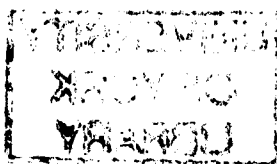# Conceiving Together
Lesbian Couples' Pursuit of Donor Conception

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ABSTRACT

Donor conception has an established place in lesbian reproduction, and one that diverges from cultural understandings of conception, parenthood and family. However, to date, there is no major UK study into lesbian couples' experiences of pursuing donor conception. Exploring these experiences, the thesis first investigates, in a review and critique of the literature, existing research into lesbian conception. Noting the few studies into lesbian reproduction, it discusses how it figures in related areas of research: feminist studies of reproductive technologies; kinship and assisted conception; changing patterns of intimate and family life; and politics of gay and lesbian normalisation. Second, it investigates lesbian couples' clinical and self-arranged donor conception practices in an empirical study based on interviews with 25 couples in England and Wales, a study which the literature review suggests is the largest in the UK, to date. What emerges from couples' accounts is an irresolvable tension between being in receipt of donor sperm and a romantic desire to become a biogenetic nuclear family. The interviews are thematically analysed to explore the nature of this conflict. The thesis demonstrates that couples seek to negotiate donor conception through disassembling its material, practical and conceptual elements and reassembling these components in coordinated ways. In addition, couples undertake a repertoire of practices that signal togetherness, with the aim of constructing a bounded 'nuclear' family. Through these practices, lesbian couples seek to contain the potentially destabilising impact of the donor on their desired way of becoming and being a family. This takes place in a social context which challenges their claims to parenthood, and the constant possibility that their conception processes, and the meanings they give them, will be undermined. The findings underline the centrality of connectedness in contemporary personal life and the unremitting hegemonic power of the nuclear family model.

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AUTHOR'S DECLARATION

I certify that all the research and writing presented in this thesis is my own. Although all this work is original, some of it has been published in the course of my PhD. Part of Chapter 2 'Literature review: setting the scene' expands on the arguments developed and published in 'Feminist heterosexual imaginaries of reproduction: Lesbian conception in feminist studies of reproductive technologies', 2008, *Feminist Theory*, 9(3):273-292.

CHAPTER 1 INTRODUCTION

A few years ago, two women in my immediate circle of family and friends announced that they wanted to have a baby. One of them was my sister who was starting a family together with her boyfriend. My sister's pregnancy was something that 'just happened', it was something that was widely understood and did not need explaining. The other woman was a close friend of mine who also wanted to have a baby together with her partner. However, their conception as a couple was much more difficult. As a lesbian couple who sought to conceive using donor sperm, their access to conception, parenthood and life as a family was legally uncertain. It was in hearing these two conception stories, which were essentially the same and yet very different, that I became interested in the politics of reproduction and the experiences of lesbian couples who seek to access their fertility.

While my sister's experience represents a well rehearsed and culturally accepted story of reproduction, the opposite is true for the story of my friend and her partner: they are in a sexual relationship that is socially stigmatised. My friend's position as a mother, and that of her partner, are questioned, socially and culturally, particularly for my friend who pursues motherhood as a non-birth mother. Their means of becoming mothers are contested, in fact, they encounter social, legal, political and economic barriers as they seek to conceive. Assisted conception and access to donor sperm is regulated in ways which militate against their access as a lesbian couple. Once they are mothers, it is unclear how they fit into society and how society relates to them, and their family constellation.

These hurdles that my friend encounter as she and her partner pursue conception are based on and relate to how lesbian donor conception transgresses culturally conventional discourses of reproduction, parenthood and family. This happens in three overarching and interconnected ways. First, lesbian couples diverge from gendered and sexual assumptions that a couple who conceive together are heterosexual. Second, they use assisted conception. This conflicts with cultural assumptions of how children are conceived – theirs is a conception practice that involves technological assistance and is separated from sex. Third, they conceive using donated gametes. This detaches biogenetic links from

parenthood and thereby questions cultural ideas of what makes a parent and what constitutes a family. Only one parent in a lesbian couple has a 'biogenetic' bond to the child. The child also has a biogenetic connection to a sperm donor who may or may not be involved in its upbringing.

Lesbian conception practices thus go against conventional understandings of reproduction, and represent culturally and socially largely unrecognised and little known ways of becoming and being a family. Hence, there is no easily-available social script for lesbian couples who seek to pursue conception and parenthood. Lesbian couples who want to become parents together find themselves in a position where their route to conception is uncertain – it is unclear whether they can pursue donor conception as a couple, what conception methods are available to them, how they can access donor sperm, and if and how their parenthood and family will be recognised. To some extent, lesbians have to find their own ways of doing this, both practically and materially, and also conceptually and discursively. How they conceive is therefore of interest to sociological inquiry.

This thesis investigates how lesbian couples undertake, experience and understand pursuing donor conception together. It explores the practicalities of how lesbians access their fertility, how they experience doing this, and how, in the process, they mobilise the cultural discourses around conception, family, kin and sexuality which are at their disposal. Because there is no readily available social script for this process, lesbian couples' conception practices might be seen as signifying radical social transformation of family life. It has been suggested that intimate and family formations in late modern society are increasingly characterised by individualisation and de-traditionalisation (Bauman 2000, Beck 1992, Beck and Beck-Gernsheim 2002, Castells 1997, Giddens 1991, 1992). Gay and lesbian family formations, in particular, have been regarded as leading the way in such transformations, and their families are seen as signifiers of many of the changes in intimate and family life that are now perceived to be taking place (Giddens 1992, Stacey and Davenport 2002, Weeks *et al.* 2001). Set in this context, the thesis investigates whether lesbian couples' experiences and understandings of pursing donor conception can be seen as radically new ways of pursuing conception, parenthood, and family life.

While lesbian conception is socially, politically and legally contested, this should not be seen to imply that there are no lesbian mothers. In fact, there is a

history to lesbian conception and motherhood. In 1984, it was estimated that one in five adult lesbians were mothers (Rights of Women 1984: 9). Farquhar *et al.* (2001: 33), presenting more recent data, suggest that 26 percent of lesbians in the UK have at some point experienced pregnancy. In an American study, the proportion was 35 percent (Valanis *et al.* 2000 in Farquhar *et al.* 2001). Although these are small studies using non-random samples, and a significant proportion of recorded cases of the lesbian mothers in the studies may have conceived in the context of previous heterosexual relationships, these figures indicate that many lesbians have experiences of conception and pregnancy.

In recent years there is evidence that an increasing number of lesbians choose to become parents in what has been described as a gay and lesbian 'baby boom' (Agigian 2004, Chabot & Ames 2004, Haimes & Weiner 2000). Donor insemination is an established route through which lesbians now exercise this choice. It is a practice that can involve little technological and medical intervention and which can be relatively cheap and therefore easily accessed. Agigian (2004: 7) states that lesbians and unmarried women in the US started to conceive using self-arranged donor conception in the 1970s. Self-arranged conception has also become a common feature of lesbian conception practices in the UK over recent years (Saffron 1998, Haimes and Weiner 2000), which is likely to be linked in part to the legal restrictions that have, until recently, denied lesbians access to UK infertility clinics (Barney 2005, Franklin 1993, Lasker 1998). While lesbian couples are traditionally known to make use of self-insemination to conceive, an increasing number of lesbian couples are now also seeking fertility treatment in reproductive health clinics. In the autumn 2006 the Human Fertilisation and Embryology Authority (HFEA) released data which demonstrated a substantial increase in the use of fertility treatment by lesbians and lesbian couples in Britain. In 2000, lesbians and lesbian couples constituted 6.7 percent (N=411) of patients undergoing donor insemination (DI) treatment. In 2005, this number had risen to 14.4 percent (N=766) (Human Fertilisation Embryology Authority 2006). Similarly, there has been an increase in lesbian couples using in vitro fertilisation (IVF) treatment, both in absolute and relative numbers, from 0.1 percent (N=36) in 2000 to 0.4 percent (N=156) in 2005[1]. In

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[1] It should be noted that the category of 'single women', which describes a woman who does not register with a partner, is separated from 'lesbian women' representing a woman with a female

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2008, lesbian couples were estimated to constitute 0.5 percent of all women receiving IVF treatment (Edemariam 2008). As noted above, technologies that attempt to assist fertilisation, including DI, intrauterine insemination (IUI), and IVF, do not constitute the only ways in which lesbians conceive and become parents. Many lesbians also have children through previous heterosexual relationships, adoption or fostering. However, such reproductive technologies are significant because they now have an established place in lesbians' reproductive practices.

Despite the fact that an increasing number of lesbians choose to become parents, donor insemination has a recognised place in lesbians' reproductive practices and lesbian couples increasingly seek access to licensed donor sperm to conceive, surprisingly little is known about the processes lesbian couples go through in order to conceive. As the literature review (Chapter 2) indicates, there is, to date, no major study in the UK which investigates how lesbian couples undertake, experience and understand donor conception. Through its focus on lesbian conception, the thesis seeks to fill this gap in the literature.

This introductory chapter sets the scene for the thesis. First, it places lesbian couples' experiences of pursuing conception in an historical context. Lesbians who conceive in the UK do so in a specific social, political and legal context which has evolved from the history of how lesbian mothers have been accommodated in this country. Second, the chapter provides the legal framework of lesbian donor conception in an overview of related English and Welsh law. Such regulations dictate the parental rights of the birth mother, the non-birth mother and the donor, and thereby constitute the legal framework that lesbian couples relate to as they consider how to conceive. Third, the chapter provides an overview of the thesis. Finally, it outlines my use of some key terms and concepts that are foundational to the thesis and which have multiple and/or contested meanings and may therefore not be self-evident to the reader.

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partner in the Human Fertilisation Embryology Authority data (2006). The category of 'single women' may well include lesbians in couples who chose to register as single women given that lesbians are commonly denied access to treatment in clinics.

LESBIAN MOTHERHOOD IN RECENT UK HISTORY

Lesbian couples' access to reproduction and a family life are increasingly protected in English and Welsh law. It is a development that signals recognition of the European Convention of Human Rights that gives citizens a right to a protected family life, regardless of sexuality. The UK Adoption and Children Act 2002 gave same-sex couples the right to jointly adopt children, and in the same year the English Court of Appeal judged that a same-sex couple could be seen to be 'living together as husband and wife' (Mendoza v Ghaidan [2002] EWCA Civ 1533; [2002] 4 All ER 1162 in McK Norrie 2003). The passing of the Civil Partnership Act 2004 and the revision of the Human Fertilisation and Embryology (HFE) Act 1990 in 2008 further signal that lesbian conception is increasingly recognised and that lesbian mother families are protected as family relationships.

However, these changes represent very recent developments, and have occurred against the backdrop of a long history of discrimination and marginalisation. Lesbian couples' understandings of what it means for them to become parents and form a family together today are likely to be influenced by the way in which lesbian parenthood and same-sex family formations have been perceived and constructed in the past. A brief consideration of lesbian motherhood in recent British history may therefore provide a helpful context for the thesis. As indicators of how lesbian motherhood has been understood in the UK, I use examples from court cases involving lesbian mothers, as well as media coverage and parliamentary debates, from the mid 1970s to the present. While the processes of law are clearly only one dimension of the world that lesbians have lived in, they provide indicators of how lesbian motherhood has been historically constructed. It should be noted that this section can not, and does not, give a full account of this history: its aim is only to highlight the historical context and acknowledge its influence on contemporary lesbian couples' feelings about parenthood and having a family.

Custody cases involving lesbian mothers in the 1970s and early 1980s focused on the imagined effects the mother's lesbianism had on her children (Clarke 2008: 121). Such cases suggest that judges thought it important to consider the question of whether lesbians were fit parents. This transpires in the Rights of Women's

(1984) report on 7 appeal cases involving lesbian mothers from 1976-1984. One of the cases, from 1976, involved a woman who at the time had been separated from her husband for two years and was now in a legal dispute with him over custody of their child. During the time since the separation, the child had lived with her/his mother and her female partner. The judge decided to grant custody to the father based on the father's psychiatrist's statement that the child 'would have considerable difficulty growing up unblemished by his abnormal situation' if she/he was to stay with her/his lesbian mother (quoted in Rights of Women 1984: 9). The mother's psychiatrist provided a positive assessment of the mother and her partner's care for the child, which also was the status quo (meaning that the child was living with them before the court hearings). However, the judge based the verdict on assumptions that lesbianism per se was harmful for the child.

The fact that lesbianism was considered a sufficient reason to deny women custody of their children in the late 1970s and early 1980s, (similar trends can be noted in the US at this time (Lewin 1993)), is further illustrated in the Appeal case of W v W (1976) in which a lesbian mother did win custody of her daughters, but only because the father failed to provide suitable accommodation for them. Lord Justice Ormrod held the view that it is 'simple common sense to say that the children ought to have a more normal life in a more normal family' (Lord Justice Ormrod quoted in Rights of Women 1984: 10). In S v S (1978), a judge referred to 'the dangers of children being exposed or introduced to ways of life of this kind, and to the possibility that such exposure might scar them permanently' (quoted in Rights of Women 1984: 11). This judge decided that the father should have custody despite the wishes of the children, aged 7 and 6, who wanted to stay with their mother, and the recommendation of the welfare report. In Re P (a minor) (1982), a father brought an appeal after the initial case gave the mother custody: the father could not have custody of the child himself, but wanted the child to go into care rather than staying with its lesbian mother. The mother gained custody only because there was 'no other acceptable form of custody' (Lord Justice Watkins quoted in Rights of Women 1984: 13).

The Rights of Women report makes clear that lesbianism was seen by UK courts as 'deviant', 'devious', 'abnormal' and 'unnatural' (1984: 14). The court orders suggest that lesbian mothers who were seen not to 'flaunt their sexuality' (Appeal Court quoted in Rights of Women 1984: 13) were considered more

favourably than others (see also Clarke 2008). At the time, *Spare Rib* (a UK women's liberation magazine published 1972-1993) included an article by Eleanor Stephens commenting on the homophobia that lesbian mothers suffered in courts:

> When a woman who is lesbian is unlucky enough to have to go to court
> to fight for custody she has at the moment no chance of winning. The
> judge always awards custody to the father. (Stephens [1976] 1982: 91)

It is striking that these court verdicts were given at a time which was characterised by an active gay and lesbian movement and by strong political organisations (see, for example, Seidman 2002).

When HIV and AIDS appeared in the early 1980s, and was particularly damaging in the gay community, it was widely seen as the 'disease of the already diseased [...] the symbol of a sexual revolution that had gone too far' (Weeks 2008a: 17). The homophobia that was unleashed following the epidemic in the 1980s culminated in an aggressive attack on lesbian and gay families in the passing of Section 28 of the Local Government Act 1988 (see also Clarke 2008, Weeks 2008a). Section 28 banned the 'promotion of homosexuality' by local authorities, and stated:

> A local authority shall not promote the teaching in any maintained school
> of the acceptability of homosexuality as a pretended family relationship.
> (Local Government Act 1988, 28(2A): 1B)

The wording of the act constructed gay and lesbian families as 'pretended families' and as relationships that should not therefore be 'promoted'; it sought to suppress teaching about such relationships, as well as having an accepting or tolerating attitude towards them (see also Woo 2007). Section 28 was not repealed in England and Wales until November 2003.

A court case from around the same time as Section 28 came into force demonstrates that lesbian mothers continued to be seen as unfit mothers. In Early v Early (1989), the father's claim for custody was based around three factors, one of which was that the mother was a lesbian. The mother contested this, claiming that her lesbianism was given too much weight in the judge's decision to award

the husband custody. The judge had based his decision on the advice of the child psychiatrist, which stated that 'if [the child] remained with this mother he would in the future have to face unusual difficulties' (Early v Early 1990 S.L.T 221). The child psychiatrist also stated that the boy would be better served by living with his father, rather than only seeing his father intermittently, in order to learn to 'compare the male figure against the female'(Early v Early 1990 S.L.T 221). The mother's appeal was refused. As this case suggests, the concepts of child development and good parenting were based on heteronormative assumptions where it is thought that 'difficulties' will ensue for a child who is not brought up according to hetero-gender norms, and in a household with a father.

Similar beliefs characterised the debates and discussions around the first HFE Act 1990, which regulated the provision of donor insemination in the UK. The development of fertility treatment and reproductive technologies, highlighted in the birth of the first 'IVF baby' Louise Brown in 1978, had the potential to radically alter reproductive practices in the UK as such technologies side-stepped heterosexual sex as method of reproduction. The HFE Act 1990 was the first regulation of its kind and was largely shaped by the so-called 'Warnock report': the 'Report of the Committee of Inquiry into Human Fertilisation and Embryology', chaired by Dame Mary Warnock (1984). The debates that took place indicate that homophobic assumptions of family life circulated at the time. Baroness Faithfull, Lady Abernethy, for example, argued against granting lesbian couples access to fertility services:

> Children learn primarily from example, by copying what they see. It is by example that a boy learns to be a responsible husband and father and how to treat his own children in turn. It is by example that a girl learns how to be a wife, from seeing how her mother cares for her father. So the father is enormously important, if only as a role model... it is for [these] reasons that the Committee may consider that lesbian couples should not be eligible to receive AID [artificial insemination by donor] or in vitro fertilisation services. (Baroness Faithful, Lady Abernethy quoted in Woo 2007: 174)

Baroness Faithfull, Lady Abernethy articulated strongly conservative values, arguing that the heterosexual couple family, and stereotypically heterosexual

genders, should be safeguarded under the new law. The final Act formed a continued, if implicit, attack on lesbian mothers and same-sex families as it stated:

> A woman shall not be provided with treatment services unless account has been taken of the welfare of any child who may be born as a result of the treatment (including the need of that child for a father), and of any other child who may be affected by the birth. (Human Fertilisation and Embryology Act 1990, section 13(5))

When a lesbian couple sought treatment, the non-biological mother received no automatic legal recognition as a parent in the Act (section 28(3), see also Wallbank 2004). This is in contrast to the husband in a heterosexual couple, showing another way in which lesbian families were marginalised. As Franklin (1993) and Cooper and Herman (1991) indicate, the heterosexual family model was preserved by the regulation of who had access to new reproductive technologies.

In 1991, the provision of licensed donor insemination was the subject of a media storm, referred to as 'the virgin births debates'. The issue of controversy was whether women described as 'virgins' should be able to access anonymous donor insemination (Cooper and Herman 1991). The Daily Mail (11 March 1991) held the view that donor insemination is a:

> ...'scheme' which strikes at the very heart of family life' by giving 'women who have never had sex... the chance to have a baby' (The Daily Mail quoted in Radford 1991)

The Guardian at the time quoted MP Dame Jill Knight's commenting on fertility treatment provisions:

> A child needs two parents. If a child has lost one parent either through divorce of death or one leaving, that is one thing, but to deliberately make a woman pregnant who obviously has no of the natural feelings about the matter, I think is highly irresponsible. (*The Guardian* quoted in Radford 1991)

Throughout the 1990s, lesbian conception continued to make headlines in UK newspapers. For example, the Daily Mail published an article in 1995 entitled 'DIY "virgin birth" for lesbians on benefits'. The article stated:

> Two jobless lesbians have become the parents of a baby girl following a successful DIY pregnancy. Both claim they are virgins and the child's mother says she conceived after inseminating herself with sperm donated by a gay male friend. (Rayment 1995)

Against a background of a long history of homophobia directed against lesbian motherhood and same-sex families, it is interesting to note the social, cultural and political changes that have emerged around the perception of lesbians and their families in the UK from 2000 onwards. As noted above, recent legal developments granting gays and lesbians access to civil rights in joint adoption (Adoption and Children Act 2002) and the right to register partnership (Civil Partnership Act 2004), suggest an increasing recognition of gay and lesbian family formations.

However, this legal recognition is coupled with an ongoing questioning of lesbian parenthood, and denial that these constellations should be considered as 'families'. This is illustrated in a Scottish court case, X v Y, (2002) in which a lesbian couple had conceived using the sperm of a friend who believed, before the birth, that he would be in contact with the child. When the mothers after birth reduced his visiting hours, he took them to court to seek parental rights. The judge in this case came to the conclusion that the donor did indeed have a 'family relationship' with the child and should therefore be granted parental rights. However, the judge also came to the conclusion that the non-birth mother did not have a 'family relationship' with the child, and she was therefore not granted such rights (see also Wallbank 2004). This devalued one of the foundational features of lesbian couples' family formations: that the partner who does not give birth is considered to be a mother. The judge stated:

> I did not think that C [the non-birth mother] fell within the scope of 'family' which was envisaged in making an order [...] for parental rights. (X v Y 2002 S.L.T (Sh Ct) 161, p. 13)

She explained that:

> While it may have been held that a cohabiting homosexual couple may
> constitute a 'family unit' for a variety of purposes, a homosexual couple
> in Scotland cannot marry. Therefore it is very difficult to see how such a
> couple could be accorded rights under art 12, the right to marry and
> found a family. In the ordinary course of matters in a homosexual
> relationship, obviously there would be no offspring. (X v Y 2002 S.L.T
> (Sh Ct) 161, p. 13f.)

The judge here ignores the history of lesbians' use of donor insemination and
fertility treatment, and does not consider that this leads to 'offspring' of the
lesbian couple. McK Norrie (2003) argues that this judge wrongly denied the
family relationship between the non-birth mother and the child, as the non-birth
mother had 'care and control' over the child, considering the recent developments
in law at the time (McK Norrie 2003: 5). This case indicates that the courts have
been places in which lesbian couples suffer homophobia and are not necessarily
recognised as parents as recently as 2002.

Looking at more recent cases, I have chosen two from 2006. The first illustrates
changes to the perception of lesbian mothers. The second, however, shows that
prevalent heteronormative assumptions remain. In Re D (contact and parental
responsibility: lesbian mother and known father) [2006] EWHC 2 (Fam), [2006] 1
FRC 556, a lesbian couple conceived using the donor sperm of a friend under the
agreement that he would be known as un uncle and the lesbian couple would be
the child's parents. After the child was born, however, the donor desired more
contact, and sought a parental responsibility order. The judge in this case gave
primacy to the lesbian couple, stating that '[the child's] home was with Ms A and
Ms C. They, together with [the child's] sister, are her immediate family' (Mrs
Justice Black quoted in Smart 2008a: 19). This recognised the lesbian couple as
the child's primary family unit. The case demonstrates that lesbian couples with a
child can now be recognised as family, and that courts can deploy the idea that
parents should be acknowledged 'for the ways in which they [are] acting as
parents and not simply because they [can] claim the status of a parent' (Smart
2008a: 20). Millbank (2008a) notes that the concept of the 'functional family'

(that those relationships that function as a family require protection by law) plays an increasing role in recognising same-sex families as families in court.

This concept of the 'functional family' is, however, less prevalent in court hearings that relate to conflicts between birth mothers and non-birth mothers. In the case In re G (Children) (Residence: Same-sex Partner) {2006} UKHL 43 [2006] 1 W.L.R. 2305, a lesbian couple conceived two children together, born 1999 and 2001, using anonymous donor sperm. As the relationship ended, the non-birth mother applied for a shared residence order, which was granted in the Court of Appeal in 2003. However, shortly after that, the birth mother moved from Shropshire where the non-birth mother lived, to Cornwall, at which point the judge, who had no confidence that the birth mother would keep promoting the children's relationship with their non-birth mother, ruled that the non-birth mother should have parental responsibility and that the children should live with her. This was an interesting case, as, unusually, it recognised the non-birth mother's legal status as a parent. However, after an appeal from the birth mother, the case reached the House of Lords, where the Lords came to the conclusion that the birth mother was 'the natural mother of these children in every sense of that term' (In re G (Children) (Residence: Same-sex Partner) {2006} UKHL 43 [2006] 1 W.L.R 2305), and that the children therefore should live with her. For example, Lord Scott of Foscote argued that the Court of Appeal had:

> ...failed to give the gestational, biological and psychological relationship between CG [birth mother] and the girls the weight that that relationship deserved. Mothers are special[.] (In re G (Children) (Residence: Same-sex Partner) {2006} UKHL 43 [2006] 1 W.L.R 2305)

The House of Lords gave primacy to the biological status of the birth mother, thus de-valuing the position of the non-birth mother as a mother. The phrase 'mothers are special' specifically confers a status on the birth mother, and excludes the non-birth mother from the 'mother' category. Millbank (2008b) argues that, in lesbian couples' family disputes, a perspective of a 'functional family' gives way to a biological concept of the family in law, giving legal authority to biological parenthood. Together these cases suggest that although English law increasingly recognises lesbian couples' families as 'families', this is, today, coupled with a continued privileging of biological parentage.

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The new HFE Act 2008, finalised in November 2008, gave lesbian couples who conceive using licensed donor sperm increased legal recognition in law. The gendered and homophobic wording in the 1990 Act, with its emphasis on a child's need for a father, was replaced by 'supportive parenting'. The HFE Act 2008 further stated that, if a woman is in a civil partnership at the time of the treatment, then 'the other party to the civil partnership is to be treated as a parent of the child' (section 42:1). Furthermore, where a woman is not in a civil partnership at the time that she is provided with licensed donor sperm, but has a partner who gives consent to the treatment, the non-birth mother is also automatically treated as a parent of that child (section 43 and 44). An ongoing social and political opposition against lesbian mother families, was, however, still prevalent in society; these changes to the law were subject to heated debates in parliament in Autumn 2007, where, for example, Cardinal Cormac Murphy-O'Connor opposed the recognition of same-sex couples as parents saying that the bill 'radically undermines the place of the father in a child's life' (Cardinal Cormac Murphy-O'Connor quoted in Truscott *et al.* 2007). The Cardinal continued by saying that it was:

> ... "profoundly wrong" that the "natural rights of the child" were being made subordinate to the "desires of the couple". (Cardinal Cormac Murphy-O'Connor in Truscott *et al.* 2007)

This brief outline indicates that the perception and recognition of lesbian motherhood in the UK has changed dramatically over recent decades. There is a striking difference between the 1970s court cases in which lesbian mothers lost custody of their children because they were lesbian, to that the HFE Act 2008, which grants lesbian couples formal access to licensed fertility treatment. It is interesting to note that alongside these developments there continues to be a lingering homophobia in the debates, judgements and social attitudes towards lesbian families.

PARENTAL RIGHTS IN LESBIAN DONOR CONCEPTION

The historical overview indicates that lesbian couples who seek to conceive together do so in a fast changing legal landscape. I conducted my fieldwork for the study from Autumn 2007 to Spring 2008, and the sample included lesbian couples who had actively pursued donor conception together from the mid 1990s up until that point. My fieldwork therefore predated the HFE Act 2008 (published in November). Some parts of the 2008 Act where introduced in April 2009 (from Monday 6th of April 2009 same-sex partners who conceive together under a licence can record both partners on the birth certificate). However, the major part of the new legislation will be introduced in October 2009, and further changes to parental orders (affecting same-sex couples) will be introduced in April 2010 (Human Fertilisation and Embryology Authority 2009). This means that, while the legal framework is now changing, lesbian couples who participated in this study did so within the framework of the HFE Act 1990. Therefore, this section focuses on the regulatory framework of the HFE Act 1990, and how it affects parental rights in the context of lesbian donor conception.

` For lesbian couples who conceive together under this Act, the key issues under consideration are how the law recognises the non-birth mother, and how it legally positions the sperm donor. The non-birth mother's access to parental rights, as well as the position of the donor, differ depending on whether the couple conceive in a clinic licensed by the HFEA (which both regulates fertility treatment and licenses clinics to carry out such treatment) or become pregnant using self-arranged conception. The birth mother is automatically recognised as the legal mother of the child in both routes.

According to the HFE Act 1990, a child conceived through licensed donor treatment does not legally have a father (Stonewall 2008). The donor is excluded from all parenting rights and is not named on the birth certificate. The HFE Act 1990 stipulates that donors are completely anonymous to the woman receiving the donation, and that the child is not able to access identifying information about the donor (for a discussion see Haimes 1992). Following a change in the law that came into force on 1st April 2005, gamete donors are no longer completely anonymous. Donor-conceived children can now seek information and identifying

details at the age of 18. This means that details of the donor are registered by the clinic at the time of donation, and identifying and non-identifying information can be made available to any child conceived using his sperm (Human Fertilisation and Embryology Authority 2008).

For a lesbian couple who conceive through licensed donor sperm under the 1990 HFE Act, the birth mother is the only legal parent of the child when the child is born (LesterAldridge 2007). The non-birth mother has no automatic legal rights as a parent, even if the couple are civil partners.[2] For the non-birth mother to acquire parental status, the lesbian couple have to take legal steps. To give the non-birth mother the right to care for the child if something should happen to the birth mother before the child is born, they each need to make a will. After the child is born they can, if they are civil partners, sign a parental responsibility agreement. If they are not civil partners, they can apply to the court for a joint residence order, which involves a court hearing. For the non-birth mother to gain full and permanent legal parenthood, she has to adopt the child (which is only made possible in 2002 by the Adoption and Children Act). A couple can either jointly adopt the child, or the non-birth mother can make a single application. An application to adopt can only be made after the child is 6 months old, meaning that unless the couple have set in place other legal safeguards, the non-birth mother has no legal status as a parent until that point (Stonewall 2008).

For lesbian couples who self-arrange conception, the parental rights and responsibilities of the non-birth mother and the donor are more complicated, and the position of the non-birth mother even less secure. Legally, the donor is in such cases considered the child's father (Stonewall 2008). If he is named on the birth certificate, he has parental responsibility for the child. However, even if the donor is not named on the birth certificate, he is still legally considered the father of the child. As 'the natural father' he can, for example, apply to court for parental responsibility, contact and residence (as indicated by court cases cited above) (Stonewall 2008). As a legal father, such a donor can also be pursued for child support by the lesbian couple.

As with licensed donor conception, self-arranged donor insemination does not give any automatic parental rights to the non-birth mother. Couples can sign a

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[2] Following the Civil Partnership Act 2004, couples can register their partnership after this law came into force 5 December 2005 (Stonewall 2008).

contract which stipulates the intended rights and responsibilities that the couple and donor have, and although this is not legally binding, it can be persuasive in court. The couple can adopt the child together but only when the child has reached an age of six months. If the donor is not known on the birth certificate, the court expects him to informally confirm that he does not intend to apply for parental responsibility before the couple can adopt the child. If the donor has parental responsibility, he has to consent to the adoption.[3] Stonewall writes:

> The only way of permanently extinguishing your donor's legal parenthood is to adopt your child. As well as giving the non-birth mother legal parenthood, an adoption order extinguishes your donor's legal fatherhood. (Stonewall 2008)

Lesbian couples' routes to conception – i.e. whether they conceive clinically or in self-arranged agreements – thus have implications for the parental rights of the donor and of the non-birth mother. As noted above, the donor is the legal father of a child born through self-arranged conception (unless and until the mothers adopt the child). This is not the case for a child conceived in an HFEA licensed clinic. Self-arranged conception, outside the control of the HFEA's licensing authority, is thus not recognised as donor conception in the eyes of the law. Instead the law treats it the same as if the child was conceived through heterosexual sex. The laws outlined here govern, in a real and material way, both the access that lesbian couples have to becoming parents together, and the legal rights that the non-birth mother and the donor have as parents. In consequence, the legal framework impacts on the routes that the couples take to conception.

STRUCTURE OF THE THESIS

This thesis has two linked components. First, it explores research into lesbian conception through a review and critique of the existing literature. Mindful that lesbian conception practices traverse a range of debates and research areas, I have set boundaries around the literature. I have focused the review on studies into lesbian reproduction and feminist studies of reproductive technologies, as well as

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[3] Many thanks to Natalie Gamble at Gamble and Ghevaert LLP (previously at LesterAldrige LLP) for help in clarifying the position of the legal father in lesbian self-arranged conception (personal correspondence June 2009).

three wider areas of research: kinship and assisted conception, transformations of intimate and family life, and politics of gay and lesbian normalisation. The review is structured to both outline, as well as critique, existing research in these fields, and part one of this thesis therefore constitutes an extended conventional literature review covered in two chapters (Chapters 2 and 3).

The second part of the thesis is an empirical exploration of lesbian couples' experiences and understandings of pursuing donor conception. This is based on a qualitative interview study with 25 lesbian couples in England and Wales. This part of the thesis is weighted so that methodological and ethical dimensions of the study (covered in Chapter 4) are outlined in brief to give more room to the rich data of the study (Chapters 5 to 8). In the final chapter (Chapter 9), I set out my conclusions from the findings of the thesis as a whole.

To unpack the structure of the thesis in more detail, the first of the two literature review chapters (Chapter 2 'Literature Review: Setting the Scene') outlines the locations of existing research into lesbian reproduction. It notes that psychological research into lesbian conception is of an earlier date than research in the areas of sociology, anthropology and health science. The review indicates that there are important limitations in the existing empirical work undertaken on lesbian conception as this is heavily weighted to one community of lesbians with only a very limited number of studies, to date, in the UK. It suggests that my study is the largest to examine lesbian couples' experiences of donor conception in this country, to date. Noting the few studies that exist, I go on to examine how lesbian conception figures in the closely related field feminist studies of reproductive technologies, considering this the most likely place to find lesbian conception practices represented. My review, however, demonstrates that lesbians are not only empirically absent from these studies, but they are also theoretically invisible. I suggest that this field reproduces a notion of conception as heterosexual.

In Chapter 3, 'Literature Review: Concepts and Frameworks', I review and critique social science literature in three fields of research: assisted conception and kin; transformations of intimate and family life; and politics of gay and lesbian normalisation. In the chapter, I seek to establish the theoretical position of lesbian conception within these fields of study, and to identify theoretical handles for understanding lesbians' conception practices. Although these fields provide

conceptual frameworks for studying lesbian donor conception, the review demonstrates that lesbian donor conception practices are not covered by these areas of research. Lesbian conception is, in various ways, not only absent, but made unimaginable through the dominant heterosexual perspectives. The review concludes that lesbian couples' experiences and understandings of donor conception represent a conceptual and empirical gap in research.

Chapter 4, which introduces the second part of the thesis, discusses the methods, ethics and methodologies of my empirical study. The chapter outlines how the study was designed to resolve the gap made evident in the literature review, alongside a commitment to an ethical research practice. The design was also shaped by the difficulties associated with locating lesbian couples who conceive, as these women constitute a subgroup within the hidden population of gays and lesbians. The chapter therefore gives particular attention to the methodological and ethical implications of the recruitment strategy of the study's use of online recruitment for face-to-face interviews. Exploring issues associated with recruitment, data collection, sample composition and data analysis, I seek to provide a transparent account of the research process, thereby socially situating the knowledge produced in the interviews.

Chapter 5, 'Nitty Gritty Conception: Plans and Preparations', is the first of the empirical chapters in which I cover the findings that emerged from the interviews. In this chapter, I explore the material and practical dimensions of lesbian donor conception through the couples' accounts of their experiences of planning and preparing how to conceive. The chapter explores issues around how couples research conception, how they investigate their options around having a named/unnamed donor and their options of accessing clinical insemination. The chapter introduces a theme that is developed throughout the analytical chapters of the thesis: lesbian couples undertake donor conception through processes of disassembling and reassembling its constitutive parts and elements, making them separate objects of knowledge and management. I demonstrate that lesbian couples' processes of planning and preparing conception are characterised by a negotiation of various independent material and practical hurdles; among these the issue around funding clinical treatment is identified as one the biggest difficulties.

In Chapter 6, 'Nitty Gritty Conception: Doing it', I explore the material and practical dimensions associated with actively pursuing donor conception. I do so

by comparing and contrasting couples' understandings, perceptions and experiences of undertaking clinical and self-arranged conception. I focus on how couples, moving along these two different routes to conception, go about choosing donors and accessing sperm, negotiating using different technologies and understanding the place in which they conceive. In this chapter, I demonstrate that lesbian couples who conceive undertake complex logistic exercises, particularly couples who self-arrange conception, and that they commonly experience conception as a risky, difficult and stressful process. I suggest that the UK society in which lesbians seek conception still produces and upholds material, legal, political and social barriers against their donor conception.

In Chapter 7 'Originators and Origins: Couple Conception and Donor Management', I investigate the women's desire to conceive as a couple, and the irreconcilable tension within this desire – produced by the fact that they need to locate and receive sperm from a donor. The chapter focuses on how lesbian couples understand as well as manage, coordinate and choreograph being in receipt of sperm donations, undertaking inseminations, and managing the kin value associated with the donor's sperm. All this is done whilst maintaining the integrity of the 'couple' and their understanding of themselves as the originators of conception. I suggest that the couples undertake donor conception by consciously and carefully picking apart its practical and conceptual aspects, and then reassembling them in meaningful ways.

Chapter 8, 'Family Attachments', explores lesbian couples' ambitions to create and be a family, and the way in which this overarching desire shapes their understandings and practices of undertaking donor conception. In this chapter, I explore the meaning that the couples attach to finding a 'matching' donor in terms of looks, race and aptitudes. It also investigates how lesbians perceive and conceive siblinghood, how they understand and practice choosing last names, and what civil partnerships mean to them. I demonstrate that lesbian couples make these practices come together in an assembly of what I call 'family connecting practices' that form a repertoire of family attachments. I suggest that lesbian couples construct family boundaries by using a number of such family connecting practices which allow them to identify with a conventional nuclear family model. In doing so, I argue, lesbian couples seek legitimacy as a family.

In the final concluding chapter of the thesis, 'Conceiving Together', I revisit the findings of the literature review (Chapters 2 and 3), and the empirical study (Chapters 4 to 8). I investigate their implications for the dominant theoretical frameworks outlined in the literature review. In particular, the chapter revisits the prevailing frameworks and boundaries of feminist studies of reproductive technologies, and studies in the area of transformation of intimate and family life. I suggest that conception practices, and lesbian conception in particular, challenge dominant understandings and delineations between constructions of knowledge within these fields. Finally, I make some suggestions for taking my findings forward in future research.

CONCEPTS AND TERMINOLOGY

Before I move on to outline the existing research into lesbian conception, I explain some of concepts that I use in this thesis. Although I unpack words and terminology, and the way in which I use them, as I proceed, there are some terms that are foundational to the thesis and require explanation from the outset.

