experience of going through donor insemination and any observations/insights on how that impacted you/your partner/family. In addition, you may wish to discuss how this experience changed you as a person. You may also comment on how you think popular representations of lesbians and motherhood (e.g., television, movies), and larger societal attitudes on lesbians and motherhood impacted you in this process. Depending on your interest, I may ask you questions like:**
   a. **What are your experiences with DI?**
   b. **Some people seem to think that lesbians do not have children. How did these beliefs impact on your experience to become a mom through DI?**
   c. **How did this experience change who you are as a person? A partner? As a mother?**
   d. **Who supported you through this process?**
   e. **What role did you family of origin play in this process?**
2. **Follow up: I will provide a copy of your transcript at your request. If you tell me you would like to be involved, I will provide a summary of the preliminary research findings for your feedback. This will depend on your time and interest. Once the thesis is completed, I will send a copy by mail to all interested participants.**

Potential Risks

I am hoping to facilitate interviews that are stimulating and interesting to you. Depending upon your experiences, there is a chance that you may feel unsettled as you tell your stories. As you tell your experiences, this may connect you with memories of oppression and homophobia, as well as emotions associated with difficult events. If you are upset in an interview, I will offer you the opportunity to talk to a counsellor/support person in more detail about the issues that are upsetting to you. I will ask you if you are willing to continue the interview, or would rather stop. You are under no obligation to continue the interview, and you can end it at any point in the process. I will also provide you with a list of free and

lesbian friendly resources at the end of the interview that you can access for counselling and support.

Recording Devices
To better represent your experience, I would like to record the interview(s). Please know that you can shut the recorder off at any time that you like. The tape recorder will be within your reach, and under your control at all times.

Confidentiality
If you agree to be interviewed, the material you provide will be used in a published Master of Social Work thesis. This thesis will be available to the general public. I will use direct quotes of your stories, unless you tell me otherwise. There is the chance that someone reading the quotes will recognize you. I will not use your name, but will ask you to provide a 'pen name' to use when I relay your stories. If you do not want me to use other identifying information such as your occupation, number of children, or age, please let me know this in the section below. In addition, I will have another person transcribe the verbal material you provide into written form. This person will sign a form that requires they keep this information confidential. Only myself and my supervisor will have access to the transcripts. The transcriber will be instructed to replace names with codes. For example, if you use your partner's name, it will appear in the transcript as [partner]. If you use the names of your children, it will appear in the transcripts as [son] or [daughter].

Consent forms will be stored separately from transcripts and tapes. I will use lock boxes to store the data, and only I will have the key. One will be used for the hard copies of transcripts and tapes, and the other will be used for consent forms. I will be the only person who has a key for these boxes. All confidential materials will be stored on a floppy disk that will be stored in the lock box with the tapes of the interviews. I will only use my personal laptop computer, and that will require a password to operate. Only I will be in possession of this password. It is possible that the data from this research may be used in future research, such as a doctoral dissertation. I will keep the data for ten years from the approximate completion date of this research. At such time, all data will be destroyed. I will shred all disks and hard copies of any confidential data (e.g., consent forms and transcripts).

As well, if you let me know that a child has been, or is, at risk of being abused, I have to report this information to the proper authorities.

Payment/Benefits of Participating
I do not have the resources to pay you for your participation. With your participation, you are helping to build knowledge in an area where little research has been published. Your stories will help social workers and researchers to understand more about lesbians' experiences of DI, and possibly enhance services available.

Informed Consent
Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

Dayna Van Caeyzeele: ________
Advisor: Susan Strega, University of Victoria
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Giving your Consent

I agree to take part in this research entitled Stories in the Shadows: Lesbians' Experiences with Donor Insemination. I have had the project explained to me and I have read (or had someone else read to me) the above statement that I get to keep for my records. I understand that agreeing to take part means that I am willing to:

- Be interviewed by the researcher
- Allow the researcher to quote me directly—as long as this does not publicly identify me or a named associate; and
- Have my comments and stories used in a Master of Social Work thesis that is available to the general public

I am aware that this interview is being conducted for research purposes, not counselling or therapy. I also know that participating in this research is in no way related to any services that I might currently be receiving.

I am aware that I may consent to participate in this research, but do not have to give my consent that would allow the transcript of my interview to be used in future research.