First, throughout the thesis I use the term 'lesbian couple' to describe two women who live together in a sexual relationship, and who seek to conceive together. It should be noted that using such an identity category to define women who conceive with other women is not unproblematic. Bryld (2001) demonstrates that categories of sexuality can be understood as constructed and mobilised – rather than being merely 'reflected' – in politics of reproduction, for example, with regards to access to fertility treatment. Mindful of this, and mindful that women who participated in my study may or may not define themselves and identify as lesbian, I use this term as it signals a specific position – socially, legally, politically and culturally – that these women inhabit when they pursue conception. This is because the politics of reproduction relies heavily on the construction of sexual categories (as I have outlined in the course of this introduction), and these, in turn, structure experiences of reproduction in material and discursive ways. Thus, because socially constructed sexual categories exert an influence over how women perceive, pursue, access and experience conception differently in centre and margin, such categories are, I argue, not only valid but also important in this context.

Second, I refer to the partners in the lesbian couple who pursue donor conception as 'birth mother' and 'non-birth mother' where this distinction is relevant (otherwise, I refer to both as 'mother'). I have selected these terms, rather than the more common 'biological/non-biological' mother, or birth mother/other mother (Gabb 2005), to try and capture a dimension of 'practice' integral to becoming and being pregnant and giving birth, as suggested in the term 'birth mother'/'non-birth mother'. I do so for two reasons. Partly, the terms 'biological mother'/'non-biological mother' are ambiguous and can have multiple meanings: for example, a birth mother may or may not be a genetic mother (she may, for example, conceive using donated eggs), and, as I demonstrate in the course of this thesis, a 'biological' relationship may also be constructed between a non-birth mother and the baby. Partly, by using the term birth/non-birth mother I seek to highlight the practice (which has physical but also material and practical dimensions) of becoming pregnant and giving birth, rather than focusing on the type of relationship that such practices are culturally perceived to confer.

Finally, I have elected to use the words 'clinical' conception and 'self-arranged' conception to describe the two primary routes to conception that lesbian couples who took part in the study describe. I use the term 'clinical' to portray the route of couples who conceive using licensed donor sperm – that is, they conceive in a clinic licensed by the HFEA. I use this term to denote the specific material dimensions of this route. The place of the clinic carries particular material, political and economic meanings. Participants in the study often described their decision to use such sperm as 'going to a clinic'. Thus, by using the word 'clinical', I seek to convey the context that women enter into as they pursue such conception.

In addition, I use 'self-arranged' conception to describe the route of conception among couples who themselves arrange and perform donor insemination using the sperm from a donor who they contact privately (who is either named or a 'stranger'). This is not a term that the women themselves use; instead they describe these practices in a variety of ways, for example, 'the online route', 'do it ourselves', or 'going down the motorway'. The lack of terminology to describe these conception practices demonstrates the lack of cultural recognition of them. In seeking to describe the routes that were described to me, I found that the term 'self-insemination', traditionally used in this context (Saffron 1998, Haimes and

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Weiner 2000), implies that such inseminations are activities that only involve the birth mother (and possibly her partner). However, this does not adequately describe the level of communication and agreement between couple and donor that I have discovered to be one of the key features of this process (see Chapter 5 and 6). In addition, the word 'insemination' focuses on the act of inserting the sperm, rather than the ambitions and relationships involved in this practice, which I argue are better captured by a term like 'conception'. For similar reasons, I found the term 'DIY insemination' too limited. I further found that the term 'home insemination' is too place specific and therefore did not correctly describe couples' experiences (it implies that insemination always only takes place in the couples' homes). I therefore elected to use the term 'self-arranged conception' to describe this route, seeking to convey the dimensions of agreement and arrangement that I found to be inherent to such a route as well as the partnership, kinship and family connotations that characterise this pursuit of conception.

CHAPTER 2 LITERATURE REVIEW: SETTING THE SCENE

INTRODUCTION

This chapter is the first in which I locate and review existing research into lesbian donor conception. As noted above, lesbian conception touches upon, and is likely to be represented within, a wide range of research areas. The first of these areas, of course, are studies concerned with the experience of lesbian reproduction. In addition, there are feminist studies of reproductive technologies, together with wider research areas such as assisted conception and kinship, changing patterns of intimate and family relationships in late modern society, and politics of normalisation of same-sex intimacies (see table 1).

Table 1 Fields potentially relevant to the study of lesbian conception

Field nr	Field	Chapter
1	Studies of lesbian reproduction	2
2	Feminist studies of reproductive technologies	2
3	Kinship and assisted conception	3
4	Intimacy and family life: traditions and transformations	3
5	Politics of gay and lesbian normalisation	3

Whilst I am aware of that lesbian conception also cuts across a range of other fields, these five fields (listed in table 1) were identified as the ones most likely to encompass the study of lesbian conception. They were therefore the ones reviewed in this thesis.

Unpacking the findings of the review in more detail, Chapter 2 covers the first field of studies into lesbian reproduction. My review of this literature confirms that the number of studies is limited. It demonstrates that the few studies available are mainly carried out in North America and in the UK. These studies are located in different subfields and oriented to different debates. In the North American

context, lesbian reproduction has primarily been investigated in relation to reproductive technologies, kinship and gender relations (Luce 2002, Mamo 2007a, b, Pelka *forthcoming* a, Sullivan 2004). In contrast, in the UK, there is an emerging focus on discourses of fatherhood and changing patterns of family life (Almack 2005, 2008, Donovan 2000, 2008, Ryan-Flood 2005). With the exception of Jones (2005, 2007), there are no studies into kin and kin connectedness in the context of lesbian reproduction in the UK.

The second of these areas, also covered in Chapter 2, is feminist studies of reproductive technologies. Although this field has made significant contributions to the study of gender and reproductive technologies, the review indicates that it has developed in ways which render lesbians' and lesbian couples' experiences and understandings of using reproductive technologies invisible. An empirical absence of lesbians might be expected given that many studies have been conducted when lesbians had no or limited access to infertility clinics. What is perhaps more surprising is that lesbian conception is also theoretically absent in this field. Thereby, it offers few theoretical handles for a study into lesbian conception. In Chapter 3, I therefore turn to wider areas of literature to find such handles.

Chapter 3 reviews research into kinship and assisted conception, transformations of family and intimate life as well as gay and lesbian politics of normalisation. The review demonstrates that ideas about kin and connectedness in the Euro-American cultural context shape understandings of gamete donation and assisted conception, but also that conception, parenthood, family and personal identity have in this context been theoretically and empirically researched from the perspective of heterosexual conception. The majority of studies reproduce the idea that heterosexual intercourse is the *natural* way to conceive, and therefore do not account for heterosexual intercourse as a socially situated *method* to conceive. What it means to conceive through the deployment of assisted conception – not as a corrective to 'failed' sexual intercourse but as a routine and taken-for-granted practice – and how this relates to understandings of kinship, is not explored in this field of study.

Second, I review the research into changing patterns of intimate and family life in Chapter 3. It has been suggested that individualism, de-traditionalisation and dissolution of the heterosexual/homosexual binary, characterise late modern

intimacies. Gay and lesbian family formations are commonly seen at the forefront of these transformations. My review adds to the body of critique of the 'individualisation thesis'. I argue that, in such a thesis, reproduction, kin, and emotional and material dependency appear as under-theorised dimensions of intimacy, especially so in the context of gay and lesbian intimacies.

Finally, I review the area of gay and lesbian politics of normalisation. Richardson (2004, 2005) and Seidman (2002) indicate that gay and lesbian demands for equality are based on claims that gays and lesbians are 'normal' and 'ordinary'. Through such claims, 'good' gays and lesbians are constructed as those who live in domesticated stable couple relationships. The gay or lesbian couple can thereby be understood as a key intimate formation in processes of normalisation of homosexuality. However, the gay or lesbian *procreative* couple appears to embody a more contradictory and uncertain social and cultural unit. To date, it is unclear how gay and lesbian procreation fits within processes of normalisation.

The literature review, presented in Chapters 2 and 3, demonstrates that lesbian couples' procreative activity is essentially absent as a perspective within the related fields of study (table 1, fields 2 to 5). In these two chapters, I investigate the character of this absence through a review and critique of the literature. Bearing in mind that these literatures are also important resources to make sense of what lesbian couples' procreative experiences (for example, providing concepts which can be deployed to construct an understanding of lesbian donor conception), I also draw on these fields of literature in the empirical chapters of my thesis (Chapters 5 to 8).

It is important to note that, focused on five research fields, this review does not cover all the literature that has been influential in informing the empirical study. My work around donation and insemination practices in lesbian donor conception, explored in Chapter 6 and 7, has been influenced by Douglas's (1966) work in which she conceptualises dirt as a social construction which metaphorically and symbolically represents social systems. Rituals of purity and impurity emerge from practices which are likely to confuse and transgress upheld socially valued boundaries and classifications (Douglas 1966: 36). Therefore, Douglas argues, these are worked out in symbolically loaded patterns (1966: 3). My analysis of self-arranged conception has also been influenced by Emerson (1970) and

Meerabeau's (1999) studies of how sexuality is managed in intimate but non-sexual contexts. The investigation of lesbian couples' practices of donor matching, in Chapter 8, is influenced by Frankenberg's (1993) work on whiteness and intimacy. In particular, I draw on Frankenberg's notion that there is a social and cultural insistence that race represents an essential difference marking belonging, and societal discourses have continually constructed interracial relationships in negative terms (1993: 73, 77). This is based on the idea, she argues, that 'interracial relationships symbolically challenge the boundaries of communities structured by race and culture' (Frankenberg 1993: 100).

The fields of research that I review and draw on have all been strongly influenced by feminist research over the last few decades. Feminist debates link together gender, sexuality and procreation in their critique of the family, constructions of biology and nature, and the social organisation of sexuality. A brief consideration of the development of feminist work in the area of gender, sexuality and procreation may therefore provide a helpful context for the literature review. The following section is a backdrop which concisely indicates related areas in feminist debates. It must be emphasised that the section does not aim to give a full account of feminist scholarship, but to acknowledge the influence of feminist debates on fields of literature covered by the literature review.

Feminists on gender, sexuality and procreation

Gender, sexuality and procreation are theorised in the context of various feminist debates. Starting with the 'second wave' feminists of the 1970s, Rubin ([1975] 1997), in an early paper, makes explicit the connections between sex, gender and procreation. She suggests that the social system of kinship is based on the exchange of women, noting that this exchange relates to issues of both sexuality and reproduction:

> Kinship systems do not merely exchange women. They exchange sexual access, genealogical statuses, lineage names, and ancestors, rights and *people* – men, women and children – in concrete systems of social relationships. (Rubin [1975] 1997: 38, original emphasis)

In other feminist debates at the time, like those around household and family life, the linkages between sex and procreation are disconnected. As the

relationship between Marxism, feminism, work and the family come into focus, gender and family is brought to the foreground while sexuality is marginalised. Among Marxist feminists, a critique of gender-blind Marxist perspectives on labour develops alongside an understanding of the family as a central formation for the oppression of women (Barrett 1997, Hartmann [1981] 1997, Oakley 1974a, 1974b). In 'the Unhappy Marriage of Marxism and Feminism' ([1981] 1997) Hartmann argues that Marxist theory is insufficient to account for gender divisions and the labour market:

> [Categories of Marxist analysis] give no clues about why *women* are
> subordinate to *men* inside and outside the family and why it is not the
> other way around. (Hartman [1981] 1997: 99, original emphasis)

A Marxist feminist critique of the construction of the family centres on the division of labour between men and women, and the construction of family and 'the family wage'. As with the above quote, such studies presume heterosexuality. Here, no links are made between sex, gender and procreation.

Feminist theorisations of the family that develop during the 1970s significantly impact on later sociological inquiries into family formations (Morgan 1996: 8). Later feminist research into family life is taken further by studies of gender and employment. For example, Graham (1987) argues that all members within a family do not necessarily share the same standard of living due to different control over money and expenses. Jackson (1997: 340) demonstrates that despite changes to women's position in family and employment, the state regulation of family life has not necessarily increased women's control in the family. Jackson (1997) also questions a focus on 'the family', commonly seen as a central formation of female oppression, and argues that 'family' varies considerably across time and culture.

Alongside debates that link gender with family and work, are those around the construction of sex and gender as biological/social categories. 'Second wave' feminists, analysing gender inequalities as socially constructed rather than biologically predetermined, commonly make a distinction between a socially constructed gender, and a biologically given sex. Such a distinction is subsequently critiqued in feminist debates of the 1980s and 1990s as it is seen to reproduce assumptions that a social construction of gender relates to and reflects 'natural' sex. Feminists start to deconstruct categories like nature, body, biology

and blood, arguing that these are also social constructs (see, for example, Butler 1990, Haraway 1991, Strathern 1992b, Yanagisako and Collier 1987).

The debates around a sex/gender distinction also shape, and are shaped by, feminist lesbian studies which, unlike early studies of the family, link together gender and sexuality. These have informed more recent gay and lesbian studies and the development of queer theory. Monique Wittig's ([1981] 1993) and Adrienne Rich's ([1980] 1993) early texts are highly influential explorations of sexuality as socially constructed. Wittig ([1981] 1993) suggests that 'woman', seen as a natural identity, is an ideological construct linked to an ideology of heterosexuality:

> A lesbian society pragmatically reveals that the division from men of which women have been the object is a political one and shows that we have been ideologically rebuilt into a "natural group". (Wittig [1981] 1993: 103)

In a similar way, Rich suggests that heterosexuality can be understood as a social force, which 'wrench[es] women's emotional and erotic energies away from themselves and other women and from woman-identified values' ([1980] 1993: 232).

Later work on the linkages between sexuality and gender primarily develop along two distinct strands of thought: post-structuralist and materialist feminist. Poststructuralist readings of sexuality mainly build on Foucauldian understandings of cultural discourses, and emphasise its cultural and linguistic dimensions. Notable is Judith Butler's theorisation of a heterosexual matrix – a 'compulsory order of sex/gender/desire' (1990: 6, see also Butler 1993). She suggests that heterosexuality is performative, and that performance produces heterosexuality as the 'original' and homosexuality as the 'copy'. 'Queer theory' denotes multiple positions in a field that sees sexual categories and identities as discursively constructed concepts which are transgressed by sexual practice (Fuss 1991, for an overview see Adam 2002). Materialist feminist perspectives, on the other hand, emphasise gender and sexuality as cultural and *social* categories, suggesting that sexual structures cannot be studied only on cultural and linguistic levels, but are also social and institutionalised phenomena (Delphy 1993, Hennessy 1995, Ingraham 1996, Jackson 2001). Common to both of these

readings of gender and sexuality is the critical insight that normative heterosexuality is interlinked with a binary construction of gender. As the concepts underlying this insight are particularly influential for my review and study as a whole, I now turn to outline them in more detail.

The concepts 'heteronormativity' and 'heterosexual imaginary' denote mechanisms in the operations of heterosexuality as a normative social structure. The term 'heteronormativity', on the one hand, has developed within studies of sexualities and denotes how heterosexuality is produced normatively as the normal sexual practice. According to Scott and Jackson (2006: 247), prevailing norms of heterosexuality can be understood as operating on multiple social levels. It should be noted that the concept has conceptual limitations as it does not fully encompass the complexities of different social dimensions of heterosexuality (Jackson 2006).

The term 'heterosexual imaginary', on the other hand, developed by Ingraham (1996), builds on Althusser's earlier work, and refers to the way in which heterosexuality is normalised and requires neither exploration nor explanation (1996: 177):

> The heterosexual imaginary is that way of thinking which conceals the operation of heterosexuality in structuring gender and closes off any critical analysis of heterosexuality as an organizing institution. (Ingraham 1996: 169)

Ingraham argues that, while gender has been deconstructed and analysed as a social construct in feminist sociology, heterosexuality remains un-problematised. The 'heterosexual imaginary' refers to the process through which heterosexuality remains an unquestioned and 'naturalised' framework, a framework which seemingly renders unnecessary any analysis of how heterosexuality operates.

This feminist work constitutes an important backdrop to this thesis and informs both the review of the literature and the empirical study. Before moving on to the review, I now briefly turn to outline the method through which the relevant literature was identified and the structure of the sections that follows.

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Method of literature search

To research the existing evidence base, literature searches were undertaken using electronic resources, key text searches and research of 'grey' literature, in the initial stage of the doctoral research and throughout.

A key set of texts was initially identified partly through electronic searches in the area of lesbians' experiences of donor insemination, and partly in supervisory meetings from autumn 2005 and spring 2006. A citation search, based on the key texts, was then carried out which in turn generated new canonical texts and references. After this initial stage, primary methods of researching the existing evidence were to use electronic search catalogues (see appendix 1) in combination with a more conventional citation search based on key texts in related areas of research. While a combination of the two was used throughout the literature search, the electronic research proved particularly helpful in identifying studies, and locating evidence of such conception in the studies of reproductive technologies. Key researchers in the field confirmed that the literature found through electronic and citation searches was relevant. These contacts occasionally generated new literature as well as new 'grey' literature. 'Grey' literature was also identified in contact with relevant research bodies (see appendix 1). The electronic mapping of the literature and the conventional method of literature research produced different sets of literature, demonstrating the benefits of using a combination of the two to identify and review existing literature.

The structure for each section in this and the following chapter is based on the analytic themes that emerged from this review process. It should be noted that the fields under review represent vast literatures and that the two chapters should not be seen as a review of all work in these areas. Rather, the review is instrumental in character, and literature has been included or excluded depending on its relevance for understanding lesbian couples' conception. Undertaken in 2005-07, the review has been updated by the inclusion of literature subsequent to fieldwork.

LESBIAN REPRODUCTION

A small but growing number of studies contribute to an understanding of the way in which lesbians experience and understand conception, reproduction and parenting. The review demonstrates that the majority of work is produced in North

America, the UK and Australia, as well as in France and the Netherlands[4]. The electronic literature search suggests that existing research is located within the social sciences in such disciplines as psychology, sociology and anthropology as well as in research into mental health, nursing and health care. Given the focus of my study, I review sociological and anthropological research in-depth while psychology and health related studies are covered more briefly.

Psychological studies of lesbian conception

An early interest in lesbian reproduction was demonstrated in psychology. This is linked to the practices of judges in the 1970s and 1980s, as noted in Chapter 1, to draw on psychiatric advice supporting a pathological view of lesbians, to deny them child custody (Clarke 2008: 121). Early studies in psychology were conducted in this social and political context in which lesbians were not seen as 'good enough mothers', and the first research into lesbian motherhood examined how children developed in lesbian mother families. Studies focus on the development of gender identity and sexual orientation (see, for example, Golombok *et al.* 1983, for an overview see Clarke 2008, Gatrell *et al.* 1996). Both early and more recent studies, such as those of Brewayes *et al.* (1997) and Tasker and Golombok (1998), investigate whether children raised by lesbians show any significant difference in gender development and sexual orientation from children raised in heterosexual families, and find that children of lesbians develop normally. While this early psychological research was important at the time as it demonstrates that lesbians are 'good enough mothers', it should be noted that it builds on normative assumptions about heterosexual parenthood as the 'gold standard' (Kranz and Daniluk 2006).

More recent psychological studies focus on more processes involved in lesbian parenthood. Bos *et al.* (2003) and Leiblum *et al.* (1995) study lesbians' motivations to have children and to plan parenthood through donor insemination. Such studies also compare lesbians' motivations to become parents and donor conception practices with that of heterosexual couples. Bos *et al.* (2003) concludes that the major difference between lesbians who plan parenthood together and heterosexual couples who do so is that lesbians' desire to have children is stronger. Pelka (2005, *forthcoming* a, b) investigates lesbian IVF and

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[4] The review includes papers that have been published in English.

egg sharing (one woman donates eggs to her partner who carries the couples' baby) and argues that developing genetic connections is experienced as a way for lesbians to equalise the emotional bond to the child. In a study of how lesbian couples with children live and understand family, Kranz and Daniluk (2006) argue that four themes shape couples' experiences: their options to conceive as two women, being two women who parent together, having anonymous donors and no fathers, and being a lesbian mother family.

Two studies focus in particular on lesbians' planning and decision-making around donor conception. Touroni and Coyle (2002) argue that lesbians planning conception take into account factors internal to the couples, such as their desire to parent as well as external factors, for example, the impact of the social context. Chabot and Ames (2004) suggest that the process of decision-making in the lesbian donor conception is characterised by seven steps: deciding whether the couple want to become parents, where to access information and support, how to do it, who should be the biological mother, how to choose a donor, how to find an inclusive language and how to be a parent in a heteronormative society (see also Chabot 1998). Such studies are useful in that they outline the steps lesbian couples take in order to conceive.

Studies of lesbian conception in anthropology and sociology

Sociological and anthropological research into lesbian reproduction is primarily of a later date than psychological studies. While lesbian motherhood and lesbian family practices have been researched to some extent, particularly in sociology, studies investigating lesbian conception in particular are limited. The studies located through the review process are predominantly small scale qualitative studies, conducted through non-random sampling, and are therefore non-representative in a technical sense. Therefore, it is important to keep in mind that the findings presented may not be true for the whole lesbian population. A proportion of the literature found in this area is grey literature such as PhD theses and reports. What emerges from the North American and British studies is that they are, with few overlaps, primarily located in different debates. I therefore review them separately.

Studies conducted in a North American context are predominantly situated within anthropological studies of kinship and sociological studies of medicine,

science and technology. Lewin (1993, 1994), Hayden (1995) and Sullivan (2004) investigate motherhood and gender in lesbian mother families with a focus on kin and kin connectedness (in should be noted that, in addition to the US literature on lesbian kin connectedness, Cadoret (2009) investigates pluralistic kinship constructs among lesbian couples in France). Early on, Lewin conducted a study with lesbian mothers in San Francisco (fieldwork was conducted 1977-1981) (Lewin 1993: 11). Lewin argues that lesbians who become mothers share cultural discourses of motherhood and kinship with heterosexual mothers and suggests that lesbian mothers re-introduce a model of biological kinship into gay and lesbian kinship models (1993: 93). Hayden (1995: 56), following a similar strand of thought, argues that notions of biological connectedness follow complex lines in a lesbian mother family. Lesbian mothers reproduce a sense that biological relatedness is important, however, they also challenge blood as the singular determinant of kinship (see also Cadoret 2009). Hayden suggests that biogenetic continuity does not have any pre-determined meaning in the lesbian mother family (1995: 56). Sullivan (2004) explores the meaning of genetic ties and the undoing of gender among lesbian couples who conceive together using donor conception. This study is also set in San Francisco. Although this is one of the more recent studies, fieldwork was conducted in 1994. Sullivan asserts that biological kinship is important in the lesbian mother family. With a focus on notions of 'donor-extended kinship' and 'feminist kinship', she demonstrates that lesbians value biogenetic connections:

> [L]ate twentieth-century lesbian co-parents take biogenetic connection very seriously, partly because they must if they are to have any legal basis for claiming parental status and retaining custody of their children. (Sullivan 2004: 228)

Sullivan also notes that lesbian couples deploy practices to 'tie in' and define the non-biological mother as mother, and that these practices are characterised by a trade in kinship symbols, thus reproducing a notion of biogenetic kinship as supreme.

Jones's (2005, 2007) study is the only one identified through the review process conducted in a British context which touches on notions of connectedness in lesbian donor conception practices. Jones (2005: 232), drawing on interviews with

four lesbian couples, demonstrates that a biogenetic continuity within the lesbian mother family is in some cases established and imagined through constructions of a genetic continuity through the donor.

A second strand of studies conducted in a North-American context investigates lesbian donor conception from a science and technology studies perspective, commonly combined with a focus on kin. In an unpublished PhD thesis, Luce (2002) investigates Canadian queer women's conception in relation to social, legal and biological discourses of kinship, arguing that lesbian and queer women think of their own conception as natural rather than clinical (2002: 10). Mamo (2007a, b[5]), also researches lesbians in San Francisco and contextualises their accounts of donor conception in an increasingly biomedicalised discourse of reproduction. She investigates the way in which biomedical technology is appropriated and experienced by lesbian and queer women and argues that lesbians' conception practices can be seen as 'hybrid-technological' as they make no clear distinction between 'low' and 'high' technology (2007a). Both Luce and Mamo focus on queer women's procreation, and do not separate between lesbians who conceive as single women or in couples (see also Agigian 2004).

An exception from these two major theoretical foci among US studies is the study by Suter and Oswald (2003), who research the meaning of last names in committed lesbian relationships, and by Suter *et al.* (2008) who research, within a symbolic interactionist framework, how US lesbian couples negotiate family identity through names, partnership registration and finding 'matching' donors in their social interaction.

In contrast to American based studies, British studies of lesbian conception primarily focus on the way in which lesbian conception practices question discourses of obligatory fatherhood and how they relate to changing patterns of family life in late modernity. Haimes and Weiner (2000), in a small-scale study based on ten interviews, suggest that lesbian mothers negotiate and manage the role that the donor and donated sperm play in their and their children's lives (see also Haimes 2002). Ryan-Flood (2005) researches discourses of fatherhood among lesbians who conceive using donor insemination in Sweden and Ireland.

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[5] Mamo (2007b) – a monograph on this topic – was published in September 2007.

Almack (2002, 2005, 2006, 2007, 2008) and Donovan (2000, 2008, with Wilson 2008) have undertaken the most consistent studying, to date, of lesbian reproduction in the UK, and focus to an extent on lesbian conception. Almack undertook fieldwork for her study into lesbian couples' joint parenting practices in 2000-2001, and the study included interviews with 20 lesbian couples. She positions lesbian motherhood in relation to changing intimate and family life, as well as social and psychological ideas of children's best interest. In her 2006 publication, Almack notes that lesbians take into account socio-legal discourses of lesbian parenthood in their reproductive decision-making, and that women respond to these discourses through a discourse of the needs of children.

Donovan (2008) and Donovan and Wilson (2008) introduce findings from studies with lesbians who conceive using licensed sperm. These are both small scale studies: Donovan (2008) draws on findings from interviews with four respondents, and Donovan and Wilson's (2008) study includes eight semi-structured interviews. It is unclear when the studies were undertaken. Infertility services, Donovan (2008) argues, are ill-fitted to provide for infertile lesbians. Donovan and Wilson (2008) suggest that lesbian couples' clinical conception is shaped by ideas of how to form a family and how to safeguard the integrity of their family.

Also noteworthy is the work by Millbank (2008a, 2008b) who, in Australian legal studies, explores the use of the sociological concept 'functional family' with respect to the legal recognition of same-sex families. As noted in Chapter 1, she suggests that in familial disputes among lesbian couples, genetic relationships are favoured and arguments about 'the functional family' are marginalised, making it difficult for non-genetic mothers to claim custody (Millbank 2008b: 7). I draw on sociological and anthropological studies in the substantive Chapters 5 to 8.

Lesbian motherhood practices

Although this is not a thesis about lesbian motherhood or lesbians' parenting practices, debates around lesbian motherhood are relevant to the study of lesbian conception. Two competing perspectives are evident within this field: one that sees lesbian mothers as radically different from conventional heterosexual mothers, understanding lesbian families as transforming the institution of 'the

family' and one that is more cautious in its approach, questioning the extent to which lesbian motherhood can be seen as subversive.

Lesbian mother families are seen as radically different in primarily three ways: lesbians are seen to practice partner equality; they are perceived to practice a non-gendered parenthood; and to introduce new definitions of motherhood (see Agigian 2004, Dunne 2000, Donovan 2000, Nelson 1996, Sullivan 2004). Unpacking these perspectives in more detail, first lesbian partnerships are seen as characterised by partner equality. Dunne (2000: 32) argues that lesbians do not organise their relationships according to a gendered division of labour but experience and aim for a more egalitarian approach. Second, lesbians are seen to challenge notions of gendered parenthood. Donovan (2000) argues that, while many lesbian mothers find the position of a father in the family important, they challenge assumptions of gendered fatherhood and presumptions of sharing a household with a biological father. Third, Nelson (1996) argues that lesbian mothers challenge motherhood as a concept, suggesting that lesbian donor insemination is a revolutionary activity where the boundaries of motherhood are blurred: what it means to 'be a mother' and to 'have a child' is in this context unclear (Nelson 1996: 43). Nelson suggests that motherhood is an achieved rather than ascribed status. Furthermore, Agigian (2004) asserts that lesbians opting for motherhood through donor insemination disrupt patriarchal discourses and practices of family, law and medicine.

Another strand of research is, however, more cautious about the disruptive potential of lesbian mother families. Such studies focus primarily on definitions of motherhood and the relationship between birth mothers and non-birth mothers. As noted above, Lewin (1993, 1994) suggests that lesbian motherhood is very closely related to heterosexual motherhood. She argues that becoming a mother is a process of normalisation for a lesbian (1994: 349). Lewin (1994: 344) also indicates that lesbian mothers do not always feel welcome within the lesbian community. Further, Gabb (2002, 2004) argues that lesbian mothers reproduce traditional notions of families, parenthood and ideas around maternal instincts. She (2004: 169) suggests that it is the so-called 'biological' mother or birth mother who is still regarded as 'more' of a mother, and who takes prime responsibility for the child(ren). Almack (2005: 246) indicates that 'biological' mothers have the power to 'give away' the choice of a child's last name to the

non-biological mother, and argues that while the boundaries of families may appear to become more flexible, the same does not appear to happen to boundaries of motherhood. On a different note, Jones (2005) argues that lesbian mothers imagine racial and ethnic genetic continuity through their choice of donor, practices which go against assumptions that lesbian mothers automatically challenge more conventional family formations.

Pregnancy and health

Research into the health and wellbeing of lesbians who conceive focuses primarily on lesbians' experiences of pregnancy and childbirth. A small body of health studies research demonstrates that healthcare providers need to pay attention to how lesbian patients are treated during pregnancy (McManus *et al.* 2006, Zeidenstein 1990). Wilton and Kaufmann (2001) demonstrate that lesbian couples have specific needs in maternity care, and that homophobic abuse and attitudes among staff have a negative effect on the care provided to lesbians and lesbian couples during pregnancy and in childbirth. Research into lesbians' experiences of healthcare in general confirms that lesbians are reluctant to seek healthcare or advice due to experiences or fears of homophobia and denial of care (Farquhar *et al.* 2001, Fish and Anthony 2005). However, according to Farquhar *et al.* (2001: 16), there is culturally a view that sexuality and lesbian sexual identity are irrelevant for giving and receiving healthcare and this has resulted in a lack of research into how lesbian and heterosexual women may experience healthcare differently.

Research in psychology and mental health focuses on the mental health of prenatal lesbian mothers (Ross 2005, Trettin *et al.* 2006). This emphasises that lesbians may be more prone to postnatal depression due to lack of social support and homophobic discrimination. However, the studies also note that, because pregnancies are often well planned, this can protect from feelings of stress.

Concluding remarks

This review indicates that there are few studies focused on lesbian conception. Within anthropological and sociological work, two major limitations can be found in the existing research. First, it is heavily weighted to one community, namely lesbians living in San Francisco, US. Gabb (2004: 173) notes, and it must be

emphasised, that findings may reflect different samples and settings of the studies. There may be variations in how lesbians perceive and understand processes and practices of conception depending on where they live. Second and relatedly, only a small number of studies exist into lesbian conception in the UK. In total, I have found five social science journal articles focusing on lesbian conception (Almack 2006, Donovan 2008, Donovan and Wilson 2008, Haimes and Weiner 2000, Jones 2005). UK research into lesbian conception is primarily small-scale studies of 4-10 interviews. I have found no larger study, to date, of lesbian conception in the UK.

The review also demonstrates that while studies in an American context focus on kinship and technology, the limited British sociological research on lesbian conception primarily focuses on family formations and the ways in which lesbian motherhood, and fatherhood, are negotiated. To date, I have found no UK study that investigates how ideas and understandings of kinship and genetics in lesbian couples' conception relate to new formations of intimacy and family life. As I demonstrate below, discourses of genetics, biology and kinship, and discourses of transformations of family life, potentially conflict: while a discourse of biology tends to emphasise stability and non-flexibility, current family formations are seen as flexible and fluid. What emerges from this review is therefore both an empirical and theoretical gap.

FEMINIST STUDIES OF REPRODUCTIVE TECHNOLOGIES

Despite reproductive technologies commonly featuring in lesbian conception, surprisingly little is known about how lesbians experience reproductive technologies. I have noted above that there are only a limited number of studies into lesbian donor conception practices. A conventional literature search confirms this. When looking for literature electronically, adding the search terms 'lesbian' and 'mother' to 'donor insemination', 'reproductive technology' and 'medical technology' significantly lower the recorded hits of studies (table 2: recorded hits 1A-3B).

Table 2 Recorded hit rates in literature search into lesbian donor conception

Search number	Search part	Search term	Recorded hits
1	A	(donor insemination)	322
	B	(lesbian*) and (mother*) and (donor insemination)	18
2	A	(reproductive technology)	2338
	B	(lesbian*) and (mother*) and (reproductive technology)	18
3	A	(medical technology)	1120
	B	(lesbian*) and (mother*) and (medical technology)	0

Search results in combined search designed to identify literature on lesbian conception and reproductive technology in gateways Criminal Justice Abstracts, MEDLINE, PAIS International, Social Science Citation Index (ISI) on the Web of Knowledge, Sociological Abstracts, Web of Science (ISI) on the Web of Knowledge, University of York Library Catalogue. Search date 30 October 2006.

While it is important to note that the recorded hits (table 2) are unlikely to include all relevant studies, the low hit rate provides evidence that, in a very material sense, lesbians are hardly recognised as reproductive agents within research in this field.

This section investigates the representation of lesbian conception in the field of feminist studies on reproductive technologies, considering this the most likely place to find research into lesbian reproduction. It seeks to understand the marginal position of lesbians within research into reproduction and reproductive technologies when the empirical evidence shows that reproductive technologies have a well-established place in lesbian reproduction. In order to shed light on this paradox, I have reviewed feminist texts concerning reproductive technologies, investigating how sexuality and lesbian reproduction is represented and constructed within such studies.[6]

'Feminist' studies in this context are defined as studies which are located within a theoretical framework which focuses on gender relations and reproductive

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[6] As indicated in my declaration, the arguments developed here have been previously published in 'Feminist heterosexual imaginaries of reproduction: Lesbian conception in feminist studies of reproductive technologies', 2008, *Feminist Theory*, 9(3):273-292.

practices, studies that are carried out by scholars who explicitly identify their work within a feminist tradition of research, or research which implicitly states an interest in how gender relations structure experiences of reproduction. Across feminist studies, 'reproductive technologies' is used as a generic term for technologies relating to conception and pregnancy (see, for example, Edwards *et al.* 1999, McNeil 1990, Stanworth 1987a, Strathern 1992b, Taylor 2000). The concept 'reproductive technology' has generally come to span technology used to control, promote and assist conception such as pre-implantation genetic diagnosis (PGD), donor insemination (DI), IUI, IVF, gamete intra-fallopian transfer (GIFT) and intra-cytoplasmic sperm injection (ICSI). The concept also refers to technologies that are used to monitor and screen women's pregnant bodies and foetuses, such as ultrasound and amniocentesis, which are becoming more routine for pregnant women (Taylor 2000: 391).

There are some important distinctions to be made between the above technologies and a process of medicalisation of pregnancy (Becket 2005: 254). Technologies such as PGD and IVF have been developed in a medical context and do not exist outside of it: they are only available in clinics, and are regulated and controlled in law. DI, on the other hand, can be performed both within and outside a clinical context. As noted in Chapter 1, while clinical DI is regulated in law, self-arranged DI is not. Furthermore, self-arranged DI does not require sophisticated technology (Saffron 1998: 65). The latter is likely to appeal widely to women who wish to conceive without heterosexual intercourse, and who do not necessarily experience infertility problems, but who cannot, or do not wish to, access clinical treatment (Lasker 1998). The screening tests which exist within a medical context are likely to apply to pregnant women regardless of sexual identity or context of their pregnancy.

Drawing on Thompson (2002), I make a distinction between what can be conceptualised as an early and a more recent phase within feminist studies of women and reproductive technologies. Primarily, my interest in this distinction is in the difference between what Thompson identifies as a structuralist interest in stratification in earlier studies (1984-1991), compared to more multiple understandings and a focus on 'the lived worlds of infertility' in more recent studies (1991-1999) (Thompson 2002: 53ff.). Thompson makes this cut-off point based in an observation that studies before 1991 investigate how reproductive

technologies structurally fit in with gender relations in society, while studies after 1991 focus more on how women themselves understand and experience using such technologies. I find this distinction useful because it highlights a shift in perspective between early and more recent studies, with more recent studies – focusing on women's perceptions of technologies – potentially giving greater scope for lesbian conception to be recognised. It is therefore of interest to investigate how lesbian conception is recognised in both of these phases, and to investigate whether lesbian conception is recognised to a higher degree in the latter. It should be noted that I treat studies post 1999 (i.e. studies 2000-2009) as part of the latter phase.

To explore whether and how lesbian conception figures in more recent feminist studies, in the penultimate section of the chapter I make an in-depth exploration of three influential pieces of ethnographic research from this period: Sarah Franklin's (1997) *Embodied Progress: A Cultural Account of Assisted Conception*, Charis Cussins' (now Thompson) (1998) 'Producing Reproduction: Techniques of Normalization and Naturalization in Infertility Clinics' (a version of this chapter was also published in Thompson 2005) and Rayna Rapp's (1999) *Testing Women, Testing the Fetus: The Social Impact of Amniocentesis in America*. These studies focus on women's lived experiences of IVF, fertility treatment and amniocentesis.

Early feminist studies (1984-1991)

The writing by 'The Feminist International Network of Resistance to Reproductive and Genetic Engineering' (FINRRAGE) is indicative of early feminist writings focusing on the medicalisation of reproduction (Henwood *et al.* 2001, Wajcman 1991). FINRRAGE was initiated in 1984 and explicitly condemn reproductive technologies, viewing them as opposed to women's 'natural' experiences of conception and childbirth. In a resolution, FINRRAGE states:

> We [...] declare that the female body, with its unique capacity for creating human life, is being expropriated and dissected as raw material for the technological production of human beings. ('Resolution from the FINRRAGE Conference...' 1987)

Few of the early writings suggest that there would be a need to investigate the understandings and experiences of women who themselves undergo fertility treatment (an exception to this is Stanworth 1987a). Instead, studies, predominantly carried out within sociology and politics mainly in Britain, Europe and North America, endorse a structural perspective, indicating that natural procreation is polluted by medical and technological intervention:

> The potential of [...] technology to disconnect the foetus from a woman's body is seen as a specific form of the ancient masculine impulse 'to confine and limit and curb the creativity and potentially polluting power of female procreation' (Oakley 1976 in Wajcman 1991: 59)

In the late 1980s, three anthologies, that of Spallone and Steinberg (1987), Stanworth (1987b) and McNeil *et al.* (1990), present essays which critique the development of reproductive technologies. Such technologies are represented as conflicting with women's reproductive interests (see, for example, Bullard 1987, Steinberg 1990, Oakley 1987, Petchesky 1987, Pfeffer 1987, Rowland 1987). To illustrate, Burfoot (1990), engaging with the process of IVF normalisation, states that:

> Women need to be aware of the extent to which IVF has become normalised as a field in reproductive medicine and to realise that the high commercial gains at stake in IVF's development and dissemination are likely to prevail against a women-centered approach to infertility and reproduction. (Burfoot 1990: 72)

Burfoot understands a 'women-centered' approach to pregnancy and reproduction as distinct from one which relies on technological interventions and commercialism. A second example is that of Crowe (1990), who discusses the results of the *Warnock Report*, leading up the HFE Act 1990, and the influence of scientific knowledge on the discussion of embryo research:

> I [...] consider how the perception of IVF as being a medical/scientific concern, introduced as a 'treatment for infertility', makes it possible for its practitioners to become the arbiters of values and standards relating to women's reproduction and motherhood. (Crowe 1990: 28)

Crowe argues that the dominance of medical/scientific knowledge of embryo research makes women's bodies and perspective invisible in the process of reproduction. A critical reading of the way in which women and reproduction are situated in relation to such technologies is echoed in strands of later studies (see, for example, Helén 2004, Zechmeister 2001). Helén writes:

> The implementation of advanced techniques of antenatal screening and foetal diagnosis in maternity care is underpinned by the rationales of control and experimentation. (Helén 2004: 30)

In earlier studies, reproductive technologies are identified within a medical framework and a biomedical discourse of reproduction. Consequently, non-medical reproductive technologies are *conceptually* excluded. This exclusion is partly evident in the theoretical interest taken in the technologies, and partly in the construction of reproductive technologies as medical. While I would not wish either to reject the idea that many reproductive technologies develop in relation to the medicalisation of reproduction and therefore only exist within a medical context, or to deny that a process of medicalisation has impacted upon the regulation and exclusion of lesbians from accessing clinical treatment, the *generic* conceptualisation of such technologies as medical excludes alternative, non-medical practices of conception from the category of reproductive technologies. From the perspective of lesbian conception, the major distinction between conceiving in a clinic or through self-arranged conception is not necessarily whether a technology is *medically* assisted or not. Rather, the important distinction is likely to be its effects: only clinical treatment enables effective health-screenings of the sperm and a regulated use of a sperm donor. Lesbians' use of DI in self-arranged conception is rendered invisible when technology is identified as medical.

Furthermore, a distinction is made between 'nature' and 'technology', and 'natural' and 'artificial' in earlier writings. Haraway's (1991) 'A cyborg manifesto', first published 1985, and the now wide-spread critique of a dichotomous understanding of nature and technology, did not at that time appear to influence the feminist studies discussed. In studies such as that of FINRRAGE, 'nature' is implicitly and intimately intertwined with understandings of pregnancy as a 'natural' event. Nature is defined outside of and separate from the

technological realm. This representation entails specific, but unacknowledged, assumptions of heterosexuality: heterosexual reproduction is represented as the non-technical, 'natural' method of conception and other methods, such as DI or IVF are defined as technological and therefore 'unnatural'. The distinction between nature and technology has specific implications for the understanding of different methods of conception. Lesbian reproduction, which from the outset is likely to involve technological features, is implicitly positioned in the realm of the 'unnatural'. Feminist condemnation of the reproductive technologies has the effect of creating a hierarchy between 'good' natural reproduction and 'bad' technologically assisted reproduction.

Although some feminists point to the potential subversiveness of reproductive technologies (see, for example, Firestone [1970] 1997: 25), the dominant feminist perspective constructs technology as patriarchal control over women's bodies and as a tool of oppression. As Thompson (2002) indicates, such a perspective obscures any understanding of technology as carrying different meanings for different women. Assisted conception such as DI, which enables lesbian couples and single women to conceive, can, for example, be understood as reducing rather than increasing patriarchal control over women's reproduction. Haimes and Weiner (2000: 478) demonstrate that donor insemination used within the context of a lesbian relationship can be experienced as a positive opportunity to conceive rather than as an unwished result of unsuccessful fertilisation by sexual intercourse.

Early feminist studies also identify 'women' as the pregnant body which reproductive technologies act on and change. Women who occupy other positions in the reproductive processes, for example, women who experience conception from the position of being the partner of a pregnant woman, are unrecognised. I do not wish to imply that the bodily experience of a woman undergoing fertility treatment or pregnancy is the same as a partner who supports her through the process; however, the equating of 'woman' with 'pregnant woman' is heterosexually normative. It obscures a central feature of lesbian couples' reproduction: a woman may take part in the process and experience of reproduction without being pregnant.

More recent feminist studies (1991-2009)

More recent feminist studies of reproductive technologies suggest that women may not only experience reproductive technology as an extension of patriarchy, but that reproductive technologies also can provide women with reproductive control (Thompson 2002). Thus, it is argued, explorations of reproductive technologies need to consider women's agency in negotiating the role that reproductive technologies play in their lives (Henwood 2001, Thompson 2002).

Like earlier studies, more recent research into reproductive technologies is contextually specific. The main body of research is produced within the USA, Britain and Australia, as well as in Western European countries such as Finland and the Netherlands[7]. As noted above, there is an increasing interest within the social sciences and humanities into how reproductive technologies are experienced and made sense of: studies are being undertaken within psychology, science and technology studies (STS), sociology, anthropology, gender studies, legal studies and health studies. More recent studies investigate a range of different technologies: for example, PGD (Roberts and Franklin 2004, Franklin and Roberts 2006); IVF (Franklin 1997); surrogacy and egg donation (Ragoné 1998, Thompson 2001, 2005); DI (Haimes 1992, Lasker 1998); amniocentesis (Rapp 1999, Helén 2004, Rothman 1994); and ultrasound and visual technology (Taylor 2000). This is by no means an exhaustive list, but represents a sample of the range of investigations of how specific technologies are experienced.

More recent studies focus on women's experience of particular technologies. The regulations governing access to the technologies restrict the technologies' social composition and who is invited to take part in these studies. Franklin (1997), studying IVF, states in her methodological account:

> All [participants] were white, married and in their mid-thirties to mid-forties. [...] Although marriage is not a requirement for access to IVF, the medical director of the clinic has strong views about the naturalness of the reproductive drive, and it is likely that unmarried or non-heterosexual women would not have felt welcome[.] (Franklin 1997: 80f.)

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[7] van Balen and Inhorn (2002: 6) indicate that there is a Western domination in research into reproductive technologies and infertility, resulting in biased understandings of technologies.

As Franklin indicates, the method of sampling through a fertility clinic is likely to bias the sample towards heterosexual couples since single women and lesbian couples have limited access. Peterson (2005) confirms that this is the case both in the UK and internationally. It is not unexpected therefore that studies draw on the experiences of heterosexual women and couples (see, for example, Thompson 2001, Ragoné 1998, Ulrich and Weatherall 2000; for an exception see Parry 2005 who includes 30 married women and two lesbians in a study of understandings of 'family' and infertility).

The sample composition in studies of medical reproductive technologies indicates that structures of heterosexuality are foundational to accessing technologies. It might therefore be expected that an appreciation of the dominance of heterosexuality would inform the research and that sexuality, as a dimension of analysis, would feature prominently. However, what emerges are theoretical accounts in which heterosexuality is un-problematised and the heterosexual couple constitutes the taken-for-granted unit. For example, Strathern (1992b, 1995) theorises the fragmentation of motherhood and fatherhood in heterosexual couples' use of assisted fertilisation:

> [T]he substance that makes a 'biological father' is not what makes a 'biological mother'. So while the biological (genetic) father is invariably referred to as a 'father' [...], that person is not necessarily held to be a parent: there is uncertainty about what relationship the act of donation as such creates. (Strathern 1992b: 149)

She continues: 'thus we have two types of parent and, potentially at least, two types of parenthood' (Strathern 1992b: 150). To further illustrate this point, Haimes (1992) investigates family normality in debates around genetic parenthood and gamete donation, using a theoretical framework predicated on heterosexual couples' reproduction, and Sandelowski and de Lacey (2002) investigate how the term 'patient' takes the meaning of 'couple' in infertility treatment of couples, assumed to be and positioned as heterosexual. That reproductive technologies and infertility treatment are predominantly researched from a heterosexual perspective is also evident when a broader range of feminist studies is examined (see, for example, Helén 2004, Kornelsen 2005, Saetman 2000, Sandelowski 1994, Taylor 2000, van der Plog 2004). A heterosexual

framework of study is therefore not only a consequence of the recruitment of heterosexual participants: it is reproduced in theoretical explorations of reproductive technologies. The heterosexual normativity, evident in the HFE Act 1990 policy regulations of access to clinical treatment, is also reproduced in studies of how technologies are experienced.

More recent feminist studies: three examples

It appears that structures of heterosexuality shape who is invited to take part in studies of reproductive technologies and, more surprisingly, are taken-for-granted and unquestioned in the theoretical accounts produced from these studies. Against this backcloth, I now move on to consider three influential pieces of research, that of Franklin (1997), Cussins (1998) and Rapp (1999), to investigate in more detail the mechanisms through which technologies, conception and sexuality are interlinked and constructed.

Importantly, these pieces of research focus on different technologies. While Franklin (1997) focuses on the lived experience of IVF and Cussins (1998) on the culture of infertility clinics, Rapp (1999) studies the experiences of undergoing the foetal screening test amniocentesis. All studies focus on medically assisted technologies, but they are different in scope. The studies investigate technologies used at different stages in a cycle of achieving conception and experiencing pregnancy, and therefore illustrate how conception, technology and sexuality are constructed, and lesbian procreation represented, at different stages of reproduction.

Sarah Franklin (1997) provides a cultural account of IVF, relating it to understandings of conception as a 'fact of life'. Drawing on, and engaging with, 20th century anthropologists she suggests that conception seen as 'a fact of life' is a dominant cultural perception in the Euro-American context. Anthropological accounts of the 'facts of life' traditionally position conception and kinship as 'biological' and therefore 'natural' (p. 21ff.). However, what are culturally understood to be 'facts of life' are now pursued using reproductive technologies. As Franklin (1997: 64) notes: 'it is increasingly the case, for a growing number of people, that "the biological facts" explain very little indeed'. In the context of IVF, the 'facts of life' (as culture defines them) fail to produce a 'successful' conception (p. 199).

In a multifaceted and detailed way, Franklin demonstrates how nature and technology in the context of IVF are constructed interchangeably. The lived experience of IVF is regarded as 'natural' at the same time as 'natural' conception is regarded as a 'miracle' (p. 188). Franklin (p. 187, 209) suggests that biology is interpreted, by couples as well as clinicians, in technological terms and technology, in turn, is experienced as 'natural' and understood to provide what 'nature' cannot deliver:

> [...] 'nature' and 'technology' in the context of IVF are not only commensurate, but substitutable. Just as IVF clinicians 'learn' from nature how to improve their techniques, so 'nature' can be improved by scientific and technological assistance. (Franklin 1997: 209)

What is 'new' about IVF, according to Franklin, is how science and technology become conflated with nature, and thereby contradict and challenge the cultural assumptions of procreation as a 'fact of life'.

Franklin's analysis of a fusion of 'nature' and 'technology' is based upon and constructed through, an exclusive focus on heterosexual couples' conceptions. The theoretical framework of procreation as 'a fact of life' narrows the scope of the *study*, *life* and *coupledom* to heterosexual couples. Conception never was and never is 'a fact of life' for gays and lesbians. Franklin does not consider how, for example, IVF may be differently experienced by lesbian couples. Lesbians are not likely to conceptualise or experience IVF as a consequence of 'unsuccessful' lesbian sex, but rather as a consequence of unsuccessful attempts to conceive using donor insemination, thus challenging a theoretical perspective of conception as a 'fact of life'. In Franklin's study, heterosexual intercourse is not examined as a *method* of conception but is implicitly depicted as 'natural' conception. In the context of the lesbian couple, heterosexual intercourse is not necessarily imagined and constructed as the 'natural' way to conceive (I explore this further in Chapters 5 and 6). It appears that Franklin's theoretical interest implicitly excludes conception outside heterosexual relationships.

Franklin's sample consists of heterosexual married couples (p. 80-81). Her data appear to suggest that this is significant for the way in which IVF is conceptualised. According to Franklin (p. 138), women think about IVF treatment as a way to resolve childlessness and an 'incomplete marriage':

> [T]he idea of 'completing' a marriage by having children has many
> components: raising children together as an extension of the relationship
> between husband and wife; having worked hard to achieve a level of
> financial security by which to offer children 'a good home'; belonging to
> an extended family by participating in the activities of childrearing; [...]
> and, simply, feeling that having children is part of the natural and normal
> progression of married life, some would say, even its purpose. (Franklin
> 1997: 139)

Having the husband's support during treatment is also, according to Franklin,
essential for the women undergoing treatment:

> Almost without exception, though often with a qualifier such as 'men
> feel things differently', women praised their husbands' supportiveness
> during treatment. (Franklin 1997: 140)

It appears that the experience of the process of IVF, including the labour and
stress it involves for women who undergo treatment (I come back to this theme of
stress in Chapter 6), is highly mediated through heterosexuality. Sexuality as a
mode of analysis, however, does not figure in Franklin's (1997) work. Such a
perspective would clarify how experiences of IVF relate to what can be
understood as specifically *heterosexual* life expectancies and gender relations.
Using a sample of lesbian couples would possibly change the way in which using
IVF is understood and experienced. For example, childlessness is not necessarily
thought of as indicative of a failed lesbian relationship or a failure in itself (see
Donovan 2008). In fact, lesbians who conceive and reproduce destabilise the
norm: lesbian conception goes *against* cultural assumptions about both
reproduction and lesbianism. Franklin does not investigate how heterosexual
married couples may experience IVF in specific ways because they are
heterosexual and married, and she does not investigate how being married shapes
understandings of what IVF means.[8]

I would suggest that, both in terms of the theoretical insights and in terms of the
study population from which the insights were generated, structures of sexuality

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[8] Notably, same-sex couples could not enter marriage or any other legally recognized partnership
in the UK at the time of Franklin's study, highlighting how imagining IVF as a corrective of a
childless (failed) marriage, is specifically heterosexual.

influence Franklin's analysis. She situates reproduction in a heterosexual imaginary (Ingraham 1996) in which heterosexuality requires neither explanation nor analysis. Gay and lesbian life and conception is excluded by study definition, anthropological interest and theoretical outcome.

Second, Cussins (1998) explores the cultural and social construction of reproduction in infertility clinics in the US. She argues that what is considered normal within the infertility clinic is supported and confirmed by what is considered natural. Cussins (p. 67) suggests that heterosexuality is essential in this respect: considering heterosexuality to be 'natural' produces notions of what is considered 'normal'. Heterosexual couples do not need to be married: heterosexuality alone is considered foundational for understanding a couple's wish to conceive as 'natural'. Following on from this construction, heterosexual couples are granted access to treatment:

> [A] mother-and-father family is normative for the clinics because it is assumed to be a natural state of affairs, so clinics do not need to invoke the "social" convention of marriage in selecting their patient couples[.] (Cussins 1998: 67)

Heterosexuality, Cussins suggests (p. 72), is considered an essential criterion to provide a stable, i.e. good, family. The sperm bank of the clinic can be used by heterosexual couples but lesbian couples and single women are denied access (p. 72). Cussins thus analyse how structures of heterosexuality permeate fertility treatment in clinics at a level of access. At a deeper level of analysis, however, the function of heterosexuality remains un-problematised. In a discussion of the feminisation of infertility treatment, Cussins states:

> Epidemiological statistics suggests that the male partner is implicated in at least 50 percent of infertility cases worldwide. Yet it is women who take most of the drugs and undergo most of the ultrasounds, hystero-salpingograms, surgery, and other invasive procedures. (Cussins 1998: 75)

She suggests:

> [T]reatment has a number of paradoxical effects: "couple" becomes, almost exclusively, the female partner[.] (Cussins 1998: 75)

Thus, in her demonstration of how treatment of 'the female partner' is related to the minimal treatment of 'the male partner', Cussins implicitly positions the reproductive process within a heterosexual framework of procreation. While lesbians are likely to experience a similar medical focus on the partner who will carry the child, the heterosexual gender relations that Cussins describes are unlikely to be played out in a conception that involves two women as reproductive partners and a sperm donor.

Furthermore, Cussins notes that there is a display of 'women's' magazines in the waiting room area, and magazines of '*Playboy*-type' are hidden in drawers in the male masturbation room (p. 90). These can be understood as objects shaped by, and displayed because of, normative heterosexual gender expectations. It is, for example, possible that an IVF clinic open to gay donors and lesbian patients would display other magazines in the waiting room and in the masturbation room. Sexuality used as a mode of analysis could clarify the role of such objects in a clinic. While Cussins' data appear to suggest that understandings and organisations of sexuality and conception in the clinic are inherently, and specifically, heterosexual, she does not interrogate her empirical material from a perspective of sexuality.

Third, Rapp (1999) researches women's experiences of amniocentesis (a genetic medical test of the amniotic fluid during pregnancy), in relation to how gendered divisions of private and public spheres map onto the social management of genetic testing. Included in her study are women who experience genetic testing. Rapp states:

> Through observations of PDL [Prenatal Diagnostic Laboratory] intake patient interviews, I also began to recruit a sample of women who were having amniocentesis [...]. I initially attempted to conduct interviews with the partners and other close supporters of this patient population, but this proved a difficult task; I was able to interview only fifteen men (or FOFs, fathers of fetuses, as I came to think of them), compared to more than eighty women. (Rapp 1999: 6)

Rapp outlines how she intended to include partners and supporters of pregnant women, but that this failed as she only managed to recruit a small number of men, thus defining partners as 'men'. Rapp describes how she included a diverse sample in terms of social class and ethnicity in order to reflect how class and ethnic background shape different understandings of amniocentesis (p. 9). However, whether lesbians or lesbian couples were included in the sample is unclear.

Rapp (p. 5, 49) explores the complexities and contradictions in the social impact of amniocentesis, and suggests that women become 'moral pioneers' when involved in the practice: women are made to choose who should be born and who should not, according to ideas of normality and quality in human genes:

> [I] came to think of the women who submitted to the discipline of a new reproductive technology in order to reap its biomedical benefits as moral pioneers. At once conscripts to technoscientific regimes of quality control and normalization, and explorers of the ethical territory its presence produces, contemporary pregnant women have become our moral philosophers of the private. (Rapp 1999: 306)

In her argument, Rapp shifts between, and equates, a conceptualisation of 'women' with 'pregnant women'. As the quote above signals, Rapp positions 'women' who come into contact with and experience reproductive technology as 'pregnant'. In so doing, Rapp thus implicitly endorses the normative assumptions that women who experience reproductive technologies are pregnant. It is an assumption which denies a place in the clinic and an analysis of women who experience reproductive technologies as partners of other women. Reading the research in more detail, I would therefore suggest that lesbians are not only empirically excluded from her study of women in the PDL, but, through a heterosexual imaginary, their existence is not recognised as a possibility with theoretical implications.

The exclusion of women who reproduce outside of a heterosexual couple is also evident in Rapp's discussion of gender relations (p 99-100). Rapp suggests that pregnancy and amniocentesis exist within a complex context of heterosexual gender-related negotiations, domination and resistance:

> [I] do not believe that a woman's decision to use or refuse prenatal testing is simply driven by the power of her partner's wishes. Rather, the very fact of decision-making in a couple involved in amniocentesis reveals the existing gender negotiations within which a specific pregnancy is undertaken. (Rapp 1999: 100)

While this quote might suggest that 'partner' is a gender-neutral term, a close reading demonstrate that Rapp uses the terms 'partner' and 'husband' interchangeably in this section. Rapp thus explicitly and implicitly positions the users of genetic counselling and testing within a heterosexual reproductive context. While gender is at the forefront of Rapp's analysis of amniocentesis, sexuality is invisible as a mode of analysis. The subtle glide between 'woman' and 'pregnant woman' to 'heterosexual pregnant woman' normalises and reproduces a notion of procreation as a heterosexual activity, and excludes an investigation of how structures of heterosexuality shape amniocentesis.

As with the other example texts that I have examined, I would argue that lesbian conception is rendered theoretically invisible in Rapp's study and cannot easily be 'added in'. In her study, there is no conceptual or empirical place for a woman who has pursued conception and who is expecting to become a mother, but who is not pregnant. A lesbian couple undergoing amniocentesis, where one woman carries a child and the other will be its parent but does not have a biogenetic relation to it, opens up questions about genetic parenthood beyond the parental unit. Lesbians' experiences of amniocentesis are also likely to be shaped by the risk of encountering homophobic attitudes among staff (see, for example, McManus 2006). Sexuality is therefore likely to have an impact on experiences of pregnancy-related healthcare. As Rapp limits her study to heterosexual women's experiences, her analysis does not easily encompass lesbian procreation.

Concluding remarks

This exploration indicates that lesbian reproduction is absent both within early feminist research into reproductive technologies, and, more surprisingly, within more recent feminist studies. This absence should not be taken to imply, however, that structures of sexualities do not shape the use of, experiences of, and research into reproductive technologies. I argue that heterosexuality is a foundational

feature of and normative assumption within both early and more recent feminist studies of reproductive technologies. But while heterosexuality strongly influences the studies, sexuality as a *mode of analysis* is neglected and under-theorised. Other practices and experiences, such as that of lesbians, are excluded at the same time as the need for an analysis of heterosexuality is closed off (Ingraham 1996: 169). Despite the potential uncoupling of sex and reproduction in the use of reproductive technologies, as highlighted by lesbian conception, it appears that conception is recreated and represented as heterosexual in feminist studies of reproductive technologies.

Furthermore, I suggest that the way in which a heterosexual imaginary manifests itself and is normalised in both early and more recent studies, is also the reason why lesbian reproduction cannot simply be 'added' into feminist research into reproductive technologies: it is *because* it challenges and clashes with normative assumptions of conception. Lesbians' use of multiple non-medical and medical technologies in their route to conception challenges theoretical frameworks developed within feminist studies. For example, lesbian conception challenges assumptions that IVF is (always) as a consequence of 'unsuccessful' heterosexual intercourse and it therefore problematises a theoretical framework of conception as a 'fact of life'. Furthermore, issues concerning finding, choosing and relating to a sperm donor are likely to be central features of any lesbian conception (see, for example, Chabot and Ames 2004), but do not figure in these feminist studies. The potential stigma associated with being lesbian is also likely to permeate experiences of health care and require a critique of the heteronormative theoretical frameworks on which feminist research appears largely to be based. Lesbians are not identified as reproductive agents, culturally, socially or politically in these studies. Despite the fact that technologies have an established place in lesbian conception practices, lesbians are continuously positioned as reproductive outsiders in feminist procreative imaginaries of reproductive technologies.

In contrast to Thompson's (2002) findings of a distinct shift in perspectives between early and more recent feminist research, my analysis points to important continuities between early and more recent feminist studies of reproductive technologies. Both normalise heterosexuality, making it a fundamental part of these studies which remains un-problematised.

SETTING THE SCENE: CONCLUSION

This first chapter of the literature review indicates that there is a very limited number of studies into lesbian conception, and that these that exist are a) weighted to one community of lesbians in the US and b) small-scale, particularly studies in the UK, making my study the largest, to date, which focuses solely on lesbian conception. The chapter also demonstrates that lesbians and lesbian conception are absent in an area of research in which they might be expected to most likely be represented – feminist studies of reproductive technologies. It is remarkable to note that this field is constructed in ways which ignore the fact that lesbians conceive using reproductive technologies, thus challenging the field's implicit starting point that reproductive technologies are always a consequence of 'unsuccessful' heterosexual intercourse.

The absence of lesbian conception has implications for how helpful these studies are in constructing an understanding of lesbian conception. The ways in which a heterosexual imaginary manifests itself means that lesbian conception cannot simply be 'inserted' into the existing frameworks, rather, it questions these frameworks. As a result, I find few theoretical handles within this field through which to conceptualise lesbian conception. Seeking such conceptual frameworks, I therefore now turn to review three related fields of studies in Chapter 3.

CHAPTER 3 LITERATURE REVIEW: CONCEPTS AND FRAMEWORKS

INTRODUCTION

This second literature review chapter focuses on three fields of study where lesbian conception may be expected to feature, and from which insights into lesbian conception may be derived. As already indicated, the fields are kinship and assisted conception, transformations of intimacy and family life, and gay and lesbian politics of normalisation. Lesbian conception relates to these fields in various ways.

First, lesbian conception – obviously – involves using a donor and donated sperm. It can therefore, in principle at least, be located in the field of kinship and assisted conception; the use of reproductive technologies in combination with donated gametes raises questions around kin connectedness and family belonging. In section one of this chapter I review anthropological studies investigating how reproductive technologies are used in the context of specific notions of what makes and connects families.[9]

Second, same-sex intimacies and same-sex conception diverge from culturally conventional notions of intimacy and family. Lesbian couples who plan to become parents together and pursue donor conception constitute a family form that, in more ways than one, diverges from conventional family ideals. Therefore, studies that seek to account for changing patterns of family life are potentially conceptually useful for the study of lesbian conception.

Third, I review research into the politics of gay and lesbian normalisation. Lesbian conception in England and Wales in the late 2000s is located in a specific

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[9] To an extent this field overlaps with feminist studies of reproductive technologies. However, while feminist studies of reproductive technologies include all reproductive technologies associated with conception, pregnancy and childbirth, exploring their gendered significance, the field of kin and assisted conception focuses on how assisted conception relates to and alters notions of kin.

cultural and social context in which the social meaning of being homosexual, and being in a same-sex relationship, is changing. Lesbian couples who conceive together can be seen to relate to such processes of normalisation in complex ways. As noted in Chapter 2, these fields provide important concepts for the study of lesbian conception, and this review has the dual purpose of both drawing on and critiquing them.

KINSHIP AND ASSISTED CONCEPTION

Reproductive technologies which assist conception and involve donated gametes, for example, IVF, surrogacy, gestational surrogacy, DI, sperm donation, egg donation, and embryo donation, challenge and raise questions about cultural understandings of conception, family and kin connectedness. Over the last two decades, anthropologists have taken an increasing interest into how unchallenged everyday assumptions of kinship, relatedness and parenthood are made both strange and explicit in the context of such technologies (Franklin & Ragoné 1998, Franklin & McKinnon 2001). This section outlines the assumptions integral to the Euro-American discourse on kin and kin connectedness, how it is negotiated in the context of gamete donation, and how such findings relate to lesbian conception. The section does so in four parts. First, it outlines how nature and sex is perceived in Euro-American kinship discourse, second, how constructions of kin connections figure in assisted conception, third, how biogenetic connections and origins influence perceptions of personhood and identity, and finally, how theorisations of kin and assisted conception relate to sexuality.

Nature and sex in the Euro-American kinship discourse

Kinship has long been recognised as a socially constructed and socially managed system of beliefs within anthropological studies (see, for example, Evans-Pritchard 1951). Building on such a perspective, Schneider ([1968] 1980) suggests that kinship in an American context is a *cultural* – not a natural – system that merges two systems of ideas: relations of blood and relations of law (marriage). Schneider suggests that nature and biology are *symbols* used to signify kinship within such a culture (Schneider 1968 in Franklin 1997: 52). Although Schneider in these early studies indicates that kinship is a social system of beliefs, he

maintains a distinction between 'nature' and 'the social' in his analysis (Franklin 1997: 54f.), thus reproducing an idea of 'nature' as 'pre-social'.

Later feminist kinship studies challenge the idea that nature precedes the social. Strathern (1992b: 16) researches kinship in the light of the so-called new reproductive technologies. As with Schneider, she argues that kinship as a concept is rooted in both nature and society: both blood (nature) and marriage (choice) are foundational to what we see as 'kin'. Strathern (1992b: 17) suggests that kinship is a hybrid of nature and society. However, in contrast to Schneider, she argues that kinship is not only a hybrid in that it is a combination of nature and the social, it is also hybrid in the sense that what are understood as 'natural facts' are socially constructed. She thus poses a radical challenge to previous conceptualisations of social kinship as 'after nature' (Strathern 1992a).

The social construction of nature challenges a conceptual nature/culture binary and it has been suggested that the boundaries between 'nature' and 'culture' are in fact blurred, flexible and ambiguous (see, for example, Franklin 2003, Haraway 1991, Latour 1993, Rabinow 1996). While Strathern understands nature as socially constructed, she emphasises that these categories of kinship are continuously valued and reproduced as distinct from each other. Similarly to Strathern, Franklin (2003) highlights:

> [There is] an important difference between a critique of the natural facts/social facts dichotomy, and the claim that it is now redundant or obsolete. (Franklin 2003: 68)

Seeing that these ideas are still prevalent, Strathern (1992b) and Franklin (2003) indicate that rather than focusing on the (il)legitimacy of the constructed binary – as, for example, Haraway does – it is important to look at the ways in which 'nature' and 'social' aspects of kinship 'move' and interrelate.

Strathern (2005: 7f.), suggests that persons are perceived as connected or disconnected as kin based on two kinds of relations: conceptual kinship and interpersonal kinship. First, conceptual kinship is that which has 'its own conceptual momentum' (Strathern 2005: 7): conceptual kinship is formed through constructions of biogenetic connectedness. Second, interpersonal kinship, denotes socially established connections between people, something conceptual (biogenetic) kinship does not necessarily map onto. Biogenetic bonds do not

necessarily generate a connected kinship – rather, there is always a choice whether 'biogenetic' kinship is rendered meaningful or not (Strathern 1992 in Hayden 1995: 45). Genetics thus only provides partial information about kinship: it never tells the complete story (Franklin 2003: 74, Strathern 2005: 73). The strength of an interpersonal connection is not determined by the strength of a biogenetic connection (Edwards and Strathern 2000). Conceptual and interpersonal kinship should therefore not be understood as mutually exclusive categories, but instead as dimensions of kinship that fold into one another as kinship is constructed in everyday life. Strathern suggests that together, these two constitute a 'tool [...] for social living' (2005: 7).

Investigating the discourse of conceptual (biogenetic) kinship more closely, Carsten (2001) demonstrates that it centres on an understanding that biogenetic substance is transferred from parents to child, and that this transference constitutes a bond of relatedness. This, she demonstrates, is a specific Euro-American cultural construct that differs in other cultures where other, or no, links are made between substance and relatedness (see also Bamford 2004). In cultural contexts, such as the British, which emphasise such transference, the 'gene' is a particularly powerful symbol. Nelkin (2006: 171) argues that the 'gene' carries a cultural meaning of predictability and permanence, and it is constructed as a stable and meaningful entity. Franklin (2000: 189f) suggests that a 'genetic imaginary' constitutes an influential cultural discourse, and nature and biology are becoming increasingly geneticised (see also Dolgin 1997).[10] Inherent to such an idea of biology and the gene is a notion of reproduction as the production of something which is similar to that which has gone before. Strathern notes:

> As biology is understood by the lay person, reproduction appears as the process by which an original plant or animal produces individuals similar to itself. (Strathern 1995: 354)

In this context, it is important to note that a discourse of nature (including biogenetics) is socially powerful. Processes of naturalisation – through which

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[10] This is, for example, illustrated in the context of biomedicine. Featherstone *et al.* (2006) demonstrate that notions of genetics constructed in medical investigations of inherited genetic disorders can initiate, strengthen and emphasise ideas of kin as biological and therefore stable. New medical understandings of genetics thus interconnect and shape the ways in which genes are seen as kin connectors (see also Dolgin 1997, Finkler 2000).

social systems are socially constructed as systems based in nature, biology and genes – relate to power relations in society (Yanagisako and Delaney 1995). Franklin *et al.* (2000) examine these dynamics and suggest that the category 'nature' is vitalised and rendered powerful through flexible processes of naturalisation, de-naturalisation and re-naturalisation. These processes do not undermine the authority of nature, but rather, re-establish it (Franklin *et al.* 2000: 10).

A concept of 'nature' also relates to, and carries specific meaning for, the Euro-American conceptualisation of sex and conception. Schneider ([1968] 1980: 44) notes that heterosexual intercourse is central to Euro-American kinship discourse, and foundational to the construction of kinship as both nature and culture:

> The members of the family are defined in terms of sexual intercourse as a reproductive act, stressing the sexual relationship between husband and wife and the biological identity between parent and child, and between siblings. (Schneider [1968] 1980: 51f.)

Schneider highlights how notions of biogenetic connectedness are intrinsically linked to heterosexual sex. In Euro-American kinship discourse, heterosexual intercourse is represented as the natural way in which women conceive. As noted above, to conceive having sex is culturally understood as a 'fact of life', and is perceived to represent 'biological facts' (see Franklin 1997).

Underpinning this centrality of heterosexual intercourse is a binary construction of gender. Yanagisako & Collier (1987: 30) argue that heterosexual intercourse is foundational for the mutually constituted conceptualisations of kinship and gender as 'biological' and 'natural' categories. Franklin (2001: 305) demonstrates that the idea of kinship as 'nature' reproduces traditional ideas of gender and heterosexual procreation as 'biological/natural'. Thompson's (2005: 118f.) study also indicates that presumptions about heterosexual genders permeate infertility treatment in clinics, as men and women perform stereotypical gender to repair spoiled sex, gender identity and kinship.

This outline of research on Euro-American kinship discourse indicates that constructions of kinship are intimately bound up with constructions of heterosexuality and gender; distinctions between biological and social kinship interconnect with heterosexual intercourse as a method of conception, and with

constructions of gender. Lesbian conception does not easily fit in with such ideas of kinship. In her influential study, Weston (1991: 2f.) indicates that gay and lesbian lives cut across categories of kinship as based in 'blood' and 'marriage', and that homosexuality is commonly constructed as a perversion of nature. Gays and lesbians are historically seen as family outsiders – as individuals who do not take part in family life, indeed, as the antithesis of family (Weston 1991, see also Calhoun 2000, Lewin 1993). This is illustrated in the everyday example of how two gay men were prohibited from dancing together at Disneyland: 'This is a family park. There is no room for alternative lifestyles here' an employee at Disneyland stated (Mendenhall 1985 in Weston 1991: 24). Euro-American kinship discourses are intrinsically interconnected with heterosexuality.

Kin connections in assisted conception

The Euro-American kinship discourse constitutes the interpretative resource for the conceptualisation and understanding of conception that falls outside heterosexual intercourse, i.e. assisted conception. As noted above, assisted conception challenges taken for granted assumptions of kinship: 'new' reproductive technologies disperse kinship. Kinship in the context of assisted conception does not easily map onto the boundaries of the conventional 'family' or conventional notions of transference of genetic substance and genes (Strathern 1995). Procreation (the process of conceiving) is displaced from reproduction (the process of repeating and reproducing oneself) (Strathern 1995: 353f.). Shared genetic substance can, but does not necessarily, lead to family and kin connectedness.

Empirical studies demonstrate that genetic kinship in the context of assisted conception, is combined and recombined in a number of different ways (see Becker 2000, Bonaccorso 2004, Edwards 1998, 2000, Goslinga-Roy 2000, Haimes 1992, Ragoné 1998, Edwards and Strathern 2000, Thompson 2001, 2005). To illustrate, Thompson (2001: 176) demonstrates that biological facts become highly indeterminable for kinship in the context of an infertility clinic, where versions of 'biology' are used differently to construct connectedness. In the context of egg donation and gestational surrogacy, 'blood' and 'genes' – usually defined in the same overlapping 'biological' idiom – are separated and understood to carry different meanings, indicating that individuals involved in such processes

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negotiate biological categories of relatedness to define relatedness between parent and child (Ragoné 1998, Pelka *forthcoming* a). Howell (2003) further indicates that similar negotiations take place among parents who have transnationally adopted children. She suggests that such parents 'kin' their adopted children through processes of transubstantiation, 'constructing' the children as if they were their biogenetic children. These insights have been useful for the analysis in Chapters 7 and 8.

With regards to constructions of parenthood in the context of assisted conception, Strathern (2005: 25) argues that, as a genetic or biological definition of parenthood is removed from the concept of 'mother' and 'father', these concepts, and the roles with which they are associated, emerge in new forms. Thompson (2005) studies ethnographically the making of parents in infertility clinics. She argues that conception in a clinic is organised through a coordinated coming together of aspects of self, nature and society. She suggests that this 'coming together' can be seen as 'ontological choreography':

> The term *ontological choreography* refers to the dynamic coordination of the technical, scientific, kinship, gender, emotional, legal, political and financial aspects of ART [assisted reproductive technologies] clinics. What might appear to be an undifferentiated hybrid mess is actually a deftly balanced coming together of things that are generally considered parts of different ontological orders[.] (Thompson 2005: 8, italics original)

Such choreography, Thompson argues, is aimed at producing parents and children, and is necessary for them to be recognised as such. Thompson (2005: 148) notes that, while conventional, ideological values of biogenetic conception are reproduced in IVF and gestational surrogacy, these technologies also distribute elements of what biogenetic connections mean, in new and different ways. Thompson (2005: 166) indicates that in both IVF and gestational surrogacy, parenthood is secured by a process of separating out social and biogenetic kinship connections, and then bringing the parts into coordination. In this process, some aspects of what it means to be a parent are valued and foregrounded, while others are marginalised (Thompson 2005: 145). I have found the concept of ontological

choreography – and the process of separation and re-fusion that it implies – very helpful in making sense of the interviews (see Chapters 5 to 8).