I do/do not permit the researcher to identify my age, occupation, etc (circle your preference)

I do/do not allow the interview to be audio-taped (please circle you preference)

Please read the following statements and if you are in agreement with them, tick the box at the end of each statement.

1. I confirm that I have read and understood the Information Sheet for the above study ☐
2. I confirm that I have had the opportunity to ask questions, and find out more about the study ☐
3. I understand that my permission is voluntary and that I am free to withdraw at any time without giving any reason ☐
4. I understand that all the information I give to the researcher will be kept confidential EXCEPT for information related to the abuse or suspected abuse of a child which must be reported to the proper authorities ☐
5. I give permission for the interview to be tape recorded for the purpose of research with the understanding that identifying information, both about myself and named associates, will not appear in the written transcript ☐
6. I agree to take part in the study ☐
7. I agree that the transcript of my interview may be used in other research projects that might take place after this study is completed ☐

It is important for you to know that you can consent to participate in this project, and not consent to allow the transcript of your interview to be used in future research. This will not affect your participation in the current research in any way.

This research has been approved by the Psychology/Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at 474-7122, or e-mail . A copy of this consent form has been given to you to keep for your records and reference.

----------------------------Provide for Signatures as Required---------------------------------

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Date

____

Researcher and/or Delegate's Signature Date

I would like to receive a summary of the preliminary research findings ___Yes ___No

If yes, I would like to receive these by ___email ____regular mail

Please provide address: ______________________________

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I would like to receive a copy of the completed thesis ____Yes _____No
If yes, I would like to receive the thesis by ___email ___regular mail

Please provide address: ______________________________

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Copies to: Participant, along with information sheet
Researcher

Appendix B

Initial Interview Guide

- What has been your experience with DI?
- Some people seem to think that lesbians don't have or want children. How did this impact on your experience to become a mom through DI?
- What was it like for you? Your partner? Your family?
- How did this experience impact you emotionally? Your partner?
- How did it impact your relationship?
- Who supported you?
- What role did your family-of-origin play?
- How did it change who you are as a person? As a partner? As a mother?
- How did the new legislation—an act concerning reproductive technology—affect you?
- What was your experience like with the institutions that provided DI? What was it like with institutions and people associated?
- What do you think of representations of lesbians achieving motherhood in the media and popular culture?

Third Interview Guide

Can you begin by telling me a bit about yourself—whatever you want to share that puts your experience into context—age, relationship status, children, occupation, that sort of thing.

What made you want to participate in this research project?

How did you begin the process of donor insemination?

How did you hear about a fertility clinic?

What has been your experience with donor insemination?

What was your experience like with the institutions that provided donor insemination? What about the people within those institutions?

How did the gender of the person doing the insemination influence your experience?

How did the experience of donor insemination impact you—emotionally, financially, spiritually, psychologically? Your partner? Your family of origin? Friendships?

How did the experience of donor insemination impact your relationship?

How did the experience of donor insemination change who you are as a person, a partner, mother?

When you go through donor insemination, you may be considered a 'potential mother'. Do you get the sense that people recognized you as a potential mother? Who did? Who did not? What was that like for you?

Who knew that you were going through donor insemination and what was that like for you/them?

Who helped you through this experience?

Did you access any formal support groups/counselling? What was that experience like?

What do you think about a lesbian only support group for lesbian going through DI?

What was the impact of being unable to conceive? How did you cope with this? How do you think the dominant ideas of lesbians not being mothers influenced how you dealt with this?

Some people seem to think that lesbians have to push their lesbian identity to the 'backburner' in order to be seen more as a mother by themselves and others. Was this the case for you?

Some people think that 'lesbian mother' is an oxymoron. How did you overcome the dominant idea that lesbian and motherhood do not go together in order to get to a place of trying donor insemination to get pregnant?

How did the dominant idea of who is a family impact you during your experience of donor insemination?

What do you think of the lesbians becoming mothers that are portrayed in the popular media—e.g., *If these Walls could Talk 2, The L Word, The Chosen Family*

How did the legislation—an act concerning reproductive technology—affect you during your experience of donor insemination?

What helped you through the experience of donor insemination?

What were the positive aspects of this experience?

If you were to give someone new to donor insemination advice about the process, what would that advice be?

Is there any aspect of your experience of donor insemination that we haven't discussed that you would like to speak of?