Assisted conception involving donated gametes also alters cultural assumptions about what makes a family and what signifies family belonging. As noted above, Carsten (2001) argues that biogenetic relatedness is culturally perceived as transference of substance from parents to child. Related to this is an idea that family heritage is equally inherited from 'both sides' of the family (Richards 2006: 177f.). Marre and Bestard (2009: 70) indicate that physical resemblance in families is perceived as constituting a continuity of family relations. They note that connections are constructed between relatives through family resemblance (2009: 77). Emslie *et al.* (2003) suggest that the construction of family heritage and family resemblance also have social significance. Becker *et al.* (2005: 1301) argue that talk about resemblance re-affirms family connections, indicating that discourses of resemblance support a hierarchy of family legitimacy. Clear physical resemblance confirms family connectedness, and socially such families are confirmed as legitimate families. Where there is a lack of physical resemblance, family legitimacy is, however, questioned, and these families can be exposed to social stigma. By finding a gamete donor that matches the intended parents physically, heterosexual parents pay lip service to notions of biological continuity within their families, and have the option of maintaining confidentiality about their method of conception (see, for example, Becker 2000, Becker *et al.* 2005, Hanson 2001, Haimes 1992). I have found such a perspective useful in analysing couples' choices of donors (see Chapter 8).

Constructions, and ideologies, of family inheritance also relate to ideas of race, resemblance and kinship (Franklin and McKinnon 2001). Quiroga (2007: 146) indicates that donor matching draws on ideas of race as an inheritable category, and reproduces such notions. Although donor insemination potentially subverts ideologies of race as inheritable, it is socially organised and undertaken so that 'racial mix-ups' are avoided (Quiroga 2007: 150). I explore issues around lesbian donor conception and race in Chapter 8.

Genetic origins and personal identity

Gamete donation also has implications for the construction of personal identity. Gametes are socially perceived as discrete entities, but they also contain and

transfer past relationships, which are seen as important for the construction of identity (Edwards 2000: 230). Edwards (2000: 229) indicates that to be disconnected from people and places is culturally perceived to be without roots, noting that roots symbolise continuity between 'place, person and past' (Edwards 1998: 161). This point is illustrated in Carsten's study of how adopted children seek their birth parents because they want to 'know who they are' (2004: 104). Adding to this, Nelkin (2006: 174) observes that 'genes' are increasingly imagined to provide the essence of true personhood.

Edwards highlights that persons are constituted by past relationships. Hence, it is culturally considered important that donated gametes are attached to names and origins. This means that constructions of identity are implicitly structured by ideas of knowing about one's biogenetic kin. A relationship that has been disconnected can, through the knowledge of shared substance, become a connected relationship (Featherstone *et al.* 2006: 8). According to Strathern (2005: 10), such knowledge about kin also relates to ideas of responsibility, since a biogenetic connectedness is widely regarded as implying a responsibility towards a person. Edwards (2000: 223) indicates that the responsibility created through knowledge is problematic in the context of sibling donations – that is, where a sibling donates to his/her sister or brother who seeks to conceive with a partner – because, in these informal family arrangements, connectedness and responsibility cannot be claimed by the donating sibling. These insights have been useful in the analysis of lesbian couples' understandings of donors' kin value, which I explore in Chapter 7.

Strathern (2005: 70f) notes that while knowledge about biogenetic connections *can* create relationships, 'knowing about' does not *necessarily* translate into a relationship. She suggests that knowledge of a genetic link can also be re-imagined and reconstructed as information 'only'. Shared genetic substance can be perceived as nothing more than medical information, which in turn is seen as useful to both parties.

Kin, conception and sexuality

New reproductive technologies and gamete donation thus raise questions about kin, parenthood, family and identity. My review indicates that, to date, explorations of such issues have been based on the assumption that individuals and couples who use these technologies and gamete donation to conceive are

heterosexual couples (see, for example, Becker 2000, Becker *et al.* 2005, Bonaccorso 2004, Cussins 1998, Edwards 2000, Franklin 1997, Franklin and Ragoné 1998, Franklin and McKinnon 2001, Haimes 1990, Ragoné 1998, Snowden and Snowden 1998, Strathern 1992a, 1992b, 1995, 2005, Thompson 2001, 2005). As with feminist studies of reproductive technologies, the majority of studies in this field explore, research and theorise reproductive technologies and gamete donation from a heterosexual perspective. For example, this is illustrated in Haimes (1990) who considers the extent to which a couple who conceive using donated gametes comply with elements intrinsic to the idea of the 'normal' family:

> [W]hen we consider the configurations which emerge from the range of families-by-donation, it is clear that only two out of three elements [of the normal family] are satisfied. [...] The value of family life is demonstrated and each family has the appearance of an ordinary structure, of two parents and child(ren). However, [...] the child is not genetically linked to both parents. (Haimes 1990: 164)

Although it may appear that Haimes discusses 'families-by-donations' in general, her theorisation of how such families comply with a notion of the 'normal family' only includes heterosexual families-by-donation. A second example is Thompson (2001) who, in her study of gamete donation, draws on six cases, all of whom are heterosexual couples.

Heterosexuality is normatively assumed rather than analysed as part of the make-up of contemporary kinship constructions. This is reflected in the way in which conception is analysed, represented and understood. Schneider's ([1968] 1980) work, reviewed above in section 'Nature and sex in Euro-American kinship discourse', is the only study that I have found that explicitly discusses the meaning of heterosexual intercourse for the construction of kin. In other studies, listed above, heterosexual intercourse is not a focus of attention, and it is implicitly constructed as the 'natural' way to conceive, in contrast to the 'assisted', 'new', 'artificial' and 'technological' ways of conceiving that these studies explore. No study, to date, analyses sexual intercourse as a way – a *method* – to conceive, or provides a perspective on this as a social practice. The meaning

of heterosexual intercourse as a method of conception is therefore under-theorised in this area of study.

A consequence of heteronormative assumptions permeating existing research, is that they provide little insight into non-heterosexual donor conception that transgresses the culturally conventional heterosexual nuclear family. Lesbian donor conception therefore raises a set of questions un-addressed in existing research. How is conceptual and interpersonal kinship constructed by lesbians who reproduce together using donor sperm, and how do they construct parenthood and family connections? How do lesbian couples think about family resemblance and donor matching when they, being two women, do not pass as a conventional heterosexual family? How does it affect lesbians' conception practices that they are commonly excluded from access to infertility clinics? What are the practical and conceptual consequences of using reproductive technologies from the outset, and not as a corrective of failing to conceive having sex? How does a lesbian couple understand procreation in the context of their relationship?

Concluding remarks

This section provides an overview of existing studies of Euro-American cultural constructions of kinship, sex and connectedness, and how these constructions are negotiated in the context of assisted conception.

The conceptual insights from this area of work provide useful perspectives on constructions of kinship in the context of assisted conception, and influence the substantive Chapters 5 to 8. For example, Strathern's (2005) analysis that conceptual (biogenetic) and interpersonal (social) kinship constitute tools for social living provides important insights into how kinship is constructed in everyday life. While biogenetic and social categories of kin, and the division between them, can be understood as socially constructed, they nonetheless form a cultural discourse through which relatedness and kin connections are construed (Franklin 2003). The review further indicates that ideas about genes are increasingly central to the construction of kin and kin connections. Nelkin (2006) notes that genes are a construction of kin which represent stability and fixity. Thompson's ethnographic study, indicating that infertility treatment involves a separation and a coordination of parts, also provides significant insights into the practices surrounding donor conception. This body of work indicates that lesbian

conception is likely to raise questions about, and touch on issues around, what makes a parent, what makes a family and what constitutes a person's identity, and how these elements of everyday life can be negotiated.

Although lesbian conception relates centrally to questions raised by this body of work, it does not touch on lesbian conception. My review indicates that although heterosexuality is central to a discourse of kinship, it remains hidden and un-problematised in the study of kin. Heterosexual intercourse is under-theorised, implicitly seen as a 'natural' way to conceive and not analysed as a *method* of conception. Lesbian conception is not represented within these studies, and the questions it introduces in terms of gender, sexuality and kinship in the context of assisted conception remain unanswered.

INTIMACY AND FAMILY LIFE: TRADITIONS AND TRANSFORMATIONS

Patterns of intimate and family life in the UK are undergoing rapid change. According to UK national statistics on families, divorce rates have risen from about 25 000 per year in 1961 to about 145 000 per year in 2005, with a slight decrease over the last ten years (National Statistics 2007a). Couple family households have decreased as a proportion of all households since the 1970s. In 1972, couple families constituted 90 percent of households. This compares to 75 percent in 2006. Meanwhile, both the number and the proportion of lone parent families have increased: they represented around 5 percent of households in 1972 and approximately 25 percent in 2006 (National Statistics 2007b).

Social theorists of late modernity, such as Giddens (1991), Beck (1992), Beck and Beck-Gernsheim (2002), Castells (1997) and Bauman (2000), argue that these changes in intimate life should be seen in relation to increasing social and cultural de-traditionalisation and individualisation.[11] The work of Giddens (1992) and Beck and Beck-Gernsheim (1995), who suggest that new patterns of intimate life emerge as individuals are increasingly self-reflexive and gender relations change, has been particularly influential. However, feminist scholars question the extent to which these frameworks are useful for interpreting such changes. Thus, a debate

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[11] Modernity and the current social condition have been debated at length. I use the term 'late modernity' to mark that contemporary modernities are in various ways different from previous ones.

about changing patterns of intimate life has emerged in recent years. At the same time, changing patterns of family life have also become a focus for debate. Morgan (1996) suggests that through these changes in family life, family can be seen as a lived experience – as something we do – rather than a social institution (see also Silva and Smart 1999). Within both of these debates, gay and lesbian family formations figure centrally, and are seen to signal change and transformation.

This section outlines, reviews, and critiques these debates, and seeks to investigate how lesbian conception can be understood in relation to a transformed intimate life. This is a vast area of study, and work has been instrumentally included and excluded in the review based on its relevance for lesbian conception. The section covers the areas transformations of intimacy, late modern family formations and same-sex intimacies.

Transformations of intimacy

Giddens (1992) suggests that formations of intimacy in late modern society differ from modern patterns of intimacy, in that late modern intimacy is characterised by 'pure relationships'. He proposes that this changing character of intimate relationships relates to changes in gender formations. Giddens argues that 'romantic love', which implicitly positions men and women differently in a power relationship, has been replaced by a 'confluent love', which, he suggests, 'presumes equality in emotional give and take' (p. 62). According to Giddens, a relationship lacking in emotional confluence is not likely to last, since it transgresses the boundaries of what he calls the 'pure relationship'. Individuals, he suggests, enter relationships founded on feelings of emotional satisfaction, and relationships therefore only last as long as both parties are satisfied (p. 58). Giddens notes that these changes can be witnessed in increasing divorce rates (p. 61).

Beck and Beck-Gernsheim (1995) also theorise changes of intimacy in relation to changing gender relations (see also Beck-Gernsheim 2002). They argue that the individualisation of the labour market means that both men and women need to create their own careers. They suggest that this process of individualisation builds on ideas of freedom of choice and complete mobility, as well as freedom from restraints posed by partner and family (p. 52f.). In relation to this, the modern

couple family model, they argue, where one partner, the man, works outside the home and the other, the woman, works in the household has failed (p. 6).[12] Although love has become of ever greater importance in contemporary society, there are now contradictions and clashes between close relationships and do-it-yourself-biographies shaped by individualism, according to Beck and Beck-Gernsheim (p. 6, 53).

Critics of how individualism shapes close relationships do not question that intimacy as such is changing, but problematise the way in which theorists like Giddens and Beck and Beck-Gernsheim imagine these changes (Gabb 2007: 7). Two primary debates can be identified following from the work of Giddens and Beck and Beck-Gernsheim; first, debates have emerged from the so-called 'individualisation thesis', and second, debates have emerged from the idea that the individualisation of intimate life destabilises a heterosexual-homosexual binary. I now outline these debates in turn.

Feminists argue that there are a number of limitations to an idea of an individualised intimacy. Jamieson (1999) and Jackson and Scott (2004) indicate that an 'individualisation' perspective fails to take into account how wider social structures of material gender inequalities influence intimate life. Smart and Shipman (2004) suggest that this thesis is ethnically biased, indicating that, in English-Pakistani and English-Irish communities in the UK, parental and kin expectation and religious considerations interplay with individualism and romantic feelings when deciding on a partner. Roseneil and Budgeon (2004) and VanEvery (1999) critique the way in which 'the couple' is constructed as the only form of intimacy in Giddens' and Beck and Beck-Gernsheim's work. Furthermore, Finch (1996), Smart (2007), and Wilson (2007) question the assumptions about homosexuality and heterosexuality that underpin this work. Smart (2007) offers perhaps the most far-reaching critique, to date, of the 'individualisation thesis' in her study of personal life in late modern society. She argues that connectedness and relatedness are central to contemporary family and personal life, and introduces a theoretical framework which centres on connectedness, not individualisation (2007: 189).

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[12] It should be noted that Beck and Beck-Gernsheim (1995) are heteronormative in their approach, and do not account for same-sex intimacies (for a critique see Smart 2007).

Reproduction is, to date, only taken into account to a very limited extent in the thesis of individualisation, and, with the exception of Jamieson (1999), also in the debates that have followed. Giddens offers no analysis of how having children and caring for children fit in with his idea of 'pure relationships' that only lasts for as long as both parties are emotionally satisfied. Beck and Beck-Gernsheim suggest that having children can be seen as an aspiration, a project, for couples (1995: 106). Neither takes account of the connections formed between adults and dependent children, and how these affect adult relationships between partners. Jamieson (1999: 490), in her critique of the 'pure relationship', notes that parent-child relationships signal long-term material dependency, not fluidity, thus challenging notions of an individualised intimacy. Building further on Jamieson's critique, I would argue that a parent-child relationship can be seen as socially constructed as a permanent, not fluid, relationship and bond, suggesting that there is not only a material but also an 'emotional' dependency between parent and child, and parent and parent, which runs counter to an idea of a 'pure' relationship.

Reproduction interconnects with aspects of relatedness and connectedness, and how both these aspects matter in intimate life. The work of Mason (2004), Smart and Shipman (2004) and Smart (2007) indicates that the 'individualisation thesis' fails to take into account such dimensions. Mason (2004) demonstrates that connectedness with family and kin is important for how individuals understand agency and identity. Together, these studies make clear that issues related to reproduction and relatedness do not easily fit in with a framework that sees contemporary patterns of intimacy as highly individualised.

A second debate that has emerged from Giddens' and Beck and Beck-Gernsheim's work centres on whether changing patterns of intimate life destabilises a heterosexual/homosexual binary. As noted above, same-sex relationships are commonly imagined as indicative of changing patterns of intimacy (Giddens 1992, Castells 1997, Stacey and Davenport 2002). While Giddens indicates that gender differences may still be a prominent feature of a confluent relationship, he argues that the new, more individualised patterns of intimacy are significant for homosexual as well as heterosexual relationships (Giddens 1992: 63). Indeed, gay and lesbian love and sexuality are, according to Giddens, illustrative of the 'pure relationship':

Gay women and men have preceded most heterosexuals in developing relationships, in the sense that term has come to assume today when applied to personal life. (Giddens 1992: 15)

Drawing on the work of Giddens, Roseneil (2000) suggests that significant changes are taking place around the construction of sexuality. She argues that these changes can be characterised as a destabilisation of the categories of heterosexuality and homosexuality. Roseneil states:

It is my argument that we are currently witnessing a significant destabilization of the hetero/homosexual binary. The hierarchical relationship between the two sides of the binary, and its mapping onto an inside/out opposition is undergoing intense challenge, and the normativity and naturalness of both heterosexuality and heterorelationality have come into question. (Roseneil 2000: 3.8)

Roseneil (2000, 2002) suggests that heterosexuals and homosexuals alike share a desire for a 'pure' relationship, and that this indicates that 'queer tendencies' (Roseneil's phrase) can be witnessed in late modern intimate life. According to Roseneil, what is significant about these changes is that the hierarchal relationship between heterosexuality and homosexuality is breaking down as heterosexuality (too) comes into question. Researching same-sex intimacies, Weeks *et al.* (1999, 2001) follow a similar line of thought and suggest that heterosexual and homosexual intimacies are increasingly alike:

Despite the particularism of the homosexual experience, one of the most remarkable features of domestic change over recent years is, we would argue, the emergence of common patterns in both homosexual and heterosexual ways of life as a result of these long-term shifts in relationship patterns. (Weeks *et al.* 1999: 85)

These perspectives are echoed in some of the work on family life (see section below). Stacey and Davenport (2002: 372), for instance, argue that, in the postmodern world, all families are queer.

However, a competing perspective has begun to emerge which challenges the idea that the conceptual boundary between heterosexuality and homosexuality is

dissolving. For example, in his analysis of parliamentary debates around an 'equal' age of consent, Waites (2003: 651) argues that heterosexuality and homosexuality are reproduced as distinct categories. He suggests that sexual identities are constructed as fixed and static, and that fixity and statics remain key features in the reproduction of a heterosexual/homosexual binary (Waites 2005: 562). In his later work, Heaphy (2007: 208) also takes a more cautious approach to the thesis that the distinctions between heterosexual and homosexual are dissolving, and suggests that transgressions of the homosexual/heterosexual binary are coupled with continuous inequalities. Drawing on his study of older age groups, he indicates that structures of sexuality can be understood as shaping material and relational inequalities between heterosexuals and homosexuals. Furthermore, Seidman (2009) argues that, despite processes of homosexual normalisation, the institutionalised normative heterosexuality can be witnessed, for example, in the army, and that such institutionalisation is continuously powerful:

> In many social sectors normative heterosexuality is reproduced in ways that institutionally incorporate gay men and lesbians but continue to position them in a subordinate social status. (Seidman 2009)[13]

More cautious readings of changing patterns of intimate life thus indicate that changes along a heterosexual/homosexual binary are unevenly distributed, and do not necessarily mean that the hierarchal relationship between the two has disappeared. However, neither this debate, nor the wider literature on intimacy and intimate life, offer much insight into how reproduction and having children is accommodated into partnerships based on fluidity and changing boundaries between heterosexual and homosexual. I draw on this debate in Chapter 8.

Late modern family formations

Alongside debates about changing patterns of intimate relationships has been one focused on the concept of 'the family'. This took as a starting point the political and moral rhetoric of the 1990s that 'the family' was in decline, and must be safeguarded, and provides a critique of this proposition (see Morgan 1996, Silva

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[13] Paper received through personal communication, not yet available in the UK (April 2009).

and Smart 1999, Stacey 1996). As Silva and Smart (1999: 3) note, the political language around 'the family' at the time depicted 'strong families' as 'conjugal, heterosexual parents with an employed male breadwinner'.

Sociological research which informed the critique indicates that, while family patterns and family life are changing, family is no less important in late modern society than it was previously (Morgan 1996). Morgan (1996: 199) demonstrates that, while there may be grounds for talking about a decline of a specific family model, the way in which people 'do family' indicates that families are continuously central to personal life. However, rather than being fixed units in the structure of society, families can now be seen as taking increasingly malleable forms (see, for example, Jagger and Wright 1999, Silva and Smart 1999, Stacey 1996, 2004). Stacey writes:

> Like postmodern culture, contemporary Western family arrangements are diverse, fluid, and unresolved. Like postmodern cultural forms, our families today admix unlikely elements in an improvisational pastiche of old and new. (Stacey 1996: 7)

As with Morgan, Stacey (1996: 45) argues that the modern model family no longer exists. Contemporary family patterns are increasingly diverse and changing, and a single pattern can no longer be identified (see also Gabb 2007).

Morgan's (1996, 1999) study of contemporary family life has been particularly influential in stimulating a sociological engagement with late modern family life. Morgan (1999: 15ff.) proposes that family now can be understood as social practice, something we 'do' rather than something we 'are'. By using the term 'family practices', he (1999: 188ff.) seeks to denote that family is something that 'happens' in everyday life, and which is characterised by regularities and fluidities:

> I intend to convey a sense of the active. If we compare the terms 'family structures' and 'family practices' this point should become clear. The former is static and carries a sense of something thing-like and concrete. [...] The latter carries a sense of doing and action. (Morgan 1996: 189)

Morgan (1996: 141) indicates that families are constructed through multiple practices, one of which is through the designation of front and back stages in the home. Practices, including the regulation and negotiation of space, are both shaped by and shape intimate boundaries in families (Morgan 1996: 146). Drawing on Morgan's perspective on family as something we do, Smart and Neale (1999) develop a conceptualisation of family relationships in the context of post-divorce families. They indicate that one of the principles that should apply in court decisions around post-divorce families should be an 'ethics of care', as this would 'place the child in a set of relationships' (1999: 193). Ethics of care denotes a desire not to harm, and an idea of connectedness (Gillian 1982 in Smart and Neale 1999: 115). Smart and Neale note that there is, however, very little terminology to capture this principle in relationships, and that it is seen to conflict with, and 'spoil', 'pure' relationships with new partners (Smart and Neale 1999: 131f.). Smart (2007: 35) further indicates that the sociology of 'the family' has primarily focused on the nuclear family household, with few studies looking at, and providing a perspective on, how relatedness and kin matter in contemporary family life. Notable exceptions to this are the studies by Finch and Mason (1993, 2000).

Developing a perspective on family life, Finch (2007) adds to Morgan's conceptual framework of family practices by indicating that families are not only done, but must also be displayed and recognised by others:

> [T]he meaning of one's actions has to be both conveyed to and understood by relevant others if those actions are to be effective as constituting 'family' practices. (Finch 2007: 66)

Thus, it is not enough to just 'do' family, one must also be recognised as 'doing family'. Finch (2007: 72) indicates that the extent to which one must display family varies with intensity depending on circumstance. She notes that in the context of lesbian and gay families, to do, but also to be recognised as family, can be a central part of the agenda (2007: 74). Using this conceptual framework in the context of family names, Finch (2008) suggests that names can be important in the context of constructing, and demonstrating, family bonds.

Drawing on Finch's notion of doing and displaying, Almack (2008) develops the concept of 'display work' in the context of lesbian mother families, and

suggests that lesbian mothers undertake 'display work' in the process of negotiating family relationships with their families of origin. Suter *et al.* (2008) also importantly indicate that lesbian families negotiate and communicate family identity through symbols and rituals such as sharing last name, creating physical resemblance through donors and through entering civil partnerships. These insights have been influential in the analysis presented in Chapter 8.

Same-sex intimacies

As indicated above, gays and lesbians have traditionally been conceptually, culturally, legally and socially excluded from families and family life (Calhoun 2000, see also Lewin 1993, Smart and Neale 1999, Weston 1991). Weston's study of gay and lesbian families played an important part in recognising gays' and lesbians' intimate life as family relationships. Weston argues that gays and lesbians, often excluded from their 'blood' families as they come out as gay, claim 'families of choice' (Weston 1991: 22). Such family-of-choice bonds differ from culturally conventional notions of family and kin, in that they challenge the idea that kinship always 'maps' onto procreation:

> What gay kinship ideologies challenge is not the concept of procreation that informs kinship in the United States, but the belief that procreation *alone* constitutes kinship and that "non-biological" ties must be patterned after a biological model (like adoption) or forfeit any claim to kinship status. (Weston 1991: 34, original emphasis)

Weston notes that gay and lesbian kinship does not mimic a biological model, but should be recognised as modelled through choice.

As with Weston (1991), Weeks *et al.* (2001) interpret same-sex intimacies as 'families of choice', and argue that these intimacies differ from, and challenge assumptions of, heterosexual families by blood. Drawing on Giddens' work on transformations of intimacy, Weeks *et al.* (2001: 12) understand late modern intimacy and family formations as matters of choice and self-reflexivity, and that this is especially the case for gays and lesbians. Family in this context refers to a variety of different intimate relations which are creatively invented (Weeks *et al.* 1999: 87, 90). Weeks *et al.* (2001: 5) conceptualise non-heterosexual intimacies as

'indices of something new: positive and creative responses to social and cultural change'.

Gay and lesbian intimacies are now commonly seen as illustrative of increasingly diverse and fluid family formations. Stacey and Davenport write:

> The postmodern family represents no new normal family structure, but instead an irreversible condition of family diversity, choice, flux, and contest. The sequence and packaging of romance, courtship, love, marriage, sex, conception, gestation, parenthood and death are no longer predictable. Now that there is no consensus on the form a normal family should assume, every kind of family has become an alternative family. Lesbigay or queer families occupy pride of place in this cultural smorgasbord[.] (Stacey and Davenport 2002: 356)

Stacey and Davenport (2002: 356) note that gay and lesbian families can be seen as one form of the endless variations of contemporary family formations: they are part of a 'cultural smorgasbord' which destabilises the concept of a 'normal' family model.

I noted above that Giddens fails to include an understanding of intimacy and reproduction, or intimacy between parent(s) and child, in his theorisation of the 'pure relationship'. When he discusses gay and lesbian relationships, the fact that they might reproduce appears to be excluded per definition. In Giddens' view, the defining characteristic of homosexuality, and the basis of the gay and lesbian 'pure relationship', is that sexuality 'can be witnessed in its complete separation from reproduction' (1992: 143). Following Giddens, it would appear that gays and lesbians are not, by their very definition, reproductive agents. Gays' and lesbians' 'non-procreativeness' appears foundational to Giddens' construction of non-heterosexual intimacy. The exclusion of lesbian and gay reproduction is thus both part of the broader exclusion of reproduction from the theory of 'the pure relationship', and a consequence of his construction of gays and lesbians as non-reproductive. A similar line of thought can be noted in the work of Weeks *et al.* (2001) on 'creative families of choice'. Weeks *et al.* note that:

> ... while there is a strong emphasis on the idea of negotiated relationships rather than concepts of duty or obligation among non-

heterosexuals, dependents, and especially children, provide the major exceptions to this. (Weeks *et al.* 2001: 160)

Although Weeks *et al.* have an overarching argument of gay and lesbian families as 'families-of-choice', they indicate that when a child is born into a gay or lesbian family, there is a tendency to view the family which includes the parents and the child as the 'real family' (2001: 160). Weeks *et al.* note that gays and lesbians experience a parent-child relationship as an absolute and stable, rather than flexible and chosen, intimate relationship. Weston (1991: 188f.) also notes that, in contradiction to her overall argument, a discourse of a stable, biological kinship is mobilised when gays and lesbians make sense of their own parenthood (this is also argued in the studies of Lewin 1993, Gabb 2004, Almack 2005). Constructions of kinship and family bonds among lesbians who conceive can thus be seen to sit somewhat uncomfortably between a framework of 'families of choice', and a conventional cultural Euro-American heterosexual kinship discourse of 'blood'.

This review indicates that gay and lesbian family formations have been analysed as intimate relationships between self-reflexive adults, and that gays and lesbians who reproduce are largely invisible within these studies. It appears that reproduction is only incorporated into understandings of same-sex intimacies to a very limited degree and gay and lesbian parenthood challenges the theoretical framework of gay and lesbian families as 'families of choice'.

Concluding remarks

There are currently two primary foci in the debate around changing patterns of intimacy. First, it has been suggested that intimate life is increasingly individualised, and second, that this development challenges a heterosexual/homosexual binary and hierarchy. The review indicates that, to date, little attention has been paid to how reproduction and connectedness, particularly in a same-sex context, fit within either of these propositions.

Gay and lesbian intimacies and families are commonly imagined at the forefront of changing patterns of intimate life. However, my review indicates that this is based on an assumption that same-sex intimacies are non-procreative. Lesbian conception is theoretically and empirically excluded on two levels. Partly, it is an

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element of a broader exclusion of reproduction from the dominant framework of the study of intimate life as increasingly individualised, and partly it is a consequence of a definition of gay and lesbian sexuality as non-procreative. This double exclusion can be seen as resulting in an absence of studies focusing on what conception means as practice, and what conception and reproduction mean for the conceptualisation of intimacy, family and sexual binaries in late modern society.

While it remains largely unclear how conception and reproduction might challenge dominant perspectives on family life and gay and lesbian intimacies, some tentative conclusions can be drawn based on the literature. The limited evidence available indicates that gays and lesbians view reproduction, and the relationships between them and their children, as 'real' family, emphasising family as a 'blood' relationship (see Weeks *et al.* 2001: 160f.). This, in turn, suggests that same-sex reproduction, and reproductive practices, challenge dominant assumptions about 'creative' and 'transgressive' same-sex 'families of choice'. With the exemption of Almack (2004) and Gabb (2005), the review has uncovered no studies that investigate how same-sex procreation and reproduction fits in with a 'families-of-choice' framework. It also indicates that there is limited research into how notions of blood connectedness, as it emerges in the context of same-sex reproduction, relate both to ideas of 'creativity', and to broader engagements with a 'transformed' intimacy and family life. This is picked up in the substantive Chapters 7 and 8.

POLITICS OF GAY AND LESBIAN NORMALISATION

This final section of the literature review deals with how politics around gay and lesbian civil rights can be seen as shaping changes to homosexual life experience and, in particular, 'normalising' it. The section explores how 'politics of normalisation' regulate and construct gay and lesbian intimate life in new ways.

What it means to be gay and lesbian has undergone radical cultural, social and political change in recent decades. Seidman argues that being in 'the closet', a condition that used to define homosexual life experience in the past, no longer does so (2002: 8f.). Seidman suggests that 'the closet' was a life shaping

condition which was defined by heterosexual social domination and characterised by social oppression, lack of respect and social disadvantage. This has now been replaced, Seidman suggests, by a notion of homosexuality as a normalised and routinised part of a person's sense of self. While a person's sexual identity in earlier periods could be considered a core identity, sexuality is no longer experienced as the defining identity marker, but is now integrated as one part of a multi-layered identity (2002: 12).[14] This normalisation process interconnects with changes to homosexual life experience and life expectations (Seidman *et al.* 1999: 19).

Gay and lesbian civil rights take centre stage in the politics of normalisation: these are politics which to a large degree revolve around the regulation of intimacy and intimate life. This can, for example, be witnessed in the focus on the passing of same-sex marriage and civil partnership laws during recent years across Europe, North America, Africa and Australia. Seeking to explore how lesbian conception practices fit within notions of normalisation, this section reviews literature covering the gay and lesbian civil rights movement, and the debate around same-sex marriage.

Civil rights and the 'good' homosexual

Seidman (2002) indicates that US gay and lesbian political organisations as they emerged in the 1960s and 1970s, took two different directions: one was a radical 'liberationist' movement, and one was an 'assimilationist' movement. The radical movement sought to overthrow the hierarchical system of sexuality and challenged the idea of a 'good sexual citizen' that had emerged after World War II (Seidman 2002: 173, see also Robinson 2008). The 'assimilationist' movement, in contrast, supported the idea of a 'good sexual citizen' as such, but sought to include homosexuals within it. Seidman (2002: 174f.) notes that the latter was, and still is, the more successful gay political movement. While the liberationist gay movement had disappeared by the mid 1970s, the 'assimilationist' movement has been successful in achieving various rights for homosexuals (see also Young and Boyd 2006). This means that a rights-oriented political agenda has dominated gay and lesbian politics over the last decades (Richardson 2004: 392). It has

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[14] As noted above, Seidman (2009) suggests that such changes take place alongside a continuous institutionalised heterosexual normativity.

primarily focused on achieving equality through civil rights such as civil partnership, parental rights and inheritance rights (Richardson and Seidman 2002: 9). These are rights of family life that have been, and in many cases still are, privileges of heterosexuals.

Richardson (2004: 393) argues that the politics of citizenship and civil rights are intimately bound up with a wider social process of normalisation. She notes that normalisation can be understood as the process through which a good and normal behaviour for citizens is identified, socially validated and reproduced. In practice, this is regulated and achieved through self-governance (2005: 518). Richardson (2005: 519) suggests that gays' and lesbians' claims for equal rights to resources and recognition are justified on the basis that they are 'normal' and 'ordinary' and, thus, in an equal rights discourse, the 'same' as heterosexuals:

> A common justification of these and other demands for social inclusion – one that is made both by lesbian and gay movements themselves and neoliberal governments responsive to their rights claims – is that lesbians and gay men are "ordinary", "normal" citizens. (Richardson 2005: 519)

The struggle for equal rights can thus be understood as a struggle for inclusion into the norm. There are, however, problems attached to gaining equal rights on the basis of being 'normal' and 'the same'. Richardson (2005: 520) notes that such a discourse obscures differences and inequalities among gays and lesbians structured by class, race, gender and disability. Clarke (2002: 109f.) also indicates that the assimilationist approach conceals how lesbians and gays are forced into difference by homophobia in society. She notes that in contexts where gays and lesbians are 'normal', they cannot raise issues related to the impact of this systematic oppression. The rights oriented agenda, which is based on identity politics, thus implicitly reproduces the position of heterosexual, as well as white, male and middle class, as the normative standards (compare Brown 1995). Wilson (2007) similarly indicates that the political focus on equal rights implicitly reproduces the heterosexual family life as desired and normal.

Extending civil rights to gays and lesbians thus consequently also 'encourages' a specific way of life, and Richardson (2004: 397) indicates that normalisation politics regulates intimate norms for gays and lesbians. The normalisation process produces an idea of 'the normal gay' (Seidman 2002: 14). 'Normal' gays and

lesbians are located in domesticated marriage-like coupledom. The 'normal' gay furthermore carries off a conventional gender performance and is committed to home, family, career and nation (Richardson 2004, Seidman 2002). The construction of normative homosexuality thus maps onto, and reproduces assumptions of normative heterosexuality; the defined 'good' qualities of 'normal gays' resemble traditional normative heterosexual ideals of morality, both in terms of 'good' sexual practices and 'good' lifestyle choices (Richardson 2004: 407). Heteronormative institutions and practices are reproduced and upheld in the normalisation and inclusion of some, but not all, gays and lesbians (Richardson 2004: 407f.). The inclusion of (some) gays and lesbians as normal citizens can also be understood as a heterosexualisation of gayness. Granting equal civil rights thus reproduces dominant, heterosexual intimate norms.

Seidman (2002) and Richardson (2004, 2005) argue that, as a consequence, politics of normalisation introduce a distinction between 'good' and 'bad' gays and lesbians, along with a distinction between 'good' and 'bad' sexual behaviour. 'Good' sexuality can be witnessed in domesticated couple sexuality while 'bad' sexuality, is constructed as outside marriage, as having multiple and/or changing sexual partners, as having sex separate from love and as having sadomasochistic sex. These 'bad' sexual practices are associated with 'bad' gays who are not granted citizen status. A result of gay and lesbian normalisation is that new boundaries are produced around 'normal' sexuality. Butler states:

> The sphere of legitimate intimate alliance is established through
> producing and intensifying regions of illegitimacy. (Butler 2002: 17)

Commenting on gays and lesbians right to marry, Butler suggests that the debate around same-sex marriage in itself constructs borders between 'good' and 'bad' sexual practices. These insights influence the analysis of the empirical study in Chapter 8 of the thesis.

Same-sex coupledom and marriage

According to Richardson (2004: 397), intimate life and the same-sex couple are key sites in the process of normalisation. Gross (2005: 297f.) argues that the couple is a continuously strong symbol of intimacy in late modern society and suggests that it carries forward traditional assumptions of intimacy. He suggests

that, while the regulation of intimate (heterosexual) relationships is in decline, the cultural ideology of being in a couple and, preferably, a nuclear family, is continuously prevalent.

This central place of the couple is prominent in politics of normalisation and the regulation of civil partnership in the UK. The passing of the UK Civil Partnership Act 2004 means that same-sex couples are now recognised and regulated as legitimate intimate formations. However, the reform also reproduces a distinction between heterosexual and same-sex partnerships in that civil partnerships are not marriage according to English and Welsh law. This distinction was defended and upheld in a 2006 UK High Court case, in which the court declined to recognise a lesbian couple's Canadian marriage as marriage in the UK (Equal Marriage Rights 2007).

A number of feminists and queer theory critics raise concerns about the inclusion of lesbian and gay couples into the institution of marriage, and the continuous distinction between heterosexual marriage and homosexual civil partnership (Barker 2006, Butler 2002, Donovan 2004, Richardson 2004, Stacey and Davenport 2002, Wise and Stanley 2004, Young and Boyd 2006,).[15] Butler (2002: 21) argues that it is an inherently conservative position to define gay and lesbian equality in terms of access to marriage. Young and Boyd (2006), investigating the parliamentary debates preceding same-sex marriage in Canada, suggest that a feminist critique of marriage as an ideological institution which creates inequality is absent from the debates. The social and legal institution of marriage inherently reproduces patriarchal and heterosexual norms in society (Young and Boyd 2006: 218). They further note that same-sex marriage is discursively understood to follow on and 'map onto' heterosexual coupledom, which is implicitly constructed as the 'gold standard'. Marriage as an institution can also be seen as generating wider social inequalities that position married and non-married couples differently within structures of social and economic benefits (Donovan 2004, Seidman 2002: 192f.). It upholds unequal structures of class, and reinforces the privileges of couples and inequalities based in racial differences

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[15] I here refer to debates focusing on the legal regulation of gay and lesbian registered partnerships as 'marriage'. I use this term rather than 'civil partnership', 'civil union, 'PaCS' (Pacte Civil de Solidarité), or 'registered partnership'. This is not to suggest that registered partnership and marriage are legally, politically or socially interchangeable. Rather, it denotes the centre of debate and how same-sex partner regulation maps onto a model of heterosexual marriage.

(Butler 2002, Richardson 2004, Stacey and Davenport 2002). Butler (2002: 17f., 40) further demonstrates that the political debate around same-sex marriage in effect renders other forms of sexualities or desires unthinkable and invisible (see also Donovan 2004). It defines and limits possible sexualities: regulating who should, and who should not, be able to get married, and, at the same time, constructing marriage as desirable and as the 'normal' sexual relationship.

These debates focus the cultural and political significance of same-sex marriage, but provide little insight into how same-sex couples themselves make sense of and understand marriage. There is evidence to suggest that such a perspective may provide a more complex dimension to the debate. Stacey and Davenport (2002: 363) argue that it can appear both elitist and wrong to assume that same-sex marriage, seen from a grass root perspective where it is strongly supported, signifies heteronormative assimilation. Seidman (2002: 180) suggests that civil rights are an ambiguous solution to inequality and notes that, although access to partnership recognition does not challenge a heteronormative social system, gaining civil rights is important. Kitzinger and Wilkinson (2004) defend the importance of gays' and lesbians' right to marry, arguing that marriage is an important human right.

There is, to date, limited empirical research into how same-sex couples understand and experience partnership recognition in the UK.[16] Shipman and Smart's (2007) and Smart's (2008b) studies into same-sex couples partnership blessing ceremonies, anticipating the meaning of civil partnerships before the legislation came into force, represent exceptions to this. The studies demonstrate that same-sex couples understand civil partnership not only in political terms, but also in terms of its practical significance. The couples in the studies also see it as a way to demonstrate love and commitment to each other. Smart (2008b: 773) indicates that couples who undertake commitment ceremonies negotiate political principles and practices, and, as a result, find themselves in a personal, political and moral dilemma. These findings demonstrate that discourses other than political ones are mobilised when same-sex marriage becomes part of gays' and lesbians' everyday life choices and experiences.

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[16] This is, in part, due to the fact that the Civil Partnership Act 2004 was only recently introduced in the UK. Carol Smart and Brian Heaphy, University of Manchester, launched the research project '"Just Like Marriage?" Young couples' civil partnerships' on 1 November 2008. It is yet too early to report findings from this project.

There is also, to date, limited research into how same-sex marriage is understood and enacted as part of a kin relation. In debates around same-sex marriage, reviewed above, it tends to be constructed as an issue only relevant to the same-sex couple themselves, which is represented as a free-floating unit, separate from material or emotional dependency, reproduction, families of origin, or kin. However, as Butler notes (2002: 39f.), entering into a normatively defined marriage also means entering into negotiations around kinship. I have outlined above that marriage – that is, connectedness by law – is central to Euro-American kinship discourses (Schneider [1968] 1980, Strathern 1992b). Shipman and Smart (2007: 4.6, 4.8) note that concerns about kin and parenthood recognition can be reasons to register a partnership. This quote is taken from their findings:

> [M]aking [your mother] understand that this is serious, this is a serious commitment, this isn't something that is going to change, that I am now her daughter-in-law from our perspective. So in other words she's got 3 step-grandchildren and things like that. You know, I come as a package. (Audrey, quoted in Shipman and Smart 2007: 4.8)

This finding introduces an important dimension into the discussion around same-sex marriage. It suggests that same-sex couples understand and aspire to register civil partnerships not only because they are partners in a couple, but also because they are parents and seek recognition as kin by kin. With the exceptions noted above, such a perspective appears to be absent in current debates. I draw on these insights in Chapter 8.

Procreative same-sex couples and politics of normalisation

Debates around politics of normalisation of gays and lesbians and same-sex marriage, centre on the intimate formation of the couple. However, such normalisation processes appear more uneven and ambiguous when looking at regulations concerning same-sex couples who seek to procreate and become parents.

As indicated in Chapter 1, lesbian couples were implicitly excluded from access to fertility treatment in the UK HFE Act 1990. Lesbian couples' access to fertility clinics changed with the revisions passed to the Act in 2008. Debates in parliament in the autumn 2007, however, indicate that lesbian couples'

procreation is continuously seen as culturally subversive. Wilson (2007) indicates that ideas around UK policy making concerning gay and lesbian parenthood, as put forward by Anthony Giddens and Mary Warnock, are framed in terms of 'liberal tolerance', which constitutes, she argues, an unstable base for social inclusion.

The Swedish governance of gay and lesbian parenthood can be seen as a further example of uncertain normalisation processes of the gay and lesbian procreative couple. In 1995, civil partnership recognition came into force in Sweden in the form of registered partnership, 'registrerat partnerskap'. However, the law made a specific case of singling out parenthood from the law regulating civil partnership, explicitly stating that gay and lesbian couples, although they could register their partnership (get 'married'), they were excluded from rights as parents (cf. Nordqvist 2006a). At the time, lesbians were explicitly hindered from accessing fertility services and legal parenthood in Sweden: lesbian couples were then excluded from fertility treatment and donor insemination in a regulation dating back to 1985 (Nordqvist 2006a). Swedish same-sex couples were granted access to adoption as late as 2003, and Swedish fertility services in 2005, the latter occurring 10 years after the reform on registered partnership. Dempsey (2006) indicates that also in an Australian context, lesbians' access to fertility treatment is limited, and culturally and legally contested. Similarly, Howell and Marre (2006) and Melhuus and Howell (2009) note that lesbians in Norway are excluded from fertility treatments. This illustrates that although there may be a shift towards the normalisation of same-sex couples, normalisation of same-sex couples' procreative practices are less certain and perhaps more uneven.

The notion of *same-sex* as a gendered and sexual description of the couple appears to gain critical importance when it comes to parenthood. As indicated above, state regulation of same-sex marriage also involves the state regulation of kin and procreation. In this context, the figure of the child, and thus parenthood, is powerful. Butler suggests that this is:

> [...] one eroticized site in the reproduction of culture, one that implicitly raises the question of whether there will be a sure transmission of culture through heterosexual procreation, whether heterosexuality will serve not only the purpose of transmitting culture faithfully, but whether culture

will be defined, in part, as the prerogative of heterosexuality itself. (Butler 2002: 35)

This suggests that the process of normalisation of the lesbian or gay procreativity does not follow quite the same route as the normalisation of same-sex coupledom. It appears that some aspects of same-sex intimacies are more normalised than others; while the love of the homosexual couple is heteronormalised and thought 'the same' as that of heterosexuals, homosexual parenting continues to be culturally challenging. Stacey and Davenport (2002: 366) demonstrate that there are, simultaneously, liberations and enduring constraints on the social and legal recognition of gay parenthood. Politics of normalisation of same-sex intimacies are not equal in all areas, and appear both ambiguous and contradictory.

Concluding remarks

Debates around politics of gay and lesbian normalisation provide important perspectives on the formation of gay and lesbian intimate relationships in late modern society. Intimacy, and the recognition and regulation of intimate relations, are central to such politics (Seidman 2002, Richardson 2005). Normalisation processes are characterised by claims for equality. On the basis of being 'normal' and 'ordinary', gays and lesbians seek inclusion as 'good' citizens, a process which increasingly takes place through self-governance. 'Good' same-sex sexuality is regulated to map onto heteronormative ideals of sexual partnership, thus reproducing conventional domesticated marital-style relationships among gays and lesbians, as well as a reassertion of conventional gender and sexual values. As a result, a distinction between 'good' and 'bad' gays is enforced, with the production of legitimate same-sex coupledom simultaneously reinforcing regions of illegitimacy.

Studies of the politics of normalisation, and related debates around same-sex marriage, centre on, and presume 'the couple' as unit of analysis. However, such debates provide limited insights into how such normalisation processes relate to and interconnect with normalisation of same-sex procreation. Discussions focusing on 'the couple' tend to construct a couple which is imagined without other familial affiliations and without parental responsibilities. There are,

however, indications that the processes of normalisation of the couple and the procreative couple – i.e. of same-sex couples as sexual partners, and same-sex couples as parents – relate differently to politics of normalisation. While the same-sex couple appears, indeed, to be in a process of becoming politically normalised, the processes of normalisation of the procreative same-sex couple appear more asymmetrical and ambiguous, and culturally and socially highly contested. It appears that the procreative same-sex couple invoke not only cultural discourses around gender and sexuality, but also discourses that touch on procreation, family and kin. My review, however, demonstrates that there is, to date, limited research into how gays and lesbians in general, and couples that have children in particular, understand, relate to and interconnect with discourses and aspirations to be normal.

CONCEPTS AND FRAMEWORKS: CONCLUSION

This review of studies in the areas of assisted conception and kinship, transformations of intimate and family life, and politics of gay and lesbian normalisation, highlights a number of important insights relevant to the studying of lesbian donor conception. Existing studies suggest that such practices are likely to raise questions around parenthood, family and identity related to notions of social and biogenetic bonds of connectedness. They also indicate that lesbians' reproductive practices relate to new and changing patterns of intimate and family life and ways of doing family relationships, and that they relate to processes of normalisation of gay and lesbian intimacies in which 'good' same-sex intimacies are being constructed as domesticated, marital-like relationships.

However, the review also critiques these fields of research as it indicates that lesbian donor conception is predominately absent in them. My review of studies of kinship and assisted conception suggests that this field of knowledge can be characterised as both theoretically and empirically heteronormative. It demonstrates that existing studies into kin, connectedness, conception, parenthood, family, family identity, family resemblance and personal identity, as well as clinical conception, gamete donation and assisted conception, focus on heterosexual conception. Heterosexual intercourse is constructed as a 'natural' way to conceive, and is not analysed and explored (with the exemption of

Schneider ([1968] 1980)) as a socially situated and socially meaningful method of conception. Although this literature provides important conceptual handles for a study of lesbian conception, it raises, rather than answers, questions about how gamete donation and assisted conception are experienced and understood by lesbian couples that pursue conception, parenthood and family together.

My review of studies into transformations of intimate and family life suggests that same-sex procreation practices are doubly excluded in dominant theoretical frameworks. Intimacy is now, it has been suggested, characterised by individualisation and de-traditionalisation and this is perceived to be followed by a breakdown of a heterosexual/homosexual binary. Gay and lesbian families are commonly positioned at the forefront of more multiple, varied and fluid family models in late modern society, and are depicted as 'families of choice' and 'creative' experiments (Weeks *et al.* 2001). Lesbian couples' reproduction is excluded, I argue, in two ways. First, because the framework of individualism fails to take into account processes associated with reproduction, parenthood and emotional and material dependency, and second, because a perspective of same-sex intimacies as 'families of choice' are based in the assumption that gays and lesbians do not have children. Thus, the review builds on and adds to the critique of the individualisation thesis.

Studies of politics of gay and lesbian normalisation, including studies of recognition and regulation of same-sex marriage, investigate and critique the way in which processes of normalisation construct 'good' gays and lesbians as those who practice domesticated marital-like coupledom. Such studies focus on the normalisation and regulation of same-sex sexual relationships, but without taking into account the ways in which coupledom and marriage relate to discourses around reproduction and kin. There is, to date, no study of how gay and lesbian procreation shapes, and is shaped by, politics of normalisation.

There are a number of important conclusions to be drawn from these findings. Although these are fields relevant to the topic of lesbian donor conception, my review indicates that such conception is predominantly absent in these fields. Not only does this mean that there are very few studies of lesbian conception practices (as outlined in Chapter 2), but it means that such conception practices have not influenced the production of knowledge in these wider fields of study. Lesbian conception is not seen, or acknowledged, as an empirical or theoretical possibility.

In effect, these areas of research produce knowledge that obscures lesbians as reproductive agents, lesbian conception practices, and lesbian couples' understandings of conception and aspirations to conceive.

The review also indicates that there is, to date, very little overlap between these different fields of research. For example, there are, with some exceptions noted above, few studies in the field of studies of late modern intimate and family life which take into account aspects of reproduction, kin, relatedness and connectedness. The fields reviewed offer little insight into how the fact that genes are increasingly seen as markers of stability, reinforcing culturally conventional biogenetic notions of procreation and kin, relates to the suggestion that families are increasingly fluid and flexible. Furthermore, the fields do not explore how ideas of social and biogenetic connectedness interconnect with notions of gay and lesbian families as 'families of choice' and family as something we 'do' rather than something we 'are', as suggested by Morgan (1996). I have found no study that bridges assisted conception, studies of transformations of intimate and family life and politics of gay and lesbian normalisation.

Added to the findings in Chapter 2, this chapter indicates that there is evidence of a gap in the literature around lesbian donor conception. This is partly an empirical gap, as there is, to date, no larger study of lesbian couples' donor conception practices in the UK. Partly, it is a theoretical gap, as there is, to date, no research which bridges kin, intimacy and family life, and gay and lesbian normalisation processes. Drawing on these findings, the second plank of this thesis is an empirical study of lesbian donor conception that both builds on the insights outlined in the review, and that seeks an answer to the questions it raises.

CHAPTER 4 METHODOLOGY: DESIGN, METHODS, ETHICS

INTRODUCTION

This chapter is the first in the second part of the thesis, and it introduces the methodology of the empirical study into lesbian couples' experiences of donor conception. It provides an overview of the study, covering design, sample recruitment, data collection, sample composition and data analysis. In particular, it investigates the Internet as a way of recruiting participants to what is, in other ways, a conventional interview study. It explores the process of online recruitment for offline data collection and the implications of mixing online and offline cultures and norms in the research process. This is central to the methodology of the study, and it represents an area which has received little sustained attention by research methodologies. The study has been undertaken against a backdrop of feminist research and feminist insights into social research (see, for example, Acker *et al.* 1991, Maynard 1994, Ramazanoğlu and Holland 2002, Reinharz 1992). As this extensive and longstanding feminist body of discussion and debate has been reviewed elsewhere (Letherby 2003, May 2001), the chapter does not provide a further summary of these debates.

The empirical study was designed to fill the theoretical and empirical gap identified through the literature review (Chapters 2 and 3). The review indicates that lesbian conception is theoretically and empirically predominantly absent in studies of assisted conception, transformations of intimate and family life and politics of gay and lesbian normalisation and that there are only a limited number of studies of lesbian conception. Conducting research with lesbian couples, however, also raises ethical concerns and challenges in terms of sampling. The research design, and research process, was an outcome of juggling these three key aspects of the research process: seeking to fill the gap in the literature, attempting to design an ethical research process and managing the difficulties of recruiting couples. To 'set the scene' for the chapter, it is helpful to unpack these key aspects of the research design in more detail.

First, I sought to develop a theoretical framework drawing on the five areas of research: lesbian reproduction, feminist studies of reproductive technologies; kinship and assisted conception; changing patterns of intimacy and family life, and politics of gay and lesbian normalisation. One of the findings of the literature review was that studies of reproductive technologies focusing on both gender and kinship have been undertaken, almost exclusively, from a heterosexual perspective, rendering lesbian conception invisible. The review also demonstrated that although studies of transformations of family life in late modern society had involved studies of same-sex intimacies, conception and reproduction had in this context received limited attention. The review further indicated that normalisation processes have been explored with regards to same-sex couples but not same-sex procreative couples. Seeking to develop these fields, one focus in the empirical study was to come to an understanding of the relationships between social, genetic and biological notions of kin, and of transformations of intimacy and family life, a relationship which have, with few exceptions (i.e. Finch and Mason 2000, Mason 2004), received little sustained attention (Smart 2007: 33f.).

Second, the project design was shaped by a commitment to an ethical research practice. This was particularly important because the study involved a vulnerable population, it touched on topics of a sensitive nature and it raised issues of the researcher's safety. Carrying out research with a socially stigmatised group particularly highlights the need to secure participants' anonymity and confidentiality (Social Research Association (SRA) 2003: 39), issues that relates to the handling of identities and data, as well as publishing (Bryman 2004: 510). In relation to this, it was important to seek informed consent, meaning that I wanted to give information about the study in a clear and accessible way so that couples could make an informed decision about whether to take part (British Sociological Association (BSA) 2004: 3, SRA 2003: 29). Furthermore, the study was built around interviews that potentially touched on issues of a sensitive and private nature, such as infertility; intimacy and donor conception practices; lesbian identity and lesbian motherhood. Interviews could therefore potentially violate norms of privacy and cause stress (Economic and Social Research Council (ESRC) 2007: 24). The study also raised issues around researcher's safety in relation to being a lone worker and recruiting participants online for face-to-face interviews. Ethical clearance for the empirical study was sought and received by

the Centre for Women's Studies Ethics Committee before any recruitment, or fieldwork, took place.

A third key factor influencing the design of this study was the difficulties associated with locating a gay and lesbian study population. Lesbian couples constitute a 'hidden' population and a hard-to-reach group. As noted in previous studies of non-heterosexual life experience, such as that of Plummer (1981), Dunne (1997) and Weeks *et al.* (2001), no sampling frame exists to recruit this group. Graham (1995, 2007) demonstrates that experiences of minority groups, like homosexuals, are not recorded in official statistics based in randomised sampling. Neither are questions on sexual orientation asked in the mainstream surveys on which social researchers rely (Graham 1995, Weeks *et al.* 2001).[17] Even if there was a sampling frame which recorded sexuality, lesbians who are in a partnership and who are actively seeking conception are a hidden sub-group within this population.

Because no sampling frame existed, random sampling was not an option. Instead, a purposive sampling method had to be employed (Bryman 2004: 333). Commonly, such sampling draws on a range of non-random sampling strategies. In their study of same-sex intimacies, Weeks *et al.* advertised in local and national gay and lesbian media, contacted local information and support groups, and snowballed (2001: 201, see also Heaphy *et al.* 1998). In a later study, Heaphy *et al.* (2004: 883) used the Internet to locate a study population based on self-selection. In a pilot study that I conducted in 2006 with Swedish lesbian couples who conceived together using donor conception, I found online resources to be successful gateways to recruit couples (Nordqvist 2006b, c).

It should be noted that data generated through purposive sampling derives from a small, non-random sample whose social characteristics (with respect to area of residence and socio-economic background, for example) cannot be taken as representative of the wider population. Both the sample's size and the method of recruitment mean that the couples in this study are unlikely to be a representative cross-section of the population of UK lesbian couples pursuing conception. Themes that emerge from the interviews, however, are likely to have

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[17] It should be noted that, the Office for National Statistics has since 2006 evaluated whether measurements of sexual identity should be included in large scale surveys (National Statistics 2008). This evaluation is still underway (June 2009).

generalisability beyond the sample from which they are drawn. While the sample in this study was not representative of all lesbian couples who pursue conception together, the data offered in-depth understandings suggestive of the ways in which these processes are experienced by other couples (compare Franklin 1997: 101, Mason 1996: 93).

The chapter is structured in four sections. First, I discuss the process of recruitment, focusing on recruitment criteria, gateways, mixing online and offline realities in recruitment, and sample bias. As outlined above, the recruitment process was intricate, and it thereby represents a complex part of the project. For this reason, the chapter gives greater attention to the issues of recruitment than to other stages of the research process. Second, I outline issues relating to data collection, including reflections on the interview process, individual and couple interviews, and data generation. Third, I outline and discuss the sample composition and fourth, I consider the method of data analysis.

RECRUITMENT

Recruitment criteria

I sought to recruit a sample of lesbian couples in England and Wales who planned parenthood together using donor conception for the study. One inclusion criterion of the study was therefore to include lesbians who planned parenthood together in a same-sex couple, and not lesbians who conceived as single women or in a heterosexual relationship. As noted above (Chapter 1), lesbian conception within a couple can, on the one hand, be seen as reproducing a conventional form of reproduction, closely linked with the hegemonic biogenetic nuclear family (cf. Gross 2005). On the other hand, lesbian couples who reproduce transgress and challenge norms around gender and sexuality, reproduction, conception, and family connectedness. It was of particular interest to explore the tensions around lesbian couple conception in this study.

The study was further limited to only include lesbian couples who conceived using donor sperm, and not couples who became parents through having heterosexual sex, adoption or fostering. The literature review suggested that donor conception as a method to conceive raises particular issues around notions of kin and kin connectedness. Forms of connectedness relate in particular ways to social,

cultural and legal discourses of what makes a family, and were the focus of the study.

This study further included lesbian couples who pursued conception in England and Wales, and not elsewhere. Fertility treatment and parental rights have historically been regulated to prevent or circumscribe lesbian couples' access to licensed donor conception and parenthood (see, for example, Agigian 2004, Lewin 1993, Wallbank 2004) and lesbians' practices are shaped by the particular legal, social and political context in which they conceive (Lasker 1998: 19, Ryan-Flood 2005). English and Welsh law has developed significantly in the area of same-sex intimacy and procreation during recent years, affecting couples' pursuit of conception.

Recruitment process

Lesbian couples were recruited for the study in two phases. Phase one took place August-November 2007 (14 couples), and phase two January-March 2008 (11 couples). By recruiting participants in two phases I could start analysing the themes emerging from the data generated in the first phase of fieldwork and thereby further develop the interview guide before completing all interviews in phase two (Bryman 2004: 332).

Recruitment continued until theoretical saturation was achieved (Bryman 2004: 334). I found that the theoretical themes were enriched until interview number 20, and after that I recruited another five couples to note variations in themes. I conducted a total of 25 interviews, in which altogether 45 women took part (for five couples, one partner was interviewed, see further section 'Individual and couple interviews' below).

As noted above, random sampling was not an option, which is why purposive sampling based on self-selection was the method of recruitment. In opting for this approach I was mindful of that different methods have different limitations. Previous studies demonstrate that sampling through the clinical route tends to generate a sample which is predominantly white and middle class (Franklin 1997, Thompson 2005). In the context of this research, apart from the limitations in terms of socio-economic background and ethnicity, using the clinical gateway would also generate exclusively couples who conceive clinically, and not couples who self-arrange conception. McDermott (2002: 104) indicates that a snowball

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method tends to generate a homogenised sample of white middle class respondents. Placing adverts in gay and lesbian press is further likely to generate a sample from specific local areas (this is, for example, the case with advertising in papers like London-based *G3* and Yorkshire-based *Shout!*) and from a specific socio-economic background (which is likely to be the case if I was to advertise in a commercial lesbian life-style magazine like *Diva)*.

In the hope of recruiting a sample that was diverse in terms of routes to conception, location, class and ethnicity, I pursued a range of different routes, and used both online and offline resources. As indicated by Table 3, the Internet proved to be by far the most effective gateway of recruitment:

Table 3 Proportion of couples contacted through different sampling strategies

Sampling gateway	Number of cases	Percent
The Internet (chat rooms, mailing lists, websites)	17	68
Offline networks (personal, organisations)	6	24
Offline advertising social events	2	8
Total	25	100

Proportions for (*N*=25)

Recruitment online entailed locating and contacting lesbian couples through websites on which they communicated with potential donors and each other about donor conception. I sought sites that targeted different sections of the gay and lesbian population and where membership was free of charge. Forums like 'Pink Parents' (www.pinkparents.org.uk), which at this time had a member's fee, were rejected. The following five sites were selected for advertisement:

- 'Rainbownetwork' (www.rainbownetwork.com, now www.gaydarnation.com)[18]
- 'Stonewall' (www.stonewall.org.uk)
- 'LGBT parents' (www.lgbtparents.proboards74.com)
- 'Gingerbeer' (www.gingerbeer.co.uk)

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[18] Rainbownetwork changed name to 'gaydarnation.com' (www.gaydarnation.com) shortly after I advertised and recruited participants on this site in August 2007. With the change of name, the content and forum composition also changed, and the history of the message board 'Parenting issues', which I used for advertising, was deleted.

- 'Lesbian Insemination Support'

  (http://groups.msn.com/LesbianInseminationSupport)

The website 'Rainbownetwork' had a broad lifestyle appeal and targeted both gay men and lesbians. It included one of the largest message boards found for donor advertising, and was used as a resource for couples who sought to self-arrange conception. The LGBT equal rights organisation 'Stonewall' had a more politicised approach, and, for example, included information on parental rights[19], while the 'LGBT parents' parenting forum targeted lesbian, gay, bisexual and transsexual men and women who pursued parenthood or were parents. At the time of advertising (September 2007), this site was fairly new and smaller than, for example, 'Rainbownetwork' and 'Gingerbeer'.[20] 'Gingerbeer' and 'Lesbian Insemination Support' were both targeting non-heterosexual women only, and while the former had a section on conception and parenthood, the latter was entirely devoted to these issues.

Offline gateways of recruitment included 'snowballing' through personal networks and in the organisational network of York Lesbian Arts Festival (YLAF) and distributing leaflets (for leaflet see appendix 3) at social events such as London Pride, YLAF and an 'open day' at the fertility clinic 'London Women's Clinic'. Since an extensive literature already exists around offline methods of recruitment (see, for example, Bryman 2004, Burgess 1984, Gilbert 2001, Hammersly and Atkinson 1983, May 2001), I do not provide a further summary of offline recruitment. Instead, I now turn to explore in more detail the process involved in online recruitment.

Online recruitment for face-to-face data collection

Online recruitment builds on norms and cultures of the Internet, and thus challenges assumptions underpinning methods of recruitment offline. First, online communication is unrestricted by time or geographical location. In contrast, offline 'real life' communication is materially located and bounded to particular places and temporalities. Second, online identities are virtual while offline identities are materially located with body, name and address. Third, online com-

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[19] 14 posts in total by 19-09-2007 (Stonewall 2007).
[20] As an indication, by April 2, 2008 'LGBT Parents' had a total of 482 posts while 'Gingerbeer' had a total of 452,820 posts.

munities based on websites are almost unrestricted in access, and members can move anonymously and unseen both within and between different sites. Such anonymity and flexibility does not feature in offline communication.

I conducted online recruitment for what was in other ways a conventional (offline) interview study. The differences outlined above between online and offline norms and cultures raise tensions when these 'realities' are combined. Previous survey studies, such as that of Harding and Peel (2007), Mustanski (2001) and Ross *et al.* (2000), explore online data collection methods for researching non-heterosexuals, using online resources to both recruit participants and to collect data. Best and Krueger (2004), Dicks *et al.* (2005) and Hine (2000) discuss what Hine calls 'virtual ethnography' – that is collecting one's data online – and using hypertext as data (for methodological explorations of this method see also Markham and Baym (2009)). These different forms of online data collection, Whitehead (2007) suggests, raise ethical concerns as well as issues of sampling biases and validity of data. While there is this a small but growing body of research into online data collection methodologies, I have found no study exploring the issues relating to *combining* the online and offline at different stages of the research process.

Reflecting on how online and offline realities were significant for my research process, this section first focuses on what the Internet means for lesbians who seek to conceive. Second, I explore how online recruitment challenges methodological assumptions of access and third, I outline how combining online and offline worlds in research raises issues relating to risk, trust and authenticity.

Through the process of recruitment, I found that the Internet played a particular and important role for lesbian couples who sought to conceive. I found that they used the Internet in a variety of ways. Partly, couples who pursued self-arranged donor insemination used the Internet as a means of locating and communicating with sperm donors. The 'Rainbownetwork' gateway was, as already mentioned, one such important resource. A number of couples that I interviewed found their donor online, for example, Hannah and Anne:

> [We] found a donor on the Internet. Through one of these websites where people just put in plenty of details and all the rest of it. And then we met

up with him. And it worked. (Hannah, 23, mother of one together with Anne, 34)

I found a vibrant activity online *because* the Internet enabled lesbian couples to locate sperm donors. Couples advertised for donors in online communities, and donors advertised their willingness to donate, for example, in this format:

> I'm a 30 years old sperm donor based in [City]. I'm a professional, single, straight, graduate, white, English, well travelled and educated, liberal thinker, outgoing, friendly, artistic, creative, 5 feet 11" tall, medium build (14 stone), brown hair, hazel eyes. (Rainbownetwork 2007)

Such messages, with an intriguing level of detail, were often followed by messages from couples that sought contact.

I also found that online resources were used to research how to conceive, and to network and to find social support among other couples who pursued conception. Interview participant Emily explains what the Internet meant to her:

> [T]hat's been a lifeline that has, the Internet, because as I said before we don't really know anybody in our social circle that's going through the same thing and talking to face-to-face is difficult [...]. So we kind of started scouting around online and found people's blogs and they linked to more blogs. (Emily, 36, trying to conceive together with Poppy, 32)

As this suggests, online recruitment was possible and productive because the Internet provided the mechanisms through which couples sought both material means of conception and social support. In other words, I found that my access to this group online was directly related to couples' conception practices. Both mine, and my respondents, use of online resources related to, and was conditioned by, their limited access: to clinics and licensed donor sperm, to knowledge about how lesbian couples conceive, to social support for those seeking to conceive, and overall, to a lack of social recognition and validation of lesbian parenthood. Through the process of trying to recruit lesbian couples who conceive, it became evident that the main process I chose – online recruitment – was integral to and shaped by couples' material practices of conception. I used the existence of online

communities to recruit couples. I also used the existing norms and cultures of these communities, i.e. posting messages and e-mail contact, to advertise my research (for advert see Appendix 4).

In doing so, the process itself raised questions around how the norms and cultures of the Internet alter conventional assumptions about fieldwork processes. In phase two of the recruitment process, I recruited a woman on 'Lesbian Insemination Support' who offered to snowball among her friends. What was distinctive about her snowballing was that she did it on the Internet, by posting on the online forum 'Fertility Friends' (www.fertilityfriends.co.uk). Forums like this, it turned out, facilitated a first gateway of contact in my process of recruitment, but they also constituted a network to which the woman felt that she belonged, where she had close friends, and where she thought that she could recruit participants for the study: 'I actually feel closer to some of my online friends than I do to some of my real life friends, these days' she said in the interview. This, in turn, affected the mechanisms of snowballing. Because forums were virtual and open to everybody, I, as a researcher, could observe the process itself. In contrast to offline snowballing, online snowballing leaves traces, making it possible for the researcher to witness its mechanisms. Thus, I could read this message online:

> Hi folks,
>
> I just had a lovely conversation with a woman called Petra in York who is doing a study into the experiences lesbians have as they go about trying to conceive for her PHD. [...] She needs another 5 or so couples to interview so she can complete her study and I offered to post her details here in the hope she might find them. She's extremely approachable, is lesbian herself and is willing to travel to you at a time that suits you - all very easy from our end! [...] It's all completely confidential but a great way to help get our stories out there. (Fertility Friends 2008)[21]

I could also read the discussion in the forum following this message. It attracted the attention of lesbian couples who stated that they were willing to participate. However, interestingly, it also attracted the attention of couples who already had participated in phase I. Two messages followed from women who I had already

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[21] For reasons of anonymity and confidentiality I have removed identifying details.

interviewed and who had been recruited on 'Rainbownetwork' and 'Lesbian Insemination Support'. Now they could be seen to be acting as my 'sponsors'. One of the messages read:

> We were interviewed by Petra last year. She was lovely and I'm sure her study will be fascinating. And if I'm honest, it was really great to have the opportunity to yap about TTC [Trying to Conceive] and feel like the person I was talking to was interested and actually "got it"! Most of the people IRL [In Real Life] that know we're trying have been about as much use as a chocolate frying pan! (Fertility Friends 2008)

My 'sponsors' had in common that they had been contacted on one online community, and now appeared on another. Online sponsorship was thus enabled by the virtual conditions of the Internet, which meant that women and couples could move freely between communities. Offline gatekeeping and sponsorship of research, in contrast, is conditioned and enabled by the restrictions placed by time and space. Conventionally, individuals can act as sponsors because they hold a particular position, defined in place and time, in an organisation or in a community (see, for example, Whyte 1955: 291ff.).

The online snowball process, and online sponsorship and access, can thus be understood as structured by the norms of the Internet in which membership of online communities is open, limitless and uncontrolled. The open access meant that my access as researcher was not structured by a gatekeeper and sponsors in a conventional sense. Rather, the collective of members acted as gatekeepers, and sponsors, through their written communication.[22] If the communities of lesbians on these websites and forums as a collective had not supported my research, it would have been very difficult to recruit couples here.

The virtual conditions of the Internet also affected time and space in the process of fieldwork. Online recruitment and snowballing sped up the process of recruitment (and snowballing). The message on 'Fertility Friends' was followed within hours by other messages from lesbians who offered to participate in the study. Altogether, I made contact with six 'new' couples within two days. Online recruitment can thus be understood to significantly speed up the process of

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[22] It should be noted that I for ethical reasons sought and received clearance to advertise my research from the site administrators on all sites where I advertised.

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accessing a hidden population, which is otherwise known to be a slow and protracted process.

While the couples recruited through online forums took part in the same community virtually, their physical location varied. Through the online snowball process, I got into contact with lesbian couples living in Lincolnshire, Staffordshire, Yorkshire and London. The Internet, which enabled me to recruit couples across England and Wales, in turn, meant that the sample was geographically dispersed. This, in turn, made the process of interviewing time-consuming due to long journeys across the countries.

Using both online and offline cultures at different stages of the research process (i.e. for recruitment and interviews), raised significant issues and tensions around elements of authenticity, risk and trust. Concerns about authenticity are commonly discussed in relation to online data collection in online ethnographies or online surveys (Hine 2000, Ross *et al.* 2000). Displaying authenticity, I experienced, was vital in online recruitment. When I started advertising online on 'Rainbownetwork', my first response was from a member who questioned how sincere my research was. He/she thought that it was suspicious that I advertised for participants using a 'yahoo' e-mail account rather than one from the University of York. Another message followed, however, from a woman saying that she had researched me and 'traced' me on the websites of the University of York. Therefore, she wrote, she trusted that my research was sincere.

This experience highlights conditions of credibility online. I found that openly stating my name and contact details were vital if my research and I were to be recognised as authentic – thus to recruit participants. At the same time, these personal disclosures were associated with risks for me as a researcher. Stanley and Wise ([1979] 1991) highlight the risk of sexual and homophobic abuse for openly lesbian researchers. I found that my advertisement attracted unwanted attention from men. For example, I received this e-mail:

> At least I can't understand the personal criterion from many women to choose a donor. (My opinion: It is natural - a woman looks into the eyes of a man and know consciously or not if she a would like to have a baby from him or not). [...] My fantasy would be: You come to Vienna or I to York. You want the information and the donation and I in return will be

fertilized. (of course there is a risk we would fit together). But I know only some fantasies get real. (extract from personal e-mail received 5 August 2007)

As another example of the issues of risk and trust, online contact meant that I could not be sure that I was in contact with women and they could not be certain that I was a PhD student. Snowballing conventionally stipulates that a respondent asks someone known to them to participate (Mason 1996: 103), protecting the safety of both researcher and participant. This mechanism was missing in online snowballing – couples recruited were only known to the snowballing participant to the extent that anyone can know the real life identity of others online. Issues of authenticity and risk could surface again when online communication transitioned into offline contact. This was illustrated, for example, when signing the consent forms. I came into contact with the couple Anna and Sally through my online advertisement on 'Rainbownetwork'. When I met them for an interview and handed them the consent forms to sign, I noticed that Sally signed hers with a different name. When I asked about it, the couple stated jokingly that 'it was all the same'.

To protect my own safety, I developed extensive safety measures. I made sure to record an address and phone number of the interviewees, and I called them before the interview took place. I set up a 'buddy' system where a friend and my supervisor were informed of my whereabouts during the fieldwork; the 'buddy' was contacted before and after each interview. Any feeling of unease and uncertainty at the stage of doing the interview led me to cancel or reschedule. For example, I moved one interview from a participant's home to a pub. I used a lone worker's contact sheet (The Suzy Lamplugh Trust 2007, Department of Health Sciences, University of York, 2007) (see appendix 6) for all interviews and an updated itinerary was communicated on a daily basis during fieldwork trips to my 'buddy' and my supervisor. These procedures meant that the anonymity of the participants was temporarily compromised for safety reasons as my 'buddy' and supervisor knew the address of where the interviews took place, and I contacted them as soon as the interview was completed. For this reason, the contact sheets were destroyed after each interview.

These examples from my own fieldwork highlight some of the tensions inherent to combining online and offline norms and cultures in research. While only a small study of a hidden population, it illustrates how the Internet can offer new ways of accessing such groups, but also how it raises new questions around risk, trust and authenticity.

The example of a research process that combines online and offline cultures also uncovered issues which may be specific to lesbian conception. This with respect to the connections between lesbian couples as a hidden population and lesbian conception as a hidden process, on the one hand, and risks encountered in the research process when seeking to recruit members of this group, on the other. The Internet allowed me as a researcher to recruit the hidden population of lesbian couples *because* it allows lesbian couples to network about the hidden process of lesbian conception. The issues of risk, trust and authenticity encountered in the research process reflects the risks that lesbian couples take when contacting 'online' donors to pursue offline contacts, only that the stakes for them are much higher (I discuss this further in Chapter 6). These processes are in many ways conditioned by the social marginalisation of lesbian conception and the historical exclusion of lesbians from licensed clinics. My process of recruitment, and the risks that I encountered in recruitment and fieldwork, can thus be seen as directly shaped by the marginalised conditions of lesbian conception.

Recruitment gateways and sample bias

The recruitment gateways that I used, primarily the Internet, shaped in various ways who was recruited for the study. Using these gateways is therefore likely to have influenced – and skewed – the sample composition.

First, purposive sampling online – obviously – only reached those couples who have access to the Internet and are members of online communities. Thus, it is more likely that couples who use the Internet to access information about conception or donor contacts are represented in this study, while it is less likely that those using exclusively more conventional offline resources such as the press, libraries and organisations are represented.

Second, while membership in the online communities which provided my recruitment gateways was free of charge, couples needed to have material access to a computer and the Internet. Use of the Internet in the UK is structured by

location and social class. In 2007, 61 percent of households in the UK had access to the Internet (National Statistics 2007c: 1). Data suggest that access is more common in the south of England than in the North and in Wales (National Statistics 2007c: 2) and that Internet access is skewed by socioeconomic group. Unpublished data from Office for National Statistics[23] indicate that there is a difference in Internet use between different income groups. Among adults with an income over £36,000, 92 percent state that they use the Internet as often as every three months, while the corresponding proportion of adults with an income under £10,400 is 51 percent. Since Internet access is related to geographical region and income, I was more likely to recruit participants who lived in the South, than in Wales or the North, and who were more rather than less socio-economically advantaged. These are important implications of using the Internet as a primary recruitment strategy. My other main strategy, to snowball in offline networks is also, as noted above, likely to have generated a sample of more middle class respondents.

Further limitations of my recruitment strategy were that I had no knowledge of the couples' ethnic backgrounds or which stage they were at in the conception process. Because I was sampling a hidden subsection of a hidden population, it was impractical to restrict the recruitment criteria further. The sample composition (below) indicates that the user groups of the online resources that I used as gateways were ethnically specific (the majority of participants in this study are white) and that couples who were active on such websites were those who were either actively involved in pursuing conception, or have become parents. It was less likely that I recruited couples who had pursued conception but failed to conceive and stopped. Therefore it is possible that the narratives in this study are of the more hopeful and positive kind and that those reporting serious infertility problems are less likely to be represented.

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[23] This data was retrieved in e-mail contact with staff at the Office for National Statistics in September 2007 and is un-published because 15 percent of the sample would not state their income, thus potentially making the sample unreliable. The data, however, can be seen to indicate that income level may correlate with level of Internet access, which has important implications for Internet recruitment.

DATA COLLECTION

Ethical practices in fieldwork

The design of the data collection process was, as indicated above, shaped by a commitment to ethical research practices. The need to develop such practices was particularly emphasised by the socially and culturally vulnerable position of lesbian mothers. To safeguard the participants as well as myself as researcher throughout fieldwork, I employed a number of ethical strategies.

At the time of recruitment, after having been contacted through an online advert, offline advert or snowballing, lesbian couples were given a standardised information sheet. Following the guidelines of research associations such as the BSA (2004: 3) and the SRA (2003: 29), I designed the information sheet to be clear and informative, without being too detailed. It stated the purpose of the research; who was funding it; details about who I was; details about the interview and how long it would take; that participation was voluntary and that participants were free to withdraw at any time; what would happen to the data; and what level of anonymity was guaranteed (compare Bryman 2004: 516, SRA 2004: 53) (see Appendix 2). Before each interview, I discussed the information sheet with the participants to ensure their informed consent. These practices were coupled with each interviewee signing a consent form before the start of the interviews (appendix 5).

Furthermore, practices of anonymity and confidentiality were particularly important because the lesbian community is relatively small; because participants did not necessarily openly identify as lesbian; because they did not necessarily feel free to discuss their pursuit of conception with family, friends and at work, and because the conception as a topic can be experienced as sensitive. These issues were illustrated by the fact that some potential participants at the early stages of contact did not give their real name in e-mails to me, and some withdrew from participation because of fears of being publicly identified as lesbian. In line with standard ethical practice, I sought to secure anonymity and confidentiality by a number of interrelated practices. Names and addresses of participants were separated from tapes and transcripts, which only referred to ID numbers or pseudonyms. Both names/addresses and transcripts were kept in places with

restricted access. I also removed any identifying information from the sample composition outline as this sometimes was an explicit request from participating couples (cf. Kvale 1996:114) and I altered identifying details, such as names, in the data output.

Children were not the primary research subjects in this study; however, given the research topic, some couples had small children. Research with children raises particular ethical concerns (see ESRC 2007: 24). I deployed a flexible approach to conducting interviews in daytime, evenings and weekends so that couples could fit the interview around their children's sleeping or nursery hours as they saw fit.

Data collection strategy

This study sought to investigate how couples experience, negotiate and understand conception and how they in the process mobilise cultural discourses of reproduction. Therefore, a questionnaire survey with pre-set questions was an inappropriate method of data collection (compare Weeks *et al.* 2001: 201). Instead a qualitative methodology was deployed, in which 'subjects not only answer questions prepared by an expert, but themselves formulate in a dialogue their own conceptions of their lived world' (Kvale 1996: 7). A qualitative approach enabled me to understand how research subjects themselves interpreted their experiences (Mason 1996: 22f.), as it allowed participants to define their own world.

Using a qualitative research strategy, I conducted 'semi structured' interviews (May 2001, Taylor 2005). Mason (1996: 47), questioning the possibility of an 'unstructured' interview, notes that qualitative interviews are inherently structured by the interests of the researcher. Having this said, the qualitative interview as a method of research is flexible and allows for a topic to be covered in multiple ways (Bryman 2004: 324). I loosely structured the interview guide around four overarching themes: planning conception; doing inseminations; conception in relation to family and kin, and reproduction in a lesbian couple relationship (Appendix 7). Within these themes, I investigated experiences and understandings of methods of conception; arranging inseminations; having a sperm donor; family resemblance and biogenetic connectedness, parenthood and kinship. While the interview was structured in the sense that I was interested in a specific set of questions, how these areas were covered in the interviews varied depending on how each individual or couple narrated her/their own experience.

I conducted interviews that were structured as a narrative, meaning that I encouraged couples to narrate their pursuit of conception chronologically. I started each interview by asking couples to tell me about how they started thinking about having a baby. According to Czarniawska (2004: 43), asking interviewees to tell their story in a chronological order provides insights into the intentions of actions. Asking how things happened can also *explain* what happened (Czarniawska 2004: 91). Following Chase (1995: 5), I used narrative prompts like 'What does this mean to you?', 'Tell me about...' and 'How did you feel/think about...' in the interviews as ways of generating detailed accounts. In this way, the narrative approach enabled me to investigate subjective ideas, norms and negotiations (Mason 1996: 38). This approach has previously been adapted to investigate ambiguous and contradictory life experiences which do not easily fit into dualistic descriptive categories (Chase 1995, Hicks 2005, Kelly 2005, Plummer 1995, Whisman 1996).

However, I found that the success of the narrative approach to interviewing depended on the respondents' ability to talk in an open-ended and unprompted way, and this in turn depended on where the interview took place. In interviews conducted in public places, which were busy and often noisy, I needed to ask more direct questions, and respondents' narratives tended not to flow as easily as they did in quiet and controlled home environments. The narrative approach to data collection therefore appeared sensitive to the spatial context and was, I experienced, best facilitated through an intimate, private and calm setting. The place of interviews varied with what was practically doable and where the respondents felt most comfortable, although I generally tried to steer them towards conducting the interviews at home since this proved to generate fuller and more detailed accounts. All interviews were carried out in the respondents' local area, most often at home (17); but in some cases in public places such as cafés/pubs (7) and in a university meeting room (1). The interviews were finished when all four thematic areas in the interview guide had been covered, but because home interviews provided longer accounts, these interviews were longer. Interviews in respondents' homes tended to last between two and three hours, while interviews in public places were generally shorter; about one and a half hours.

Individual and couple interviews

A major theoretical interest of the study was to investigate how couples pursue donor conception together. I therefore sought to interview partners together in joint interviews. Altogether, I conducted 20 couple interviews and five individual interviews. I conduced individual interviews when joint interviews proved too impractical, either because relationships had dissolved, or because of work hours.

There are some important differences between individual and joint interviews. In individual interviews, a version of a couple's experiences and ideas are constructed by one partner from her/his individual perspective (compare Mansfield and Collard 1988). I found that, in individual interviews and in individual moments in couple interviews – when one partner was busy for part of the interview caring for a child, for example – a version of reality emerged that would have been told differently had the partner been present. This was, for example, illustrated in my individual interview with Julia. Julia indicated that she and her partner disagreed as to whether to conceive using a named donor, which Julia saw as an option, and funding clinical treatment and conceiving using an unnamed donor, which Julia stated was her partner's preference. In the interview, Julia thought about the risks of having a named donor, but stated that asking someone known to donate could also be thought of as a safe option. Perhaps, Julia wondered, a relative would donate to her partner:

> So if my partner got sperm from my cousin or that kind of thing. But no, my partner would never buy that argument. Never, never. That would be too weird for her. She wants it straight down the middle. (Julia, 27, planning conception with partner)

Had Julia's partner been present, it is likely that the topic would have been differently discussed and the disagreement between the two women differently represented.

The couple interview, in contrast, provided an insight into the life world of the couple from the perspective of the couple. Rather than highlighting two partners' different perspectives, this method risks generating consensus accounts where one of the partners takes the lead and the other follows (compare Mansfield and Collard 1988, Seymour *et al.* 1995). This was a drawback of couple interviews in

some cases. For example, in my interview with Kim and Nicola, Kim was talkative while Nicola was mainly quiet, thus I was given limited insights into Nicola's perspective. Joint interviews meant that I was less able to research the individual perspectives.

While joint interviews are unsuitable to understand individual partners' perspectives, I found, however, that they had positive elements which were important for this research project. First, and most importantly, I found that the joint interview provided insights into how couples experienced and constructed the world as couples. As noted by Fitzpatrick (1988 in Seymour *et al.* 1995: 16), joint interviews can enable the researcher to learn about how two partners interact. It was within the couple's life world, not the individual one, that couples jointly pursued conception and parenthood. I found that the 'jointness' of the couple was constructed not only in both *what* was told but also *how* it was told (compare Sparkes 2005). This is illustrated in Penny and Wendy's account about what they saw as important when choosing a donor:

> Penny   It was important to have that shared understanding of the parenting values. About understanding about consistency. Understanding that he wanted to be, yes, a dad. [...] But he didn't want to be a 24/7 dad and that was part of... it was about making sure that he understood our role, that was important. So it was partly some of that for me. Somebody you felt you could talk to about things.
>
> Wendy   Yeah. And someone who you felt like you were going to get on with. Who you would want to be part of your extended family in effect. [...] So someone who you could see potentially kind of... even if you hadn't had a child could still be your friend in 20 years time. (Penny, 36 and Wendy, 36)

This account indicates how Penny and Wendy together conceptualise their parenthood and family constitution, illustrated in Penny's words that 'it was about making sure that he understood our role', and in Wendy's that the donor was someone 'who you would want to be part of your extended family'. Penny and Wendy's choices and decisions about the donor relates to how they saw themselves as joined together as future parents. I found that when I met couples together, I learned about their way of thinking and interacting which in turn gave

me a deeper understanding of the world that they inhabited together. This was something that I found that individual interviews, such as that of Julia's, could not facilitate.

Second, I found that the joint interview, much like a focus group, commonly took the form of a discussion as illustrated in Penny and Wendy's account. This form provided rich insight into couples' values, ideas and understandings.

Generating data together

The interview data were generated by the couple, but also by me as researcher. Feminists have widely critiqued positivist ideals of a disengaged and 'objective' researcher as well as the assumption that the world is there to 'observe' and to 'collect' data about. Rather, it has been argued that, data generated in an interview is a co-production between the participants and the researcher, producing knowledge specific to that context (see, for example, Kvale 1996, Letherby 2003, May 2001). Furthermore, interviews cannot be seen to facilitate representations of actual life, but rather the world is constructed in the moment of telling. Plummer (1995) states:

> [P]eople [...] are engaged in assembling life story actions around life, events and happenings – although they cannot grasp the actual life. (Plummer 1995: 21)

Interviews thus generate a particular version of reality (Jackson 1998, Plummer 2001).

This does not mean that events have not happened in a real sense, but rather that the narration of events is socially situated and that events are continuously reinterpreted (Jackson 1998: 57). Creating narratives involves engaging in 'processes of representation, interpretation and reconstruction', Jackson (1998: 49) suggests. In this context, the researcher coaxes, but also coaches participants in the telling of their stories (Plummer 2001: 42). A further dimension of this is that narratives are both actively constructed by the teller but also, importantly, enabled and constrained by cultural resources which provides the 'interpretative possibilities' (Holstein and Gubrium 2000: 104, 161ff.) of the telling (see also Gubrium and Holstein 2000, Lawler 2003, Sparkes 2005).

Who I am, and how I interact with participants thus shapes the knowledge produced. Acker *et al.* (1991: 140) confirm that both researcher and participants are reflexive individuals in the research process and together shape the data generated (see also Letherby 2003). However, how respondents and I are situated in relation to each other is complex and difficult to define (Letherby 2003: 131). Researchers can at times, but not always, identify with respondents (Letherby 2003: 132). The researcher as 'insider' or 'outsider' shift in various ways between but also within interviews:

> Dualisms such as insider/outsider can never [...] capture the complex and multi-faceted identities and experiences of researchers. (Valentine 2002: 120)

In my fieldwork, negotiations around difference and sameness between me and participants emerged from various issues. I now briefly turn to outline some of the ones I found to be most salient: language, parenthood, and sexuality.

In terms of language, issues emerged from the fact that I was not conducting interviews in my first language (which is Swedish), meaning that interviews included some degree of translation. Temple (2006) indicates that translation in research can challenge taken-for granted understandings, meanings and values of specific terms and language. This was true for the interviews in the sense that I was sometimes unfamiliar with terms used by the participants, and did at times not grasp particular meanings and values conveyed. One example of this was when interviewees used the term 'halfcast' in the context of mixed race. Only after having asked friends about this term – that I had a funny feeling about – I realised that it had deeply racist connotations. This made me reconsider what had been said in the interviews, and urged me to investigate in more detail how issues of race related to donor conception.

I was also an 'outsider' in that I did not share the respondents' experiences of pursuing conception and parenthood. Participants often assumed that I, researching this topic, had a personal investment in conception and parenthood. I was commonly asked 'Do you and your partner want to have kids?' and, about routes to conception, 'What would you do?'. Thus, I was required to think about my own answers to my interview questions. While at the beginning of this project I had not considered pursuing donor conception, during the course of fieldwork I

started to wonder whether and how I would, thus blurring the boundaries between data and personal experience (Stanley and Wise [1979] 1991: 275).

In terms of sexual identity I was an 'insider'. While I, as with Valentine (2002: 123), found that sharing a sexual identity did not automatically mean that I 'connected' with the interviewees, it was nevertheless crucial for my access to the field and for my credibility as a researcher (as illustrated in the online snowball post cited above in section 'Online recruitment for face-to-face data collection'). The interviews were conditioned by that both the participants and I live as lesbians in a straight world, meaning that our life experience, in various ways, is shaped by marginalisation, homophobia and difference. Thus, participants and I shared a common ground. This meant that there were silences, unasked questions and taken-for-granted assumptions in the interviews, which may not have been present in the same form had the interviews been conducted by a researcher with a different background.

Recordings, transcripts and data output

I recorded all interviews digitally on a digital recorder as Windows Media Audio Tracks and thereafter transcribed them verbatim. I transcribed five interviews in phase one. Because of typing-related repetitive strain injury, the additional 20 interviews were transcribed by a secretarial service company[24]. Bryman (2004: 332) indicates that the same sequence of recorded interview may be interpreted differently by different transcribers. Although I and the professional transcribers transcribed verbatim, punctuation, pauses, laughter and repetitions were represented differently. Different modes of transcription may therefore challenge the comparability of the different transcripts (Kvale 1996: 164). To ensure that I could compare styles of transcription, I listened to all the interviews whilst reading and making the transcripts comparable. Listening and reading to someone else's transcription also offered a second 'hearing' of interviews and was a way for me to pick up on unknown English terms and expressions, and to begin the analysis of the data.

While transcripts were verbatim, the data output have been sparingly adjusted to remove identifying details, and to facilitate a better understanding of the meaning

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[24] These were transcribed by the company 'Word for Word Secreterial Services' November 2007 (nine recordings) and March 2008 (eleven recordings).

conveyed with respect to repetitions and hesitations. In some instances, I have removed parts of quotes, marked [...], in order to condense the text and to clarify the argument. It should furthermore be noted that transcripts should not be understood to be objective representation of the interviews as they are de-contextualised representations of conversation (Kvale 1996: 165).

SAMPLE COMPOSITION

Routes to conception

Almost half of the total number of couples in my sample (48 percent) pursued self-arranged conception while just more than half (52 percent) pursued clinical conception (see table 4).

Table 4 Couples' routes to conception

Route of conception	Number	Percent
Self-arranged donor conception (insemination by syringe)	11	48
Clinical conception (Of which pursued IUI) (Of which pursued IVF)	12 (7) (5)	52
Total	23	100

Table 4 displays different routes of conception that couples were pursuing at the time of the interview, or had used to conceive (N=23). The table does not include cases in which couples were at a planning stage (N=2).

Table 4 outlines which route of conception couples used when I interviewed them or when they fell pregnant and had a baby. It should be noted that this represents a snapshot of couples' conception journeys, and that the distinction between self-arranged and clinical conception is less clear cut from a longitudinal perspective. Around two thirds of the sample (14 couples) had experienced one of these routes– i.e. they had either self-arranged conception or conceived clinically – but approximately a third (9 couples) had at some point actively pursued both. These figures do not include couples – who make up the majority of the sample – who had seriously considered and researched both routes, but practically only pursued one. In some cases, couples also changed routes between their first and second child, further illustrating the temporary nature of these categories. For example,

Penny and Wendy conceived their first child, now five years old, with a named and involved donor using self-arranged conception. At the time of the interview, Wendy was pregnant with their second child for which the couple had used fresh donor sperm secured through the online commercial service 'Man Not Included' and inseminated by syringe at home.

Table 4 also outlines method used to conceive separated into insemination by the help of a syringe, IUI and IVF, indicating that the majority of couples (18) conceived using a form of donor insemination (by IUI or syringe) in clinics or elsewhere. However, different methods can be deployed by the same couple at various stages of their conception journey. This is best illustrated by the fact that most couples who conceived using IVF had previously explored either insemination by syringe or IUI, or both. These methods should therefore not be seen as mutually exclusive, but take, over time, multiple and shifting forms. This is something I explore further in Chapter 6.

Clinical conception inevitably requires a source of funding, which can be either self-funding or funding by the NHS. Three couples in my sample gained access to clinical treatment that was partially or fully funded by the NHS. This represents twelve percent of the sample. The other 88 percent either self-funded clinical IUI/IVF treatment, or self-arranged conception. I explore how couples experience the issue of funding in Chapter 5.

The sample included couples who planned future parenthood; who were actively pursuing conception but were not yet parents; who had pursued conception and were now pregnant with their first baby; who were parents but who sought to conceive or were pregnant with a sibling; and couples who were parents having conceived using donor conception in the past. How couples fit in with these categories changes over time, for example, women who were pregnant during the fieldwork have by time of writing given birth. Mindful of this, table 5 (see below) presents a snap-shot of couples' reproductive status at the time of the interview.

Table 5 Proportion of couples at different stages of conception

Stage of conception	Number of cases	Percent
Planning future parenthood	2	8

Actively pursuing conception (not yet parents)	5	20
Pregnant with first child	4	16
Parents of 1+ child	14	56
(Out of whom are again actively pursuing conception/are pregnant with a second child)	(6)	
Total	25	100

Table 5 describes the reproductive status of respondents (*N*= 25). The table includes the couples' children planned via donor conception.

As demonstrated in table 5, the majority of couples in the sample were parents (14). Their donor-conceived children were between three months and seven years old. In addition to this, some couples (4) were parents of older children conceived in previous heterosexual relationships, or through adoption or fostering.

Geographical spread and age

As indicated in figure 1 (see below), the couples recruited lived across England and Wales: between York and Manchester in the North, Cardiff and West Wales, and Devon and Brighton in the South.

Figure 1 Map of fieldwork locations in England and Wales

Fieldwork locations in England and Wales. Each arrow represents one interview (*N=25*).

As indicated by figure 1, the couples mainly lived in England (23), particularly in the London area (7) and in Yorkshire (6), while a small proportion of the sample lived in Wales (2).

Women and couples that were recruited also represented a spread in terms of age. At the time of the interview the youngest participant was 23 years old, and the oldest was 56. Most, however, were in their thirties; the median of the sample was 33.5 years old.

Class and ethnicity

While this research did not set out to compare the experiences of conception between couples of different social-economic or ethnic backgrounds, a recruitment strategy was designed to seek to include a range of experiences in the sample.

Following Graham (2007: 55), education was used as a measure of class linking parental social class and the respondents' own class. This is because social background – the education, occupation and income of parents during a child's early years – has a major influence on educational trajectories which in turn are the major determinants of occupation and income in adulthood (Graham 2007). Participants' highest level of education is outlined below, in table 6.

Table 6 Participants' highest level of education

Highest level of education	Number	Percent
GCSEs, A-level or further education qualification	16	36
Higher education qualification	29	64
Total	45	100

Table 6 displays level of education among participants (N=45).

Table 6 indicates that the sample included experiences from women of what can be understood as diverse class backgrounds. More than a third of women in the sample had as their highest qualification GCESs, A-levels or further education diplomas, most of which had been acquired by the age of 18. Two thirds had a higher education qualification. In the Millennium Cohort Study (Dex and Joshi 2004), with a sample of 11,197 mothers in England and 2,736 mothers in Wales, 76 percent had left full-time education by the age of 18. This indicates that my sample, in which only 36 percent had left full-time education at this age, is

skewed in terms of socio-economic background compared with the general population of mothers.

However, as has been widely noted, defining women's class background is not straight-forward (Skeggs 1997). When class was mentioned in the interviews, constructions of class, and class identity, were ambiguous and shifting. This is illustrated, for example, in the following discussion between Julie and Harriet. While Julie defines Harriet as middle class, Harriet herself rejects this definition:

Julie   You can't put people into a class any more. I wouldn't say you were working class, I'd say you were middle class.

Harriet   Oh, I wouldn't. (Harriet, 36 and Julie, 30.)

Harriet stated in the interview that she defines herself as working class because her parents are working class, while Julie, who in contrast defines class in terms of income, sees Harriet, her partner, as middle class. Class based in self-identification is an ambivalent concept (see, for example, McDermott 2002, Skeggs 1997). I use education as a measure of class background mindful of the complexities around defining class, and that participants' self-identity may or may not correspond with the class background indicated by their highest level of education.

Ethnic background was determined by self-identification. Of the 45 women in the study, 93 percent defined their ethnic identity as white British, Welsh or English and seven percent (three women) identified as of mixed ethnic origin, Chinese British and Black British. Dex and Joshi (2004: 38) suggest that 89 percent of the general population of women who conceive in the UK define themselves as white, thus indicating that my sample is dis-proportionately white. Several participants also referred to a religious identity, Jewish, catholic and Christian, all of whom identified as white British. In 88 percent of the 25 couples included in the study, both partners identified as white and in twelve percent of cases, partners were of mixed ethnic origin. No couple was recruited in which both women identified as non-white British. The majority of the participants in this study can therefore be seen as white British; like other UK studies involving lesbians, this study is predominantly grounded in the experiences and accounts of white lesbians. It follows that one important limitation is that lesbian conception

among ethnic or religious minorities and mixed race lesbian couples are only to a limited degree represented within this study.

DATA ANALYSIS

The interview data were analysed using thematic analysis and was undertaken primarily after phase two of the fieldwork was completed. At an early stage, I envisaged doing a combined thematic and narrative analysis of the data, and discovered that computer software was of little help in doing narrative within-case analyses. I therefore decided to conduct the analysis using a manual visual technique (Miles and Huberman 1994: 91). The themes emerging from the thematic analysis were, however, so rich that I decided, in part for reasons of limited space within the thesis, to focus the analysis on them. The interviews generated a large body of data – altogether I had more than 52 hours of recorded interviews, which translated into 1330 pages of transcripts. To analyse this volume of data, I carried out a thematic analysis in four stages.

In stage one, I undertook a detailed analysis of three interviews that were rich in data and represented different routes to conception. The interviews were analysed as a sequence structured in and by time (cf. Miles and Huberman 1994: 204). Using a 'narrative-holistic' approach (Lieblich *et al.* 1998: 13), I constructed 'event-state networks' charts (Miles and Huberman 1994: 115f.) for each case based on a close reading of each transcript. This involved graphically designing a time-ordered sequence of couples' pursuit of conception by marking both events (in boxes), and the states that lead up to the events (in circles), on a timeline (for an example see appendix 8). This was useful to outline routes to conception, the motives that shaped decisions taken on the way, the temporal order of conception, and the causal order of events (Miles and Huberman 1994: 148). I then derived codes by comparing and contrasting the three cases in a cross-data 'categorical-content' analysis (Lieblich *et al.* 1998: 13).

Stage two was carried out to verify and add to the codes subtracted at stage one. It involved choosing another three cases which I also analysed constructing 'event-state-networks'. The networks developed in stage two, and the above three developed in stage one, together represented the variation in routes to conception in the 25 interviews.

In a third stage, I ordered the derived codes into clusters, forming analytical themes. By using notes, blue tack and flipcharts, I conceptually analysed and displayed graphically in flexible ways the relationships between different themes. I constructed a map of relationships between emerging themes. This provided the structure for the presentation of couples' accounts, presented in the following four empirically based chapters that follow (Chapters 5 to 8).

Fourth, having ordered the themes, each of which now corresponded to clusters of codes, I re-read all 25 interview transcripts, mapped out and noted the segments in each one which related to the relevant codes. At the time of writing up, I used the codes and listed transcripts segments, from which I select quotes to illustrate my findings.

Through this process of analysis, I have thus sliced the data in various ways which were analytically helpful but also true to the experiences recounted to me in the interviews. It should be noted, however, that, while themes have been split into different sections for presentational purposes, they form part, of a whole – not a fragmented – process of conception. Where there are differences of experience evident, these are noted and discussed.

The presentation of qualitative data raises questions about the appropriate tense in which experiences should be retold and interpreted. When I undertook a brief examination of research papers based on qualitative data, it revealed a variety of approaches; some qualitative researchers presented all material (verbatim accounts and their analysis) in the past tense, some in the present tense and many switched tenses in ways which do not appear to follow any consistent rule.

It has proved difficult to consistently adopt either the past or present tense in the thematic analysis presented in Chapters 5 to 8. Tense is therefore adapted to the context in which it is used. When I present material from the interviews, I use the tense that the couples used at the time of the interview in order to reflect the way in which the accounts were narrated. Where interviewees recount experiences in the past tense, I have maintained this in my text (for example, when they discuss passed events and arrangements); when current experiences and actions were described in the present tense I have sought to reflect this (for example, when they account for ongoing arrangements with donors or ongoing living arrangements). When I give interpretations of particular accounts and discuss how couples construct meaning around their experience, I use the present tense. When

summarising findings (for example, drawing out themes across accounts) I also adapt a present tense.

CONCLUSION

This chapter on the study's methodology has aimed to contextualise the knowledge that was produced in the empirical study. As noted above, the design of the study was shaped by three key concerns: filling the gap identified in the literature review and building on existing studies; a commitment to an ethical research practice; and locating a study population of lesbian couples who conceive together using donor conception. This context has in various ways shaped the data generated. The difficulties associated with recruiting couples meant that I had a limited choice in how to do this. I found the Internet to be the most viable gateway to contacting couples. This, in turn, influenced who was recruited for the study. The sample has some important limitations and is skewed both in terms of social class and ethnicity. While other experiences are also represented in the data, the study predominantly records the experience of white and middle class lesbian couples who pursue donor conception.

It is important to note that the data were also shaped by contextual features of the interviews: by the narrative method deployed; the place in which each interview was conducted and the complex web of interconnections that developed between each participant, couple and me. Furthermore, my analysis of the interviews was guided not only by the method I used to analyse the accounts, but also by a specific set of questions that interested me, which in turn was grounded in related literature.

By accounting for these various elements of the research process, I have sought to give the reader an understanding of how the knowledge constructed in the following four analytical chapters relates to, in various and specific ways, the context in which the data were produced.

CHAPTER 5 'NITTY GRITTY' CONCEPTION: PLANNING AND PREPARING

INTRODUCTION

Chapters 5 to 8 provide an empirical exploration of lesbian couples' experiences and understandings of donor conception. The chapters' fundamental purpose is to capture how the experiences of conception have been told to me. What emerges from the accounts is a tension between conceiving as a lesbian couple using donor sperm, and a romantic desire to fit in with and resemble a hegemonic biogenetic nuclear family, despite the fact that lesbians and donor conception are by definition excluded from such a model. It is the aim of the following four chapters to describe and interpret this irresolvable tension through an analysis of how lesbian couples experience, understand and manage donor conception.

   As part of this purpose, this chapter and the next investigate the material processes that the lesbian couples in my study have gone through in order to conceive. Such dimensions – the 'nitty gritty' of donor conception – emerge as an overarching theme within and between interviews. While previous studies (Chabot and Ames 2004, Touroni and Coyle 2002) have outlined the stages involved in planning lesbian donor conception, the material and practical dimensions integral to this process have not – as far as the literature review has been able to establish – previously been the focus of analysis. The interviews indicate that lesbian donor conception is a highly logistic practical exercise, which, as such, significantly shapes lesbians' access to and pursuit of reproduction and family life. As noted above, Chapter 5 and 6 explore the material and practical dimensions of lesbian donor conception, how it is organised, achieved and experienced, and what opportunities lesbian couples have, in practical terms, to pursue a certain kind of family life. Building on these chapters, Chapter 7 explores lesbian couples' desires to conceive as a couple and how they

understand and conceptualise their relationship to the donor, while Chapter 8 considers lesbian donor conception practices and lesbians' desire to create and be a family.

In the UK, access to fertility services is regulated by the HFEA, as well as the National Institute for Health and Clinical Excellence (NICE) and, in the case of publicly funded treatment on the National Health Service (NHS), regionally by Primary Care Trusts (PCTs). As already noted, fieldwork for this empirical study was undertaken before the new HFE Act 2008 came into force. The HFEA guidelines therefore operating at the time were those which followed the HFE Act 1990 requiring clinics to consider a child's need for a father when providing licensed donor sperm. NICE's 2004 (2004: 33) guidelines to clinics defined infertility as 'failure to conceive after frequent unprotected sexual intercourse for one or two years'[25]. The Institute recommends that couples that have troubles conceiving have 'sexual intercourse every 2 to 3 days throughout the month' (NICE 2004: 9). The regulatory framework for licensed donor conception in the UK is thus normatively heterosexual: treatment is conceptualised as infertility treatment for heterosexual couples who fail to conceive 'naturally' (see further Bateman Novaes 1998, Petersen 2005). Needless to say, single women and lesbian couples are not seen as conceiving subjects by these guidelines, and are offered little guidance.

As demonstrated in Chapter 2, lesbian couples are not seen as conceiving subjects in feminist studies of reproductive technology. This is because these studies also make specific assumptions about the context in which reproductive technologies are used. For example, I note in Chapter 2 (section 'More recent feminist studies: Three examples') that Franklin (1997) sets out to investigate what happens when biology and the 'facts of life' fail (Franklin 1997: 72). She takes as a starting point anthropological accounts of 'biology' or 'facts of life' (i.e. sperm meets and fertilises egg), stating that the making of a baby through sexual intercourse is perceived as the bases of reproduction and therefore of kinship. With this framework, she seeks to explore how 'failing biology' (i.e. sperm does not fertilise egg) is experienced and accounted for in the context of IVF. Franklin, like the majority of other researchers, thus studies reproductive technologies and

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[25] This set of guidelines is the latest published by 15 April 2009.

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assisted reproduction from the perspective that the 'facts of life' have failed. The assumptive framework is that reproductive technologies provide a solution to infertility understood as physiological problems in the ability to conceive.

There are significant differences between such a framework and lesbian couples' use of reproductive technologies in donor conception. For lesbians, reproductive technology is not first and foremost a method used when a woman or couple have been declared infertile following NICE's definitions and frameworks (although they might also have fertility problems). For lesbian couples, reproductive technology is not primarily a solution to fertility problems, but a route to *accessing* fertility, understood as the ability to conceive. Importantly, for them, reproductive technologies are not exceptional routes to conception; rather, they constitute widely-used, accepted methods to conceive. Reproductive technology is thus a fundamental part of lesbians' processes of conception, not one that is used only when non-technological techniques (sexual intercourse) have been tried and found unsuccessful. In contrast to heterosexuals, lesbians also pursue conception in a context which discourages, rather than encourages, them to reproduce, that is, a context in which they are unremittingly marginalised. These differences have implications for how the technologies are deployed and understood. While there may be similarities between how lesbians and heterosexuals experience donor conception (and I explore some of these in Chapter 5 and 6), what distinguishes lesbians' routes to conception is that all lesbians must manage all components and phases of donor conception as demonstrated in these two chapters. In contrast, infertile heterosexual couples manage some, but not all, of the stages that lesbians encounter and negotiate.

Chapters 5 and 6 investigate the 'nitty gritty' and mundane, although not ordinary, processes of lesbian donor conception. Lesbian couples, for example, talk about 'going down the M4', 'meeting up at a service station' or 'paying £1100 per pop of IUI', as part of their experiences of trying to conceive. Although perhaps unusual, these practices are utterly mundane, rooted and organised in the material world in which the couples live. To capture this, I am feeling my way towards a language which can put into words material conditions of everyday life – a language which captures 'the dull thud of the commonplace' (Glastonbury 1979: 171). The terms 'materiality' and 'practice', which I found useful in this pursuit, have through sociological theorising acquired complex and specific

meanings. Because the terms now do theoretical work in sociological accounts (see, for example, Delphy 1993, Latour 1993, Morgan 1996), they no longer in clear ways capture the ordinary material dimensions of everyday life. A perhaps particularly salient context for this theorising has been feminist thought, for example, illustrated in Dorothy Smith's (1988: 212) work in which she seeks to 'direct our gaze toward the ongoing coordering of activities that brings our world into being'. It is not my purpose to provide a full review of sociological and feminist understandings of 'material' and 'practical'[26], but to signal that I use these and related concepts in the following ways (the definitions in quotes are taken from the Oxford Paperback Dictionary (1994)):

Practical: 'Involving activity as distinct from study or theory'; Routines, procedures and activities of conception such as testing, travelling, inseminating, agreeing.

Material: 'Of matter; consisting of matter; of the physical (as opposed to spiritual) world'; Conditions of the material world of conception such as costs, cars, beds, syringes.

Physical: 'Of the body'; The function of the body and bodily experience of trying to conceive such as ovulation, sperm, period, fertilisation, miscarriage.

Logistics: 'The organisation of a large complex operation'; The organisation of donor conception such as the management in both place and time of ovulation, donation, insemination.

As noted above, the chapters introduce an idea that is developed and elaborated through the four empirically based chapters: lesbian couples manage conception through disassembling and picking apart conception into its constitutive parts and then reassembling it again in highly coordinated and choreographed ways. The disassembling of conception emerges strongly from the empirical data and forms an underlying structure of the analysis: the theme features in material and practical dimensions of conception as well as in its more discursive associations and meanings discussed in later chapters. My analysis has been influenced and inspired by Thompson's (2005: 8) theorisation of the production of parents in the context of assisted reproduction. As noted above in Chapter 3 (section 'Kin

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[26] For an overview over how 'the material' has figured in feminist work see Rahman and Witz (2003).

connections and assisted conception'), she suggests that parents are 'made' in infertility clinics by a process in which the parts that constitute parenthood, which are of different ontological orders – nature, self and society – are separated out and managed through a process of realignment so that the intended parents 'become' the parents of the child. This, she states, can be seen as an 'ontological choreography'.

In Chapters 5 and 6 I suggest that, through picking apart the material parts of conception into bounded and independent but interconnected stages, lesbian couples enact conception in ways which enable them to construct it as a joint practice that does not violate their integrity and intimacy as a couple. Couples manage the disassembled parts, which are of material, practical and physical natures, separately. What emerges is a highly organised, logistic conception process in which multiple and distinct hurdles must be negotiated and overcome. Should any of the hurdles prove insurmountable, the couples are back to 'square one' and must start again from scratch.

This first chapter explores how couples plan and prepare conception. To capture the specificity and similarity of lesbian experience, the chapter starts with three case stories of couples' situated experiences of trying to conceive. They represent three overlapping groups in the sample: those pursuing self-arranged conception, those using clinical conception and those changing routes. Thereafter, the chapter looks across the sample and explores phases of planning conception that are common to couples regardless of route to conception: seeking information, exploring different options and undertaking preparatory work. In the next chapter (Chapter 6), I explore lesbians experiences of 'doing conception'. Stages of conception occur and reoccur in multiple and cyclic ways. For presentational reasons, however, all stages are described in a linear fashion.

IN PURSUIT OF PARENTHOOD

The following three cases highlight how practical and material dimensions of conception are situated within the couple's specific context and history of trying to conceive. They also outline the issues that are commonly associated with different routes. While the stories are individual and unique, the experiences that underlie them are echoed across the interviews.

Caroline and Gillian: pursuing clinical conception

Caroline and Gillian's story goes back to the early 1990s. For many years, the couple debated whether to have children. They started investigating the possibility of adopting in 1998, thinking that it was a route they could take. Caroline phoned their local authority, introducing their case for adoption. She was told that, as a lesbian couple, they would only be eligible to adopt a child with special needs. Caroline says:

> I was so ... not particularly that I didn't want to adopt those sorts of children, but I was so cross with the fact that we would be second class citizens in a way.

After this experience, the couple started to talk about conceiving with the help of a donor. Going to a clinic, they reasoned, would exclude the partner who would not give birth. Therefore, the couple decided to try and find a man who was willing to donate sperm to them. When, unprompted, an old friend of Gillian's family offered to donate, the couple was delighted. They started to communicate via e-mail and in the meantime the couple went to see a solicitor to get advice about the legal aspects of the arrangement.

After a while, however, the donor stopped answering the couple's e-mails. It was now in the year 2000 and the couple, forced to pursue a different route, turned to clinical conception. Caroline phoned the Human Fertilisation and Embryology Authority and, she states 'they sent me this massive pack with a list of every fertility clinic in the country'. The couple called all local fertility clinics, asking for treatment as a lesbian couple. They got the same response everywhere: '[N]o, you have to be married. No, you have to be married. No, you have to be married', as Gillian puts it. The couple never tried to contact the NHS, thinking that they would not be eligible for treatment. A clinic nurse who they eventually came into contact with informed them that there were only two clinics in the country which treated lesbian couples: 'The Bridge' and 'London Women's Clinic', both in London.

The couple started to pursue clinical IUI, undertaking the journey to London each cycle, which was two hours away. They had five IUI cycles before Caroline became pregnant with their first child in 2003. They had by then spent about

£5000 on the treatment. They conceived a second child some years later, also in a clinic and this time after six cycles of IUI. The couple bought more donations from the same donor, in case they would want a third child, which the clinic stored for the cost of £275 per year.

Lisa: pursuing self-arranged conception

In 2002, when Lisa and her partner[27] had been a couple for about three years, they started thinking about having a child together. Both partners were highly motivated to give birth to their children.

The couple felt uncomfortable undertaking clinical treatment because of the regulations of donor anonymity at the time (the donor anonymity law changed in 2005). Instead they started thinking about asking a male friend to donate. They approached an old friend, who they also wanted to be part of the child's extended family. He went to have tests done to screen for sexually transmitted diseases (STD's). In 2003, they started inseminating with Lisa's partner as birth mother:

> [The donor] was living in [City] at the time, so about two hours' drive away. So he would come to us and donate here. It was very much a yoghurt pot and syringe home job.

After about five donations, the donor began a new heterosexual relationship. The couple was under the impression that the woman was unhappy about the donations, and they did not find her to be a friend, which troubled them because they wanted the donor to be part of the child's extended family. They also learned that the donor and this girlfriend had unprotected sex. Lisa and her partner felt that the arrangement could potentially threaten Lisa's partner's health and decided to call an end to it:

> It was a major blow at the time, we were really quite upset by it, because of course we'd envisaged then what our future family was like and how it was going to work for him, all kind of things. We were back to square one.

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[27] I interviewed Lisa alone about her and her partner's experiences of conception. All quotes from the interview in this section are therefore Lisa's.

Lisa and her partner had no one else to ask for a donation and went online to find a donor. They placed ads on online chat-rooms, got nine responses out of which they established contact with one. By the time they started inseminating using his sperm, it was 2005. The donor brought with him a contract for the couple to sign, stating the intended parenthood relations in the arrangement. The couples wanted no involvement from the donor and he wished to remain unnamed until the child turned 18. Each cycle, the donor undertook an 80-mile journey, came to their house, gave a donation and then went back home again.

This time the couple tried with Lisa as birth mother; her partner's work conditions had changed which made it unsuitable for her to become pregnant. Lisa's menstrual cycle, however, was irregular: she rarely ovulated or had her period. She tried three inseminations whilst also seeking medical advice.

Given that Lisa was then under medical investigation, the couple again swapped birth mother and continued to inseminate with the partner. After a few attempts Lisa's partner became pregnant but later had a miscarriage. The couple was devastated. They had now been trying for about two years and the stress of trying to conceive affected their relationship to the extent that they decided to take a break from inseminating. In the meantime, Lisa contacted her GP and started to receive medical treatment to start ovulating.

Later that year, the couple resumed inseminating, this time with Lisa as birth mother. After almost four years of trying, having used two donors, Lisa fell pregnant on the 18th cycle of insemination and later gave birth to the couple's baby. When I met Lisa, Lisa's partner had parental responsibility for their baby, but was not yet its legal parent. For that she needed to adopt him:

> [O]nce an adoption has gone through it is permanent, it can't be taken away. So we are currently going through the process of that at the moment.

Victoria and Laura: changing routes

Like many couples who participated in this study, Victoria and Laura's conception history involves both clinical and self-arranged conception. Victoria and Laura, a couple of 13 years, stated that the question of having children came up early in their relationship. Initially they planned to give birth to two children

each. Victoria felt unhappy about conceiving using an anonymous donor in a clinic, as this was before 2005, and the couple agreed to try and find an involved donor. They found a donor through an advertisement in the Pink Paper[28], and decided to start inseminating using his sperm. Laura states:

> We used to meet, didn't we, by the phone box in [City] for the changeover [of the donation]. You used to stick it down your cleavage. [...] And then walk back to the flat. It was great, wasn't it? It was like some sort of drug deal.

Victoria, who felt passionate about becoming pregnant, went first. The couple tried to conceive using the donor's sperm for almost a year but without success. They then approached the donor to get a sperm count:

> Laura   Because nothing happened and we asked him to get a sperm count and he said, oh no, it's fine.
>
> Victoria   And then I wanted the numbers. So we asked him for the sperm count and he was like very evasive. And I said I wanted the numbers, I wanted... and he was like, no, it's the lower end of normal. And he hadn't told us this.

Feeling that the donor had lied to them and wasted their time and effort, Laura and Victoria were disappointed and angry. From a lack of other options, the arrangement continued a little longer and eventually Victoria got pregnant. It was an ectopic pregnancy, however, and Victoria had to have an operation. As a result she lost an ovary and a fallopian tube. In 1999, they decided to stop using this donor and instead sought self-funded clinical treatment in London. Victoria first had one cycle of IVF and got pregnant but miscarried. She then undertook several IVF cycles. For the fifth cycle, Laura donated her eggs for Victoria to carry. They thought that Laura's eggs, because she was younger, would have a greater chance of becoming fertilised. Victoria got pregnant but miscarried again. The costs of the IVF cycles were high:

> Victoria   By this time I was in my early 40s and it's like, financially we're still paying for, you know, thousands of pounds for those... I don't

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[28] Gay and lesbian weekly newspaper which focuses on political news.

know how much we spent, ten grand or something. [...] Probably more than ten grand in the end.

Laura   We re-mortgaged the house, didn't we?

Because of the costs, the couple decided to stop the IVF treatment and instead, using the same clinic and the same donor, pursued IUI with Laura as birth mother. The couple had by this point been trying to conceive for about six years. Laura conceived at the first attempt. After they had their first-born, the couple reserved more sperm from the same donor. Three years later Laura gave birth to their second child and, at the time of the interview, was trying for a third child.

Caroline and Gillian, Lisa and her partner, and Victoria and Laura, all pursued conception as a process located within their particular and individual contexts. The cases illustrate how each process, stage and decision is part of an overriding desire to have children, but that the practical and material aspects of this are difficult to negotiate for a lesbian couple. I now move on to consider the common phases which are central to lesbians' pursuit of donor conception and that emerge from across the interviews, the first being the need to investigate *how* to conceive (see also Chabot and Ames 2004).

HOW DO WE DO IT?

> It has to be such an active, well-planned, conscious, every element of it thought through for a lesbian couple[.] (Jean, 42, mother of one together with Mary, 45)

Culturally, conception is perceived as a 'fact of life' (Franklin 1997). Conception for lesbian couples is not a 'fact of life', but, as Jean's account indicates, a consciously planned process and a thoroughly and carefully organised practice. Couples in my study actively seek, and gain knowledge about, how to conceive together. They experience conception as a project that required extensive research. Sue illustrates how she and her partner, Trish, experience learning about conception:

> You find yourself becoming obsessed with it, thinking of it, living it, breathing it, sleeping it. I really do feel like I'm just doing a huge

assignment for some biology case study I've got to do, I really do. Go
and do a six-month research programme. [...] All of a sudden I'll be laid
in bed and Trish will be going when does the egg travel down? How long
does the egg take to drop? Right, so the laptop's now ... we take it to bed
with us at night. It's on the floor next to the bed and she'll wake me up
like in the morning and say how long's the egg ...? I have to get the
laptop up and start. (Sue, 34, trying to conceive together with Trish, 31)

Sue's account indicates that she and Trish, as part of their life together, undertake extensive research into what donor conception is and how it can be achieved. As Sue states, learning about ovulation and fertilisation is part of that process.

Couples' investigations can be understood as the beginning of the process through which conception is disassembled into its constitutive parts. It is not commonly known what donor conception entails and many couples in my study describe that they find it difficult to initiate the process of 'finding out'. This is illustrated in Poppy's account of how she and Emily sought information about donor conception:

[E]very time the conversation came up Poppy just kind of got really
frantic about, you know, this is never going to happen; we want it to
happen but how do we make it...? It just seemed like such an impossible
thing to make happen. So me being the methodical one said, "Okay, well,
let's do... let's read a book about it, let's work it out, let's do some
research", things like that. (Emily, 36, trying to conceive together with
Poppy, 32)

The interviews indicate that lesbians experience a lack of knowledge, information, and social support when pursuing conception. In this context, the Internet is, as noted above (Chapter 4, section 'Online recruitment for face-to-face data collection'), experienced as an important counter-balance to this, representing a gateway through which to seek information and support:

If it wasn't for the Internet. For information as well, let alone anything.
You just wouldn't have a clue, would you? (Sue, 34)

Rather than being a 'natural' process, lesbian couples' accounts indicate that conception is experienced as a social process that is consciously negotiated and organised. Couples in my sample pick apart conception and make knowable its constitutive parts. They typically experience the search for information as an isolated and difficult process, indicating that there is an absence of social and cultural representation of lesbian conception and/or donor conception. The discourse of conception as 'natural', it appears, has a restricting effect on lesbians' ability to conceive as it conceals the building blocks of conception that lesbians seek to understand.

EXPLORING THE OPTIONS

After the initial research stage, couples consider and explore which routes of conception are available to them. Routes are primarily investigated in relation to two interrelated issues: how couples will get the sperm (how to find a donor/sperm) and how they will inseminate (i.e. whether couples inseminate themselves or use a clinic). If couples pursue clinical conception, they then face the question of funding (whether the NHS will pay or if they fund it themselves). Couples explore their options for getting donated sperm and methods of insemination in relation to three overarching concerns: whether they want a donor who is named/involved or unnamed; whether they have access to clinical treatment as a same-sex couple; and whether they have access to external funding or could fund treatment themselves. I now move on to explore these key concerns.

Named or unnamed donor

As noted in Chapter 1, self-arranged conception and clinical conception are differently regulated in English law, and the donor's legal and social position as named and involved in the child's life and in the family unit of the lesbian couple varies between different routes to conception (see also Sullivan 2004: 49). Previous studies indicate that the position of the donor – as named or unnamed, as involved in or removed from parentage and parenting – is a key concern for lesbian couples (Almack 2006, Donovan 2000, 2008, Dunne 2000, Haimes and Weiner 2000, Ryan-Flood 2005, Sullivan 2004). My findings add to this literature. The accounts of couples in my study suggest that couples' choices between self-arranged and clinical conception is shaped by a desire to have or not

to have a named and involved donor.[29] This is illustrated in Wendy and Penny's account:

> Wendy   [W]e were sort of considering two options, weren't we? We were considering…
>
> Penny   Known or unknown, weren't we. […] We actually arranged a session with [a fertility clinic] as a kind of preliminary to anything… to actually being taken on as a client in that sense. To have a discussion with them about the kind of pros and cons of unknown and known donor.
>
> Wendy   Bearing in mind at that stage [before 1 April, 2005] unknown meant unknown. You know, there was never any information available for the child at 18.
>
> Penny   And we […] were concerned about what the long term impact might be on a child of not knowing who… which… virtually anything…
>
> Wendy   Not knowing anything.
>
> Penny   Anything about your genetic history. (Wendy, 36 and Penny, 36)

The couple saw the 'unknown' donor option, at that time built in to clinical treatment, as a drawback to the clinical route. Wendy and Penny, and many others, considered their choice in relation to what they perceived to be the best interests of the child (for an exploration of this theme see Almack 2006):

> [W]e were going through all this heartache about, would it be the right thing to go known or unknown, and we were actually trying to weigh up the options of what would be the long term impact on a child and how could we provide the most nurturing environment for a child to come into. (Penny, 36)

Many couples in the study start to pursue self-arranged conception with a named/involved donor because of a desire for the child to know its donor.

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[29] One couple in this study, Kate and her partner, conceived in clinical IVF using a friend donor. Kate had infertility problems but wanted a named donor. This is an unusual case in my sample; primarily because couples commonly understand clinical conception to mean that the donor is uninvolved and seek it because they see this as a desirable option (see Chapter 7).

However, like Victoria and Laura who were forced to change routes to conception, many participants have to renegotiate this desire at later stages because, for example, the donor wants parental status or equal parental involvement, or because the couple fail to conceive. The choice of the donor's involvement is thus a dynamic process that is negotiated over time.

A desire for the donor to remain unknown is often part of the choice of a clinical route. For example, Annette states:

> I was very dead set from the beginning that I did not want to use any known donor, I didn't want to have anybody else involved, I just wanted it to be just Linda and I because I just think that that can get very complicated, emotional feelings-wise and there's just too many people, parties involved. (Annette, 33, mother of one together with Linda, 39)

Couples' accounts about which route to take suggest that the terms 'known' or 'unknown', used to describe the position of the donor, can carry multiple meanings. My findings indicate that the terms 'known', 'unknown' and 'anonymous', commonly used by couples in my study, in previous research and in legal regulation, in fact have complex and multilayered meanings in the context of lesbian conception. To be 'known' can mean multiple things: known to the mothers (friend), known to the child (as a dad or uncle), or known to some extent during the process of conception but with the intention of remaining unknown to both mothers and child, either until the child is 18 or always ('stranger'). Equally, 'unknown' and 'anonymous' can refer to several positions between couple, donor and child in both self-arranged conception ('befriended', 'stranger', 'stranger but knowable') and clinical conception (unnamed and unknowable; unnamed but knowable at 18). Although couples in my study undertake conception via two basic routes – self-arranged or clinical conception – the couple-child-donor relationships are conceptualised in far more complex ways. Mapping these in table 7 below makes clear that not two but eleven different definitions and combinations of 'known' and 'unknown' emerge from couples' accounts (and further combinations are possible, compare Sullivan 2004, Almack 2006).

Table 7 Donors' position in relation to couple and child

Route to conception	Relationship couple-donor (donor's position vis-à-vis couple)	Intended relationship child-donor (donor's position vis-à-vis child)
Self-arranged conception	Friend	Named Dad and involved
	Friend	Named Dad but uninvolved
	Friend	Named Uncle and involved
	Friend	Named Uncle but uninvolved
	Friend	Unnamed
	Befriended with purpose to conceive	Named Dad and involved
	'Stranger'	Unnamed
	'Stranger'	Unnamed but knowable when child is 18
Clinical conception	Friend	Named but uninvolved
	Unnamed (before 1 April 2005)	Unnamed and unknowable
	Unnamed (after 1 April 2005)	Unnamed but knowable when child is 18

Table 7 note: 'Stranger' refers to a donor who cooperates with couples in self-arranged conception but with the intention to be and remain unnamed.

As indicated in table 7, there are multiple ways in which couples, donors and children relate to each other in my study, rendering terms such as 'known', 'unknown' and 'anonymous' inadequate to capture the relationship between the donor, child and couple. Although women describe the donor's position in interviews as 'known' or 'unknown', usually referring to the intended donor-child relationship, my findings indicate that these categories are multi-layered and that the language available to describe a donor's position fails to capture the complex web of relations in lesbian donor conception.

Rather than using the terms 'known' and 'unknown', I use the terms 'named/unnamed' to indicate the degree to which a donor's identity is known to the mothers and the child, 'involved/uninvolved' to indicate the degree to which

he does 'caring' for the child, and 'unknowable/knowable' to describe whether a donor's identity can be known to the child at the age of 18.

Same-sex couples' access to clinics

Table 7 (above) does not only suggest that there are multiple layers of connectedness between couple, donor and child; it also indicates that women's desire for the donor's 'position' in relation to them and their child has limited influence on which conception route couples decided to pursue. This is perhaps most pertinent in cases where couples pursue self-arranged conception with a 'stranger' donor. These are arrangements that attempt to reproduce the unnamed and uninvolved donor-couple arrangement only fully realisable in clinics. The interviews thus raise the question of why couples, who seek a 'stranger' donor relationship, do not embark on a clinical conception route rather than a self-arranged conception route, suggesting that further aspects shape couples' choices of routes to conception.

Caroline and Gillian's story illustrate how lesbian couples' access to clinical treatment is historically contingent (for example, through the HFE 1990 Act) and uneven. In 2000, they were advised – and believed – that there were only two clinics in the country that accepted lesbian couples. Many couples in my sample had used, or were intending to use, the London Women's Clinic, because they saw it as an environment open to lesbians.

For couples who live in other parts of the country, access to clinics was difficult to negotiate in the early 2000s. Rachel and Amy, living in south Wales, pursued self-arranged conception after having been refused access to a clinic:

> Amy   Because back in those days the clinics were saying no weren't they.
>
> Rachel   Yeah the clinics had said no to lesbian couples. [...] Yeah I contacted the Cardiff clinic and said that, you know, were you treating either a lesbian couple or a single woman. [...] I had kind of quite a strangely word reply saying at present they may consider single women and asked for your sort of interest. So basically completely ignored the fact that I was asking about lesbian couples. (Amy, 28 and Rachel, 33)

While some shared Amy and Rachel's experience of being denied clinical access, other women in the study had gained access. This was particularly common among participants who sought clinical treatment towards the mid 2000s and did so in the London area. My findings indicate that couples' access varies geographically, and couples who do not live in or nearby London, like Amy and Rachel, have experienced that, because of their exclusion from clinics, self-arranged conception was their only option. Thus, the constraints on lesbians living in rural areas were larger than those living in urban areas. Furthermore, many, like Caroline and Gillian, had to negotiate complicated travel arrangements to access London clinics (I explore this further in Chapter 6, section 'Managing distances').

Funding clinical treatment

Access to clinical treatment is shaped not only by norms of sexuality but also by financial considerations. The London Women's Clinic, which now also has branches in Cardiff, Darlington and Swansea, charged £1150 in their London branch for one 'natural' (non-medicated) cycle of IUI with donor sperm, excluding scan costs in 2008 (The London Women's Clinic 2008a). Non-medicated IUI is likely to be the starting point for a lesbian couple with no problems of infertility. Meanwhile, a stimulated (medicated) cycle with scans and donor sperm cost £1395 and a single cycle of IVF cost £2750 (excluding additional costs of consultation, drugs etc) (the London Branch, The London Women's Clinic 2008a) [30]. These prices are comparable with those of other clinics in England and Wales.

Kim and Nicola at first considered pursuing self-arranged conception and Emily and Poppy pursued it actively over a period of 13 months. Both were forced to change to clinical conception: Kim and Nicola's donor suddenly wanted more involvement than first agreed, and the couple withdrew from the arrangement; and for Emily and Poppy, inseminations with a named but uninvolved donor came to a halt after the relationship between them and the donor broke down in the course of insemination. Both couples turned to clinics for IUI treatment and emphasise the high costs intrinsic to such a route:

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[30] The difference between a 'non-medicated' and 'medicated' cycle of IUI is that a 'non-medicated' cycle does not involve taking drugs which control ovulation. This is, however, part of a stimulated cycle.

I rang [the clinic] up and kind of found out things like how much it was all going to cost? And kind of went oh, my God, you know; shit, that's... you know, it's really kind of quite scary amounts of money. Even for, like, an initial meeting with a doctor was going to be £250 or something, just to talk things through. (Kim, 30, expecting a baby together with Nicola, 41)

Their prices have gone up twice in the last eight months; only once since we've been there, but they went up just before we started there. So it now costs I think £1,100 a month and that's for nothing other than an unmedicated IUI, so there's no drugs involved, no monitoring involved; I do all that at home. So it's the quickest £1,000 I've ever spent. Go in there; five, ten minutes later that's it, off you go home. Unbelievable. (Emily, 36, trying to conceive with Poppy, 32)

Since IUI is an un-medicated form of donor insemination, the only major differences between this and self-arranged conception are that the insemination is performed in a clinic; the sperm is inserted past the cervix; and the treatment has a high price tag, as indicated in Emily's account. As this suggests, for women who consider or pursue self-funded clinical conception, the financial costs are significant. Couples in my study assess these costs in relation to their chances of becoming pregnant. In 2008, the London branch of the London Women's Clinic's reported success rates for IUI for women under 35 of 23.7 % per cycle (and less for women over 35) and, for IVF for women under 35, 52 % per cycle (and less for women over 35) (London Women's Clinic 2008b). Couples commonly do not conceive in the first cycle but have to undertake, and pay for, further cycles. Women therefore do not know if and when payment for treatment will result in a pregnancy. This compares to heterosexual couples' experiences of IVF (Franklin 1997). Angela considered undertaking IVF but states:

You know it is like five grand on a horse and it could just be gone you know. [...] If someone said to me yes you do this thing and you will get pregnant then yeah I would have done it but you just don't know. You do this thing and you have a 24 percent chance of getting pregnant. It is very low odds. (Angela, 42, single mother of one)

The cumulative costs of clinical treatment, coupled with its unpredictability, mean that women experience such treatment in a material cycle: they can afford treatment up to a point for a number of cycles, but thereafter, like Laura and Victoria in the account given above, they often have to renegotiate this route. For women with limited funds the costs involved make treatment un-affordable, and therefore inaccessible, leaving self-arranged conception as their only viable route to conceive. In this sense, socio-economic background represents an important difference of experience for couples in the study. The couples Sue and Trish, and Elaine and Carrie, found that they could not afford the costs of clinical treatment:

> A lot of couples will spend hundreds, even thousands of pounds for donors and sperm and everything else. I mean, we've just started a new business, we have children. We don't have a couple of grand to throw away, to take a chance on something that might not happen. And it's a huge financial gamble as well. (Sue, 34, trying to conceive together with Trish, 31)

> I suppose for us, going the Rainbow Network way [to find a donor online], that's the way we felt, cheaper, so we could save money for when [the child] was around. [...] At the time when we was trying and when we conceived we were living in a one-bed Housing Association flat so we... it was a bit cramped. We didn't have lots of spare cash. So I think, had we planned it a couple of years beforehand we probably would have saved up and maybe we would have gone the clinic route but...(Elaine, 36, mother of one together with Carrie, 36)

As these accounts suggest, clinical access is not only restricted in terms of sexuality, but it is also restricted in terms of socioeconomic circumstance and social class (similar patterns have been documented in the context of heterosexual IVF, see Franklin 1997: 81, Thompson 2005: 87f.).

The NHS could offer an alternative to self-funded treatment. The HFEA, NICE and regional PCTs regulate who is eligible for NHS funded treatment (NHS Choices 2008). Couples who participate in this study have varying experiences of seeking fertility treatment on the NHS. Three of the couples interviewed have pursued NHS-funded conception. For them, treatment itself was free but they

themselves had to purchase, or otherwise provide, donor sperm. All live in London boroughs. Shelly, who together with Rosie pursued NHS-funded IUI treatment, states:

> [W]e preferred to go to the NHS because we wanted to feel like part of society like society was backing what we were doing and that was, that was a strong thing for Rosie's family. Sort of saying we've got [treatment] through the NHS so it is acceptable what we are doing, it is ok. (Shelly, 30, expecting a baby together with Rosie, 25)

Shelly's account indicates that NHS treatment gives the conception legitimacy. The small proportion of lesbian couples in my study who have received NHS treatment give positive accounts of their experiences. Many, however, have been told that are not eligible for NHS treatment as same-sex couples. Eligibility depend on the local PCT. Jane and Frances also live in London:

> [Our PCT] wouldn't pay for anything for a lesbian couple. If we… if I had been… said I was single I could've gone and had fertility treatment. Yeah, I could go on a waiting list to have it, but I could've had fertility treatment, but as a lesbian couple you can't have any. (Frances, 34, mother of one together with Jane, 35)

Emily and Poppy, in northwest England, were also refused treatment on the NHS by their PCT. Although small, this study indicates that lesbian couples' access to treatment within the universal and publicly funded health service varies with geographical location. At the time that couples in my study tried to conceive, there were no mechanisms in place to make NHS provision for lesbian couples uniform across England and Wales. The interviews further indicate that many couples do not actively seek NHS treatment, because they anticipate that they will not be able to access it. One couple's GP advised them that the waiting time meant that such treatment was not a realistic option:

> I knew we wouldn't get anything on the NHS because I've got an absolute… we've got a really fantastic GP, he was really honest with me and said, you know, you're entitled to IVF on the NHS, but you're not… I'll be honest with you, you've got no chance of getting it, because

couples in [this city] will wait for eight years... well, they were at that time. It's just... there was just no funding was there. [...] What my GP said to me is they'll find every reason to not treat you. [...] So we went private, we ended up going private. (Carol, 32, expecting a baby together with Holly, 28, northwest England)

In addition, many couples in my sample fear homophobia in the NHS, which deter them from seeking such services in the first place:

Petra   So have you kind of thought about if the NHS does anything for you, you know, if they would...?

Katy   No, I haven't, no. [...]

Chloe   I haven't looked into it, no. I doubt they would.

Katy   I don't think it would be as accommodating for us, I don't think. But, I don't know, I think I'd rather just pay the money and have somewhere where they're used to dealing with gay people to do it.

Chloe   Yeah, 'cause you don't want to feel stressed and... (Katy, 26 and Chloe, 28, southeast England)

Petra   So how was the... were you at all in contact with the NHS at this point [when you thought about what route to take]?

Wendy   No.

Penny   No.

Wendy   There's no point.

Penny   They wouldn't have treated us.

Wendy   No. Absolutely no point. So... there's still no point. So, no, there was no point even going down that route. So we didn't even talk to a doctor or NHS about it. No. (Wendy, 36 and Penny, 36, middle England)

Farquhar *et al.* (2001) and Fish and Anthony (2005) indicate that gays and lesbians commonly experience homophobia when seeking healthcare. In line with these findings, my study suggests that lesbian couples do not seek NHS treatment, to which they may have be deemed eligible, because they anticipate, and fear, a discriminatory and homophobic response. In part, such responses are expected

and experienced because lesbians' access to fertility services is uneven and unregulated. Therefore, lesbians can be understood to encounter significantly higher financial costs than do heterosexuals who, like them, are wishing to reproduce (compare Donovan 2008: 20).

A variant on self-funded but non-clinical treatment had been pursued by two couples in my study who had bought fresh sperm online from the company 'Man Not Included' (founded in 2002) which delivered fresh sperm from an anonymous donor to the recipients' door after which they self-inseminated. In 2006, 'Man Not Included' charged between £2199.75 for six donations and £5985.00 for 14 donations of their fresh sperm deliveries (Man Not Included 2006)[31]. Provisions of fresh (rather than frozen) sperm were at this time not regulated by the HFEA. The company later changed name to 'Fertility 4 Life' (www.fertility4life.com) and state in 2009 that they no longer offer home insemination services following changes to European legislation in July 2007 (Fertility4Life 2009). The majority of couples in my study do not consider this route among their options.

The major routes of conception that couples in my sample perceive as available and viable to them are either self-funded clinical conception or self-arranged conception. While the legal status of lesbian couples is changing as a result of the revisions to the HFE Act 2008, my findings indicate that these may be insufficient to ensure equality of access to fertility services if lesbians continue to be charged while heterosexual couples, who have greater access to NHS funded treatment, are not.[32]

PREPARATORY WORK

Lesbian couples in my study also learn about and study ovulation in the process of conception, as insemination has to be carefully timed with ovulation. Women's menstrual cycle varies between 26 and 36 days. For a woman with a 28 day cycle, ovulation commonly occurs around day 14. When a woman has ovulated, the egg is 'alive' for up to 24 hours (NICE 2004: 26). This leaves a narrow time window

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[31] I collected data from the website www.mannotincluded.com (no longer operating in 2009) during my MA studies in Women's Studies (Social Research), University of York, 2005-06.
[32] In February 2009, it was reported that a lesbian couple in Glasgow won a court case against the NHS who had previously refused them access to treatment. It was indicated that the NHS had reconsidered their position in the light of the revised HFE Act 2008 and recent non-discriminatory legislation. This case may make way for lesbian couples to access NHS funding in the future (Victory for Lesbians in Baby Battle 2009).

in which to conceive. To complicate this further, ovulation is unpredictable as the time of ovulation varies from woman to woman and from cycle to cycle; in consequence, it is difficult to make exact predictions. Often, it can only be detected the day it starts (although cycles of IUI and IVF can be combined with drug regimes, for example, IVF is commonly controlled through 'superovulation' (Thompson 2005: 97)). Women who conceive with non-medicated IUI in clinics or in self-arranged conception have to monitor their ovulation (compare Mamo 2007b: 140ff.).

The process of trying to conceive therefore involves trying to map and predict ovulation. The interviews indicate that couples undertake different practices to try and make it knowable and predictable. For example, Joanne says:

> That was a task in itself trying to plot [ovulation] and then also the whole, discussing things you find out that your ovulation cycles changes in your mucus and things like this and we've had hilarious jokes about how you were gonna test when you were at your most fertile. (Joanne, 26, trying to conceive together with Pippa, 35)

Joanne's account indicates that she and Pippa manage ovulation as a separate aspect that is made knowable in the process of conception: 'it was a task in itself to try and plot' it, Joanne states in the account above. The interviews suggest that detecting ovulation becomes a process that couples manage separately from other stages of conception. It is experienced as separate from researching how to conceive, how to find a donor, whether the donor is named or not, and how to fund treatment, and is thus illustrative of how conception is disassembled into separate parts.

Joanne's account also suggests that mapping ovulation is something that is negotiated between both women as couples seek to learn about conception. Her account indicates that she and Pippa together tried to understand and interpret the signs of when Pippa was most fertile. Charting ovulation is thereby a social and practical, not only physical, experience in the context of lesbian donor conception. Pippa and Joanne sought to learn about ovulation by plotting Pippa's moods and physical feelings on a calendar:

> Pippa   It could be things like oh I've got stomach ache I haven't had this before and Joanne would go yes you said exactly the same last month at this time. Yeah. I had no idea and she was like look it is on the chart.
>
> Joanne   And that was you ovulating wasn't it.
>
> Pippa   Yeah so our nice fabu calendar became Pippa horny, Pippa sensitive breasts. And my daughter was like mum what is all this on here? (Pippa, 35 and Joanne, 26)

Couples also undertake physical practices to make ovulation more visible and knowable:

> I'd get in from work and Carol would be like, would you just check my cervix for me? And it get to a point where you're like... you stop looking at the female bits as a sexual thing really. [...] When we got down to doing it next time, I felt like I should have my head torch on. (Holly, 28, expecting a baby with Carol, 33)

In line with Mamo (2007b: 141), my findings indicate that couples seek to map ovulation in a way which makes it a social process in which they participate together. What is usually seen as a physical biological process is reconstructed in the context of lesbian conception as both a social and practical process which is managed as a separate part of lesbian couples' pursuit of conception.

CONCLUSION

Three stages of the planning of conception emerge from across my data: lesbian couples research how to go about conceiving; they explore their options; and they undertake preparatory work. While some of these stages are also experienced by some heterosexual couples, those who conceive using reproductive technologies because they experience problems of infertility, constitute a minority. Lesbian couples' conception practices are different: they are necessarily grounded in reproductive technologies, and, in using them, couples consider, plan and undertake work around all of these stages.

As lesbian couples' conception plans unfold in the process of planning conception, conception is broken down into its constitutive parts. Donors, the law,

clinics, costs and ovulation are made into separate objects of knowledge that couples manage in different stages and separately from each other. Through gaining knowledge about these parts, and through timing them and make them come together, lesbian couples manage their conception processes. Drawing on Thompson (2005), and seeking to extend her conceptual framework of choreography, separation and coordination (discussed in Chapter 3) to lesbian donor conception, I argue that such a process characterises, and is a key feature of, lesbians' plans and preparations around trying to conceive.

I further suggest that through these disassembling and reassembling processes, lesbian couples seek to construct a conception that takes place between themselves as a couple: they experience each stage together and as part of a practice that is given meaning within their relationship. Thereby, conception becomes a social, rather than only a physical and biological, process. I suggest that this disassembling enables lesbian couples to plan how to manage the receipt of donor sperm without their conception practices violating their integrity as couples. I explore this further in Chapter 7.

Couples' accounts indicate that the parts that constitute conception are not easily organised or managed. By their nature, they involve physical, material and practical dimensions. Lesbian couples coordinate physical processes of ovulation and how to conceive with material elements of clinical costs, the law and PCTs, as well as practical dimensions such as checking ovulation and considerations such as deciding on a donor's position.

My findings indicate that because each element and stage is, and needs to be, negotiated individually as separate parts, each also represents a separate hurdle that couples must negotiate and manage. Apart from conception being cyclic in a physical sense (couples undertake cycles of insemination, IUI or IVF following the menstrual cycle), lesbians' processes are also, I argue, cyclic in a material sense: couples negotiate, and renegotiate, practical and material dimensions of conception throughout their process of planning how to conceive (I explore this further in Chapter 6). For example, couples renegotiate the choice of how having a named/unnamed donor as their attempts to conceive fail, resume and continue. Lesbian couples revisit again and again their plans and preparations for conception, making this a dynamic feature of their conception process.

CHAPTER 6 'NITTY GRITTY' CONCEPTION: DOING IT

INTRODUCTION

This chapter draws on and develops the framework introduced in Chapter 5, by focusing on how material and practical dimensions are experienced and negotiated in couples' accounts of actively undertaking donor conception. The interviews suggest that when couples enact their plans to become pregnant – when they start obtaining donor sperm and undertaking insemination or other forms of technologically assisted fertilisation – their experiences diverge depending on whether they undertake clinical or self-arranged conception[33]. As noted in Chapter 4 (section 'Routes to conception'), 12 couples (52%) in my study pursued or conceived using clinical conception, whilst 11 couples (48%) pursued or conceived using self-arranged conception. Among these couples, a large proportion had also explored or tried both routes. This chapter compares the elements integral to these different routes to conception, focusing particularly on how the practicalities of obtaining donor sperm, method(s) of fertilisation and undertaking fertilisation is experienced differently in the various routes to conception.

While clinical conception has been ethnographically researched in previous studies (in the context of heterosexual couples) (Franklin 1997, Thompson 2005), I have found no study that explores the practicalities of undertaking self-arranged conception, or compares this with the clinical process. Although Donovan (2008), Mamo (2007b), Sullivan (2004) and Luce (2002) draw on findings based on lesbians' clinical and self-arranging experiences of conception, the material and practical aspects of such practices have not been the focus of previous analyses. The interviews indicate that the material dimensions of 'doing' lesbian donor

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[33] It should be noted that none of the couples who participated in this study perceived having heterosexual intercourse as a viable method of conception, and none had pursued such a route.

conception are considerable[34] and that it has substantial effects on lesbians' experiences of accessing their fertility.

In interpreting the data, I found Mary Douglas' (1966) analysis of 'dirt' particularly helpful. Douglas suggests that dirt:

> ...is never a uniqe, isolated event. Where there is dirt there is system. Dirt is the by-product of a systematic ordering and classification of matter, in so far as ordering involves rejecting inappropriate elements. (Douglas 1966: 35)

According to Douglas 'there is no such thing as absolute dirt' (1966: 2). Dirt becomes classified as such when it is perceived as transgressing socially constructed boundaries and categories that are associated with social order. As indicated in the Introduction to Chapter 2, the presence of 'dirt' triggers pollution behaviour, that is, behaviour which 'condemns any object or idea likely to confuse or contradict cherished classifications' (Douglas 1966: 36). I apply such an insight to conceptually analyse lesbian couples' perceptions of clinical and self-arranged donor conception.

CLINICAL CONCEPTION

Conceptualising the donor

For couples who undertake clinical conception, it is the clinic that manages and mediates the transaction of sperm from donor to couple. Clinical staff locate and vet potential donors. The London Women's Clinic's donor recruitment guidelines states:

> Donors must be between the ages of 18 and 45 and should have no serious medical disability or family history of hereditary disorders. Before being accepted as a donor you would need to attend the Clinic for an interview and complete a detailed questionnaire about your own and your family's medical history. [...] (London Women's Clinic 2008c)

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[34] This is also emphasised in lesbian donor conception 'self-help' literature, see for example Saffron (1998).

At the clinic, the donor is required to produce a semen sample for testing. He is physically examined and a urine and blood sample is taken and screened for STDs such as Chlamydia and HIV (London Women's Clinic 2008c).

The transaction of sperm between couple and donor is managed in ways which secure the anonymity of the two parties, both couple and donor. As noted in Chapter 5, many couples state that the desire for an anonymous donor (but knowable for children who were conceived after 1 May 2005) is a major reason for seeking clinical conception (see also Donovan and Wilson 2008). The interview data suggest that, through the management of this anonymising process, the clinic also plays an active role in donor-selection. For example, Frances indicates that the clinic undertakes the work of selecting donors:

> The embryologist who actually spoke to us was able to say, I know who this person is; I've met him; you know, what's written down on this piece of paper is really what he is like. [...] So, yeah, they kind of... they do all that job for you, don't they? (Frances, 34, mother of one together with Jane, 35)

Behind 'doing all that job for you' are regulatory practices through which clinics select donors but also mediate the contact between couples and donors, and guide couples' selection of donors. The HFEA Code of Practice (2004 in Jones 2005) states that clinics should 'match' racial and physical characteristics of the donor and couple. Haimes (1990) suggests that 'matching' allows for a heterosexual couple to pass as the child's biogenetic parents and to thus conform to an ideological notion of 'the family' (see also Becker 2000, Harrington *et al.* 2005) and, as indicated in Chapter 3, it is a common practice for heterosexual couples to seek a 'matching' donor. Typically, couples in my sample who pursued clinical conception were presented with a sheet of paper giving information about the pool of donors to which the clinic had access. This information focused on physical characteristics such as height, hair colour and eye colour. It is likely that lesbians and heterosexuals alike share this experience of choosing a donor in a context managed by clinical staff[35]. I explore the meaning that physical

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[35] As my study only includes lesbian couples, I can, based in my data, only make judgments of how such experiences are perceived by lesbians. Where available, I compare my findings to those of studies of heterosexuals who undertake similar conception practices.

characteristics hold for lesbian couples further in Chapter 8, but focus here on how such practices relate to the clinical context.

I argue that, for couples who conceive in clinics, the conceptualisation of donor selection through 'matching' can be understood as linked to, and as part of, the commercial context of the clinic. This is illustrated in couples' accounts of selecting donors. Jane and Frances recount a conversation with friends who were undertaking clinical conception. Although it is a recollection of a conversation about another couples' perception, it signals a way of conceptualising the donor in clinics which was common among couples in my study:

Jane   They were complaining about the sperm available to them which was... well, there was no choice, was there?

Frances   No, they didn't have any choice.

Jane   So they felt he was a bit short and they felt that...

Frances   His hair wasn't blonde enough. His hair wasn't blonde enough and perhaps he wasn't sporty enough. [...] (Jane, 35 and Frances, 34)

Jane and Frances' friends' disappointment in not managing to find a donor who met their expectations, and who 'matched' them, in the clinic, relates to an expectation that the clinic would provide a donor with the physical characteristics of their choice. A further example of this is that couples who pursue clinical conception express a desire to avoid particular physical characteristics in the donor. As an example, Holly and Carol state:

Didn't [the clinician] come out and say, we've got three at the moment. Because [Carol and I] go and kind of specify kind of what we want. [...] We felt awful, because she said, is there anything you really don't want? And we said red hair, like not being horrible. (Holly, 28, expecting a baby with Carol, 32)

Couples who conceive in clinics can be seen to perceive sperm to be of varying quality based on ideas and desires around physical characteristics. These observations suggest that sperm 'produced' by clinics for couples is transformed into a product, and its value to the couple is determined by its promise to produce

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particular characteristics and aptitudes in the child.[36] Studies of heterosexual donor conception indicate that similar processes take place (see, for example, Becker 2000, Hansson 2002, Quiroga 2007), although I have found no study which explores this connection analytically. Jane and Frances' friends were disappointed with the donor sperm available, and Holly and Carol actively rejected donors with red hair. A 'product' discourse is particularly evident in accounts of couples who had conceived in a clinic where there was a shortage of sperm. Linda and Annette state:

Linda   The pool had... there was nobody in it, we literally had no choice and so they phoned, they gave me these two people over the phone...[...] I called Annette very quickly. I said, look, there's two and one of them was perfect which was... happened then the one we got pregnant with because he was... Yeah, he wasn't very tall. He's 5'8". He had brown hair, blue eyes, he's a research scientist, yay, our child is going to have some brains. He had very similar hobbies to us.

Annette   He liked to cook, he liked wine.

Linda   Very, very similar things and we just went, yeah, him and bingo! So, we were like, he's good stock. Let's put some on ice for the next one. So last time, when we went in a few months ago, we took our child with and we said, right, this is one we made earlier. We'd like another one please, just like this one. (Linda, 39 and Annette, 33)

Linda and Annette's account indicates that donor sperm, constructed as a product, relates to particular desires in terms of kin connectedness. The cultural discourse that genetic linkage is visible in inherited physical characteristics (Richards 2006) is realised through, and connected to, the commodification of donor characteristics, and to the commercialisation of donor sperm.

The clinic thus creates what can be understood as a property relationship between the couple and the sperm (compare Waldby 2006: 63). This is particularly noticeable in the notion of storing 'suitable' donor sperm as 'stock'

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[36] The concept of 'promise' has been explored in the context of umbilical cord blood banking (Brown et al. 2006).

for future use, a practice that touches on ideas of 'livestock' in animals. To store sperm for later conception means that couples buy a number of vials of donated sperm to store at the clinic for the cost of a yearly storage fee. Linda and Annette (above) purchased more sperm, which they saw as 'good stock', from the same donor. Because they liked his physical characteristics and aptitudes they 'put some on ice' in order to use the sperm for future siblings. In this way, donor sperm, and its perceived promise to construct kin connections, is conceptualised as a substance of choice and trade. This is common practice among couples in the study and is also illustrated in Caroline's account (as indicated in Chapter 5, section 'Caroline and Gillian: pursuing clinical conception'). She, together with her partner Gillian, has 'reserved' sperm:

> It's our stock. And every year we get our letter in August that says you've got pay £275 for the annual storage fee and we say shall we not pay it and get rid of the sperm? [...] And then we think, no, we're not going to close the door and we just keep it, just in case. (Caroline, 30, mother of two together with Gillian, 56)

Another example of commodification of donor sperm is illustrated in the account of Rosie and Shelly, who identify as white British. When Rosie and Shelly conceived through the NHS, there was a shortage of sperm from white donors. The couple was encouraged to buy and import 'white' sperm from Denmark, which they did:

Shelly   It was £2000 for eight IUI courses. Shipping sperm.

Rosie   If you bought eight you got the shipping for free. [...] So we were gonna get we thought six might be enough. But then it would have cost the same for the shipping. So basically it was like buy six get two free. [...] So we thought we might as well get eight if we get free shipping. (Shelly, 30 and Rosie, 25)

Lesbian couples who conceive clinically, I argue, perceive sperm as a product which holds a particular promise for the child – which in Shelly and Rosie's case is the promise of her or him being white – and is conceptualised, and obtained,

through a market discourse. I explore donor 'matching' and constructions of race further in Chapter 8.

Negotiating technologies

As indicated in Chapter 5, clinics offer a range of different methods of conception. For example, Care Fertility, a company which runs fertility clinics in Manchester and across the Midlands, provides services like ovulation induction, IUI, IVF, egg sharing, ICSI and assisted hatching (Care Fertility 2008). Different methods of conception represent increasingly advanced and expensive treatments for infertility for heterosexuals. But for lesbians, the interviews suggest, they are seen more straightforwardly as various commercialised technologies for conception, which can be, but are not necessarily, associated with problems of infertility (see also Donovan 2008). This is illustrated in Jane and Frances' account. They are parents of one child to whom Frances gave birth through IVF. When I met them, they were pursuing the conception of a second child with Jane as birth mother. Frances states:

> I think in October Jane had an IUI, because obviously [our child] was only born just over a year ago. So we weren't in any great hurry to, you know, get her pregnant immediately, but we still wanted them, you know, fairly close together. We had some notion that we were going to have four. [...] So, October and November she had two IUIs, which didn't work, and then we decided actually we would just stop messing around with that and we would just go for IVF and just, you know... just get pregnant and stop messing around. (Frances, 34, mother of one together with Jane, 35)

Frances' account indicates that different techniques are understood as techniques that are more or less effective to achieve pregnancy. Frances states that she and Jane have decided to use IVF because it means that they can 'just get pregnant' rather than 'messing around' with IUI, thus constructing IVF as a more secure route to pregnancy. The account suggests that Frances and Jane assess how likely it is that they would get pregnant using the different technologies based on how quickly it is likely to happen. This is also illustrated in Kim's account of the clinic consultation:

When we initially met with the doctor he said, well, there are three
options – natural… oh, yeah, because we were always talking about
doing the IUI at that point… so you can either go completely natural, or
you can do natural with scans, or you can do a stimulated cycle. […] We
just said, well, which one is going to work quickest? And he said, the
stimulated cycle will work most quickly. (Kim, 30, expecting a baby with
Nicola, 41)

I argue that technologies of fertilisation in the context of lesbian conception are
methods of conception primarily considered in terms of accessing fertility, not
overcoming infertility. Kim's account illustrates how couples assess technologies
in terms accessing fertility – i.e. how fast they will get pregnant – and not first and
foremost as solutions to infertility. In contrast, heterosexuals are more likely to
use different technologies, and see them as separate, depending on their infertility
diagnosis.[37]

I suggest that couples in my sample experience technologies as different (and
differently advanced) methods of achieving essentially the same thing: to try and
get pregnant. Thus, they experience technologies on a spectrum rather than as
completely distinct from each other. Couples move back and forward on this
continuum, not necessarily because they have been diagnosed with specific
infertility problems, but because they have not managed to conceive using a more
'low-tech' alternative. This is in contrast to heterosexual couples. My study
includes couples who conceive using insemination by syringe as well as clinical
IUI and IVF. Technologies of conception are conventionally researched
separately; for example, Haimes (1992) focuses on donor insemination while
Franklin (1997) explores IVF. While I would not like to deny that there are
important differences between these reproductive technologies, my findings
suggest that they are not necessarily mutually exclusive in the context of lesbian
donor conception. Mamo (2007a, b) suggests that lesbians' way of using both
low-tech and high-tech technologies to try and achieve conception demonstrates a
hybridisation of technological practices.

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[37] The way in which heterosexuals tend to use reproductive technologies – as a corrective of one
particular infertility problem – dominates the construction of this field of research. Studies focus
either on conception by donor (see Becker 2000) or IVF (see Franklin 1997).

The couples in my study typically decide which technology to use whilst considering the costs of different alternatives. Liz's account indicates that the financial aspects of clinical IUI and IVF are enmeshed with the choice of technology and treatment. She states:

> I had seven attempts at IUI and no pregnancy. Yeah, a few years yeah. And then I didn't have the money for IVF because it was a package, it was say about £5,000 plus medication for the package of IVF, which was three tries at IVF. So I didn't have the money at the time, so I carried on with [IUI]. (Liz, 40, mother of one together with Janet, 41)

Liz' states that, although IUI did not 'work', she carried on using it because she could not afford to use a more technologically advanced method. My data indicate that the commercial context of the clinic is an important feature of how lesbian couples in my study understand such conception. Much of the more recent feminist writing around reproductive technologies emphasises how women work 'with' technology, rather than seeing it as an extension of patriarchy (see Chapter 2, section 'Technologies and women's agency'). However, little attention has been paid to the commercial dimensions of fertility treatment in this context. The interviews suggest that the commercialisation of the clinic affects the degree to which couples experience control. Emily and Poppy's conception journey illustrates this. Emily and Poppy turned to a clinic after a self-arranged agreement with a friend donor and his wife had fallen through:

> We'd felt so out of control in the previous situation [with the friend donor and his wife]. We felt that they were calling all the shots and that we couldn't say anything because, you know, expressing any kind of anger would just cause them to pull out and it would all be over. So we felt that, you know, going to a clinic would at least give us some feeling that we were in control of this, we were paying customers and, you know, you should be doing what we're asking you to do. (Emily, 36, trying to conceive together with Poppy, 32)

Emily suggests that she and Poppy felt empowered by the fact that they were paying for a service in the clinic. This is particularly emphasised in relation to the

lack of power that many couples in my study experience in self-arranged conception. Many associate being a consumer of fertility services with gaining power – they gain choices associated with the consumer's position in a market economy. This indicates that clinical conception is perceived, and enacted, as a commercial transaction:

> Frances   For us, in some ways, it's just been a bit like going shopping, isn't it? You kind of decide I want this. [...] ...and you go to a shop and you pay for it and you get it. [...] That's really what we've done.
>
> Jane   It's not like... it's obviously not the same as going to get a cup of coffee but, you know, or maybe buying a car. You know, changing clinics; you go to Café Nero and you get this, you know, it's a bit stronger; you go to Starbucks, you know, you get this and you know... [laughter] it's exactly the same procedure. (Frances, 34 and Jane, 35)

However, the interviews suggest that their power as consumers is ambivalent and ambiguous. This is first, because couples must have the financial means to exercise this power, and second, the organisation of the clinic as a business can restrict the access to treatment at the time of ovulation. Emily once found that she ovulated on a Saturday but the clinic was closed on the next day (Sunday). She and Poppy went to get treatment on the Monday, but felt that it was then too late. Emily says:

> I just felt I was being really dismissed, you know, because every time I brought up the fact that this, you know, is too late, I don't want to do this any more, it's too late, forget it, and [the staff said] oh, no, it's fine, it's fine. And they got somebody up from the lab that said something ridiculous like, oh, well, yeah, your egg can live for two or three days after you've ovulated. I'm like, well, that's not what I've read. Do you not know your biology? But of course you don't question it because, you know, she's in a nurse's uniform, who am I question her? And, you know, maybe she's right, but I just... it suddenly started to feel really commercial, you know, don't let this woman leave here without

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treatment because that's £800 that we're going to miss out on. (Emily, 36, trying to conceive with Poppy, 32)

Emily's previous perception that the couple would gain control in the clinic crumbled as they started this process, she states in the interview. The power couples gain by going to clinics can therefore be understood as limited and precarious.

Places and procedures

IUI and IVF are performed at the clinic by a nurse (IUI) or, in the case of IVF, in operation-like procedures performed by clinical staff. The material conditions of actual treatment, its place and procedures, are important for how couples experience such conception practices. The actual place of the clinic constitutes the physical site of conception which contains the execution of IUI and IVF. For couples, this means that they need to travel to the clinic to conceive. For Caroline and Gillian, who undertook IUI, travelling to the clinic and being there represent a positive memory:

> Caroline   We always seemed to have our appointments just before lunch, probably because we were coming by train and so we couldn't get there that early in the morning. And we always seemed to have the last appointment, so they would just leave us in the room and said, it's free over lunchtime and take as long as you want. And we used to sit in that room and eat our sandwiches, didn't we? [...] And we'd sit there together and then a nurse would come back after a bit and fill out some paperwork and stuff. And it was nice. It was a very gentle.
>
> Gillian   It was. It was lovely. (Caroline, 30 and Gillian, 56)

Caroline and Gillian indicate that being in the space of the clinic, and the way in which they had access to it, positively shaped their experience. Gillian describes in the interview that the clinic felt 'more like a house': there were places to sit, a bed, and the couple was given time to relax together after the insemination. Visiting the clinic, they state, felt 'gentle' and 'lovely'. It should be noted that

although some had similarly positive experiences, others, like Emily and Poppy, experience the clinic space as negatively 'commercial' and 'medical'.

The overall role of the clinic, including donor vetting and insemination, also influence how it is experienced and conceptualised. Linda, who together with Annette conceived in a clinic, compares donor insemination in a hospital clinic with ordering fresh donor sperm online for self-insemination:

> It was quite impersonal at the hospital which is good whereas it all coming in fresh, it's something makes it all a bit more squeamish, if you know what I mean, where you have to deal with it yourself. [Y]ou've got this sperm in a vial and you have to then go and deal with it yourself. I don't know, there's something about it being done in a hospital that sort of takes all of that nastiness… I think, being a lesbian, it's the last thing you really want to be involved in, isn't it? That's why you're gay, to be honest with you. You don't want to be dealing with sperm at all. Let somebody else deal with it. (Linda, 39, mother of one together with Annette, 33)

Linda's account introduces a theme that I will elaborate upon in this and the following chapter. Her account evokes associations of sperm as dirt in the context of sperm donations. As noted above, Douglas (1966: 2, 35) suggests that 'dirt' can be seen as matter out of place; it is perceived as such when it offends against order. As a lesbian, Linda states, 'you don't want to be dealing with sperm at all'. The sperm is in the wrong place. The substance of sperm pollutes, and having to deal with it is experienced as 'nasty' and 'squeamish', as in Linda's account. It connects lesbians to a male sexuality, and is as such something they seek distance from. Importantly, Linda's account indicates that the potential of sperm to pollute can be managed and neutralised in the clinic. While contact with sperm can be avoided in the clinic, this is less possible in self-arranged conception. As with Linda, Gillian states that self-arranged conception is 'almost like using a penis' and that it therefore is 'a bit seedy'. Linda's and Gillian's accounts indicate that they experience staff at the clinic as undertaking rituals that purify the sperm for the lesbian couple: 'there's something about it being done in a hospital that sort of takes all of that nastiness' Linda says, or, as Douglas would put it, the danger of the sperm is cancelled (Douglas 1966: 136). The clinic is perceived as clean

(ordered), while self-insemination is seen as dirty (disordered). This notion of order/disorder and purity/impurity is achieved through separating the two methods of conception and by emphasising the difference between them (compare Douglas 1966: 4, 53). I explore this further in Chapter 7.

To conclude, I suggest that clinics can be understood as bringing together and containing disassembled conception practices: they are regulated in law and organise the recruitment of the donor, the testing of donor sperm, the testing of fertility, and the provision of treatment in a physical place. To draw on Thompson (2005), the clinic can be seen to contain and coordinate various material and practical aspects in an 'ontological choreography' of conception, which, at the same time, manages the potential danger of pollution associated with donor sperm. Such clinical reassembling of donor conception is intimately related to the social, political and legal contexts in which it takes place and stands in stark contrast to the practices involved in self-arranged conception.

SELF-ARRANGED CONCEPTION

Obtaining donor sperm

As noted above, self-arranged conception is not regulated as donor conception in English law (see Chapter 1). Parental agreements in self-arranged donor conception – for example, ones that stipulate that the mothers are the parents, and the donor is not – can thus be understood as fragile and without legal status. Couples and donors are exposed to the risk of losing/acquiring legal responsibility for a child: a donor can claim parental rights over any child conceived with his sperm, and, in consequence, a lesbian couple can risk losing control of the child's upbringing. Equally, a couple can claim child maintenance from a donor. Both scenarios have been known to happen (see, for example, Goodchild 2007, McCandless 2006, Smart 2008a).

These conditions spur couples in my study to attempt to tie down parental arrangements with donors through agreements and contracts (although such written contracts are not legally binding). Self-arranged conception is recognised by couples as a risky, and therefore complex, exercise. While clinics are regulated so that the donor-couple relation is anonymous, couples who self-arrange conception, in contrast, have to try and find a donor who agrees with the couples'

ˡ of parenthood. Sally and Anna pursue self-arranged conception with a
ger' donor:

> It has got to be someone that will get lost. You know, go away sort of
> thing. [...] Because of the legal situation, it is a minefield. [We had] to
> try and find something, who will respect barriers. And let's face it, if
> emotions kick in with the man, they could easily like, right this is my
> wife. In a court. Heterosexual couple immediately. I want my only son to
> come and live with me and not with those two bloody lessies. And that's
> it, its gone. (Sally, 33, trying to conceive together with Anna, 32)

 of the couples in my study who self-arrange conception want the donor to
ᵉ of the child's primary, full-time parents. Some couples, like Sally and
, are clear that they want the donor to remain unnamed and uninvolved;
's state a preference for a named but primarily uninvolved donor, and in four
 the donor is involved as a 'dad' with some, but not full, contact time
pare Sullivan 2004: 49f.). As with Anna and Sally, the couples in my study
ften aware that lesbians have lost their children in custody cases (see further
ter 1), and seek to safeguard themselves from this risk.
uples experience the lack of regulation of the intended parental positions in
rranged conception as the first hurdle that they have to manage when
ing donor sperm. As a first step, participants therefore seek to reach
ments with donors about parental involvement:

> [I]nitially we just had to have him say, yes, I am interested in theory, and
> then we set about this rather long, difficult process of hammering out
> between the four of us what it might mean and how we might all relate to
> each other within the set-up. (Kim, 30, expecting a baby together with
> Nicola, 41)

ught legal advice, and a lawyer helped her draw up a contract for everyone
The contract stipulated that the donor would not be named on the birth
te because this would make it harder for Nicola, the non-birth mother, to
he couple insisted that the child would know the donor as 'dad', but he
ot be a 'full-time' caring parent. Although all parties signed the contract,

when it came to providing sperm, the donor had changed his mind: he had decided that he wanted more involvement with the child. Kim and Nicola then called off the arrangement.

Many couples in this study have similar experiences: couples who seek parental agreements with donors run the risk that, either before conception or after birth, the donor will change his mind and seek parental responsibility. For couples who undertake self-arranged conception, the issue of the donor's claim to legal parenthood and/or parental responsibility is endlessly unfixed and uncertain. This is illustrated in the account of Carol and Holly, who are expecting a child conceived using the donated sperm from a named and involved friend donor. A contract between the couple and the donor stipulates that the donor has no parental or financial responsibility but will be known to the child as 'dad'. Their friend donor, however, has a new girlfriend who the couple think might challenge the arrangement:

Carol   [H]e's got the new girlfriend and you don't want...

Holly   She's broody and she's...

Carol   I don't want to make her feel bad and uh, uh, uh.

Holly   We also don't want to make her get like jealous and annoyed with us because she might make the situation with him difficult. [...]

Carol   I think our situation will only... we will only know what's going to happen as it happens. We haven't actually got that much control over it really. (Carol, 32 and Holly, 28)

A second risk that couples who self-arrange conception are exposed to is the risk of contracting a STD through donor sperm. Donor sperm obtained in clinics has been screened and quarantined for 6 months (The London Women's Clinic 2008c: 4). In contrast, couples who self-arranged conception are vulnerable to contracting serious illnesses from donors and have to try and arrange themselves for donors to be tested. In contrast to clinical procedures for obtaining donor sperm, couples inquire about and assess donors' health only after a parental position agreement has been reached.

While it should be noted that the health risks of self-arranged donor conception are not necessarily higher than those posed by sexual intercourse without a condom (Haimes and Wiener 2000), couples in my study experience negotiating

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health risks as an important part of the process of conception. They find it difficult to secure reliable health checks on donors. First, this is because a screening is only valid on the day it is carried out (or in the case of an HIV test it is only valid up to three months before the test is taken) and second, because couples have little knowledge of and control over donor's health and sexual practices. Laura and Victoria state:

Laura	It wasn't... he had a HIV test, didn't he?
Victoria	There was something about the HIV wasn't there, that came up.
Laura	He showed us the piece of paper that said the results of his HIV test and all the other hepatitis and stuff. But something came up in a conversation further along that led us to believe that they weren't monogamous in their relationship. (Laura, 33 and Victoria, 47)

Obtaining reliable health checks is made more complex by the lack of legal regulation of parenthood in self-arranged conception. The interviews indicate that couples negotiate both the risk of losing parental responsibility to the donor and the risk of obtaining disease from him. There is a tension between these risks and how couples can manage them. Inseminations with a named and 'involved' donor can help to protect the couple's health and their legal rights to be parents because they know and trust the donor. The involvement of a 'stranger' donor, in contrast, can provide legal protection for the opposite reason: in an unnamed arrangement, he is unable to seek parental responsibility for the child if the couple's identity is kept secret. This arrangement, however, inherently makes it difficult for the couple to know whether the donor is trustworthy. The latter is illustrated in Rachel and Amy's account about their conception with a 'stranger' donor:

Rachel	Oh we had problem with him getting him checked out didn't we.
Amy	Oh God, what a nightmare!
Rachel	We wanted him tested. So he was fine to test so he went to a clinic in [City]. Got tested for sexual transmitted diseases AIDS you know, hepatitis, all that kind of thing. And we were waiting for the results, because we don't know him we don't know if he is you know shagging around or whatever. You just have no idea. (Rachel, 33 and Amy, 28)

The interviews indicate that couples who undertake self-arranged conception develop strategies to manage the contradictory risks of donor conception, particularly in 'stranger' arrangements. For example, couples seek to control and limit the exchange of personal information with the donor:

> We didn't know where he lived, he didn't know where we lived. [...] We didn't give our surnames, he didn't give his surname. We wanted the contact details so we wanted an e-mail address or a phone number so in the future you know when they turn 18 or whatever we could, have contact. But, he didn't want us to know anything about him and we didn't want to know. (Rachel, 33, mother of one together with Amy, 28)

> We agreed to tell him that [child] had been born and that it was healthy. He did ask for a photo but we decided against sending him one. Not because we thought it was anything wrong with him at all. It was just to maintain that distance. Because you don't ever know. As much as I can say oh he seem really genuinely trustworthy a really honest guy. Otherwise we wouldn't have used him as a donor but there is always that niggling doubt in the back of your mind. Hence we haven't given him our personal details, that's why he knew our first names only. He doesn't know exactly what day [child] was born. Just in case he should kind of, decide to want contact in the future. (Hannah, 23, mother of one together with Anne, 34)

Couples seek to create and maintain a distance from the donor by limiting and controlling personal information. The desire to control knowledge and information can be understood in relation to cultural assumptions of kinship knowledge. Strathern (1999: 79) notes that a biological connection in Euro-American culture (and law) 'has the character of a constitutive finality that cannot be laid aside. "Paternity" is presumed in the verifiability of information that exists about the event.' Strathern (1999: 68f.) suggests that information, as such, constitutes knowledge of kin, and the only way to avoid information turning into knowledge is by stopping the spread of information. This can be recognised in Hannah's account of how she and Anne decided not to send the donor a photo of

their newborn. By controlling information, couples seek to prevent biological kin connections being known and therefore constituted.

Participants, however, also discussed the need to trust donors when arrangements are undertaken. Couples therefore also undertake strategies to make the 'stranger' donor known to them. They assess donor's trustworthiness, a practice that makes the desire for distance a more complex one to manage. Sue and Trish's account illustrates how meeting a 'stranger' donor for the first time can be experienced. They had arranged to meet up at a service station:

> Sue   Every dirty old bloke that walked past that looked like a real old scruffy smelly ... Trish panicked. Absolutely, she's diving under the table and everywhere. And then it's like, do you think he'll spot us? I don't know, maybe. We're the only couple here that look like we're gay. He might have a good clue who we are.
>
> Trish   We're sitting outside the service station and there's hardly anyone, is there, around, so we're sitting there at the front.
>
> Sue   Observing every car that pulls in. One gets out, he's about 70 years old, he's got a stoop, he looks like he's not washed in a week. She went, I hope that's not him. We're not getting his sperm now. We can always say thank you but no thank you. And then this absolutely really nice bloke, he's a surgeon at the hospital, really nice bloke. And he put you at ease straight away, didn't he? It's wonderful. So, yes, we decided on him in the end. (Sue, 34 and Trish, 31)

The couple's account demonstrates that the practices of choosing a donor, and obtaining donor sperm in self-arranged conception, are organised social processes where couples seek to both maintain distance to donors and yet familiarise themselves with them. Couples asses donors' personalities through subtle social cues. For Sue and Trish, it was the fact that the donor 'put them at ease straight away' that at the time made them feel that they could trust him. Lisa's account illustrates in more detail the process of managing both distance and knowing a 'stranger' donor. I quote this at length because I think it signals couples' attention to detail in this process:

We had quite a lot of email contact beforehand [with donors]. And the one that didn't feel comfortable to us was the one that we had the contact with first. Although he was perfectly nice when we met, there were a couple of things. I remember in a telephone conversation I'd had with him I'd said something to him about our experience and then when we met with him he told us a story of someone he'd donated to in the past using that same experience, even some of the same words that I'd used to describe it. So that may have been true, that may have actually happened and he'd just picked up on something we'd said as a way to describe the situation, but it just felt like actually I told you that story. So it meant we weren't entirely sure how genuine he was. And then we met the donor who we eventually ended up conceiving with. [...] It just felt right with him straightaway. He'd already donated successfully to several other couples. He also had children of his own that he was father to, and he was quite happy saying, I'm already a dad, I don't want to be a dad to any other kids [...] Early on obviously we didn't know too much about him, but some of the other people he'd donated to were willing for us to contact them as a reference, which helped. [...] We didn't have a lot of contact, just a couple of emails to say, he's really genuine and he's really helped us and he stuck to his word and that kind of thing. And so we then started the process with him. (Lisa, 29, mother of one together with partner)

Lisa's account demonstrates that the assessment of the donor can be seen as a carefully and consciously undertaken procedure. Several couples talk of the need to be a good judge of character. As Lisa's story indicates, a complex set of questions are brought into play as couples seek to establish whether a donor is trustworthy, and, in consequence, the couple-donor relationship can be highly organised, and even include a practice of referencing. Lisa's account also illustrates how any gap in donor's display of trustworthiness is met with zero tolerance. The first donor's 'odd' comments meant that Lisa and her partner 'weren't entirely sure how genuine he was' and therefore did not pursue this contact.

Couples who self-arrange conception, I suggest, negotiate and manage the risks of the arrangements through trust, as these accounts indicate:

Hannah   The important thing is to find a donor that you trust.

Anne   - and is reliable.

Hannah   Or you think you can trust anyway. (Hannah, 23 and Anne, 34)

> I wasn't fussed about doing testing because I felt at the end of the day they [the donors] were doing something that we could turn round and go down and see a child support group and get loads off money off them so, you know, I felt it was a two-way thing in that they were trusting us that we wouldn't name them on the birth certificate and we wouldn't chase them for any payment so therefore I was prepared to trust them that they didn't have anything. (Elaine, 36, mother of one together with Carrie, 36)

These accounts suggest that self-arranged conception is managed through a system of reciprocal trust between couples and donors. Both participate in practices through which they become exposed and vulnerable. Elaine's account indicates that mutual sensitivity to this fact is the bases of this trusting relationship. I argue that, rather than experiencing the donor selection process in terms of a market economy and donor sperm as a commodity, as couples do in clinics, couples and donors who partake in self-arranged conception, undertake such practices through an economy of trust.

Couples also often negotiate obtaining donations over an agreed period of time. Unlike in clinical conception, couples who self-arrange conception can not buy a 'stock' of sperm. In fresh donations, the ejaculation and insemination have to take place shortly after each other – sperm is only 'alive' for one-two hours after ejaculation (Insemination for lesbians and single women 2008, Self insemination of donor sperm 2008). Once a couple have managed to select a donor, they have to continually negotiate not only the issues mentioned above, but also issues associated with arranging and negotiating time and place to meet up with the donor each cycle. This is time-consuming and laborious for both the couple and donor.

Emily and Poppy decided early on that they wanted to conceive with a friend donor and started to pursue donations with the husband of a friend. When the

donation arrangement had been going on for some time, the donor and his wife moved house. Emily and Poppy who had previously had a 3 hour return journey two to three times per cycle (to maximise their chance to conceive they visited the donor several times each ovulation), now had a 5 hour return journey. They started to feel that there was a tension in the relationship with the donor but did not have another option and persevered. In this sense, couples who self-arrange conception lack the power secured by consumers in the clinical context. Many couples in my study state that the desire to conceive at times made them transgress their own boundaries and contemplate participating in arrangements in which they felt uncomfortable. When relationships start to fracture, the lesbian couple's lack of power becomes very clear. This is perhaps particularly highlighted in the case of Wendy and Penny. They are parents of a son who knows and sees his donor dad regularly. They were hoping to conceive a sibling using the same donor for a second time, and were under the impression that the donor would welcome the idea of donating sperm for a sibling. However, when confronted, the donor had changed his mind. They agreed to wait to discuss the matter further:

> [I]t felt like if he didn't want to then we couldn't have any more children. And we waited and we waited and we waited, and we waited some more and waited some more for him to speak to us. And he didn't. (Wendy, 36, mother of one together with Penny, 36)

Wendy and Penny experienced that the donor was in control: 'it just felt like he had all the cards really', as Penny puts it. In this sense, donors who donate in self-arranged conception can exercise substantial control over the couple's reproductive processes.

Couples who self-arrange donor conception negotiate risky relations over which they have limited control. The self-arranged conception process contains multiple complicated stages which are separate from each other and reassembled together, each one of these representing a hurdle that the couple must overcome. The clinic, in contrast, can be understood as an organisational hub that through legal regulations of gamete providers and parental positions, together with procedures for sampling, screening, anonymity and storing, contains risks and guides couples through these processes.

A syringe and a pot

The couples in my study who undertake self-arranged conception use mundane household technologies to conceive. Commonly, couples use a pot for the sperm and a needle-less syringe for the insemination. This is illustrated in Hannah's account:

> You get a little syringe which is what you give babies medicine out of, you can pick it up from your chemist for nothing, and a little pot that just is sterilized. And anyone's got little pots lying around you can just boil it and then you've got your insemination kit. So, we ... that was a homemade job, wasn't it? (Hannah, 23, mother of one together with Anne, 34)

Hannah emphasises the ordinariness of self-arranged fertilisation. Couples often get syringes from pharmacies, a vet or ordered them online. Lydia's account of using this technology highlights the simplicity of the procedure:

> Like I say, it wasn't rocket science at all really. Just sort of think well we've got to get this to here somehow. Well I know, let's use a syringe. So that was it really. (Lydia, 33, mother of one together with partner)

Although clinical methods of fertilisation can be complex and high-tech, they are conceptualised in similar ways to self-arranged methods by couples in my study. Rather than conceptualising them through a medical discourse of infertility, lesbians perceive both clinical methods, such as IUI or IVF, and self-arranged methods, such as insemination by pot and syringe, as methods which enable conception; they all figure on the same scale. This is particularly highlighted in the experience of Angela, who together with her partner at the time, started by using clinical IUI, but moved on to self-arrange conception when this failed, thus going from more to less high-tech conception practices. Pot and syringe, or IVF, are not primarily seen as a treatments of infertility, but as methods to become pregnant. My findings add weight to those of Mamo (2007b), who suggests that lesbians experience no inherent difference between low-tech and high-tech methods.

Preparation, places and perceptions

A clinic can be seen as a coordinating site of conception that brings together multiple legal, material and practical dimensions of conception. I have demonstrated above that it also provides a procedure and place for fertilisation. While staff in clinics prepare the sample of sperm for insemination, this is something that couples who self-arranged do themselves. Sue, a non-birth mother, states:

> I get the taking [up] and the smell and the putting it up the syringe, and it's gloopy and it's stringy. And also I think because I did live a straight life when I really didn't want to be and I did, that is one thing that's always repulsed me more than any... So I'm there actually close up, syringing it up. And then I have to go and wash it all and clean it all and sterilise it all. (Sue, 34, trying to conceive together with Trish, 31)

Like Sue, many women in my sample see sperm as 'repulsive' and handling it is experienced as unpleasant, confirming the idea of sperm as dirt in Douglas' use of the term in the context of lesbian conception. After preparation, the non-birth mother, generally, inseminates the birthmother.

However, these practices are shaped by when and where couples can meet the donor and retrieve a sample. Couples who self-arrange conception have to arrange with donors to meet up at the time of ovulation. Such conception practices, importantly, are influenced by, and negotiated in relation to, the donor's parental position (as named/unnamed), and often, the lack of a place to 'do it'. In contrast to clinical conception, there is no designated 'place' for self-arranged conception, which in some cases matter for how it is experienced. Couples who conceive with the sperm of an involved donor can often inseminate in the comfort of their own home because the arrangement often stipulate that there is a geographical and/or personal closeness between the donor and couple. For couples who conceive with 'stranger' donors, the desire for a protective distance from the donor mean longer journeys and hence no 'place'. Meeting in a public place can also preserve anonymity and protect the couple from gendered violence or harm.

Organising and enacting donations and inseminations with 'stranger' donors are complex logistic exercises in which the physical aspects of conception (ovulation

and sperm lifetime) are coordinated with its practical parts (travelling, finding a place, and lying down during and after insemination) and its material parts (work). This is highlighted in Sue and Trish's account:

Trish   We went and got a sample off a donor [...] about 60-70 miles away. We had to go straight to work afterwards and we were literally like down to the minute so we got this sample, [...] this cup of sperm.

Sue   The original theory, as well, our car is the big black one out there. It's a huge 4x4 and it's got blacked out windows. So the original theory was, we put the back seats down, you can get a mattress in there if you want, but she could lay down in there with a blanket, no one can see in and I can just drive round a car park or something, nobody would know. No, our car breaks down, so we're left with her mum's very little Nissan Micra, which is open for everyone to see, very low down. So where did we go? Morrison's car park. (laughs) Find the furthest spot away that you can. So I found it. She's only halfway through putting this cup [similar to a diaphragm] in and all of a sudden this trolley bloke comes walking our way. I'm going to move the car. She said, don't, I'm going to spill it, don't go round the corner. Oh it was... And then all the way back she's going, it's not right, I think it's going to fall out. 70mph down the motorway, can you pull up? No, I cannot pull up. I'll just check. And them lorry drivers driving past. She's got her hands down her trousers. I'm like, you should wear skirts. It would be a whole lot easier if you wear skirts. (Trish, 31 and Sue, 34)

Trish and Sue's account demonstrate the complex logistic manoeuvres that are intrinsic parts of self-arranged conception. They attempted to organise a provisional private space (by putting a mattress in the back of a car with blacked windows) but failed and ended up inseminating in the open space of a small car. Couples experience the reality of undertaking self-arranged conception as demeaning, grim and unpleasant. Amy and Rachel's account further illustrates this point. They inseminated in the car whilst driving home from a meeting with a 'stranger' donor:

Amy	The dog sat on the bench, because there was no boot space.
Rachel	Seat leaned backwards to the dog.
Amy	Oh so the dog like in your face and everywhere. And the stink of sperm and the dog breath and going around the corners and all you can see is the sky. Oh it was so…
Rachel	Your legs up on the dash board with a towel draped across you. (laughs) Don't go around the corners so fast.
Amy	It was not romantic at all. It was horrible. (Amy, 28 and Rachel, 33)

The interviews show a stark contrast between clinical and self-arranged conception around issues of technology, method of fertilisation and place. Caroline and Gillian's experience of clinical conception as 'lovely', described in the previous section is contrasted in these accounts of self-arranged conception. The clinic, it appears, provides a purposefully organised and legitimate space for conception that couples can be part of, while self-arranged conception, particularly outside the home, is complicated, difficult and often humiliating. Cultural ideas of conception stipulate that it takes place in the home, or, more recently in a clinic. Assumptions about conception as 'natural' conceal the spatial, physical and material dimensions of conception exposed in lesbian couples' accounts. This also makes inseminating on the motorway culturally alien. The conditions of lesbian self-arranged conception, however, make such practices both necessary and commonplace.

Existing studies commonly represent self-arranged conception as self-insemination (Donovan 2000, Haimes and Weiner 2004, Mamo 2007b, Saffron 1998, Sullivan 2004) meaning that they tend to look at the 'insemination' but not the circumstances around it. Furthermore, the home is often described as the place for such inseminations (Chabot and Ames 2004, Luce 2002, Mamo 2007b). My findings, however, indicate that self-arranged insemination is a more complex exercise than the terms 'self-insemination' or 'home insemination' capture as it is organised between several parties in relation to issues of place, risk and trust. Equating lesbian conception with 'self-insemination' or 'home insemination' can obscure the complex process of coordinating time, space and activity that are its constituent parts.

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The procedures for undertaking self-arranged conception inevitably influence how couples perceive this method of conception. I have outlined above how Shelly and Rosie sought NHS treatment because they think that it signals legitimacy to Rosie's family, and how Linda thinks that the hospital takes away the 'squeamishness' of dealing with sperm. Self-arranged conception, where the sperm can be bought or sought online, is in contrast constructed as a less legitimate route. Compared to clinical conception, self-arranged is perceived, and experienced, as a polluting practice. Many couples in my sample who pursue self-arranged conception state that they prefer this method, but feel that it is regarded as a less acceptable method of conception. For example, both Lisa and Carol state that they take a proud stand on online forums for their and their partners' self-arranged conception *because* it is commonly negatively perceived. More notable, perhaps, is the fact that some couples in my study who undertake self-arranged conception report that they keep this a secret. Hannah and Anne conceived using self-arranged conception, but state:

> Hannah   I think it's been easier to tell people we went to a clinic even if we
> didn't. Truth be known. I think it is easier. Even to friends we say
> yeah we went to a clinic. Because then the conversation stops there.
> You don't get all these…
>
> Anne   Well how did this happen. […] What did you do. Did you do this
> and did you do that?
>
> Hannah   What did you do that with and… To avoid all that, yeah we went to
> a clinic and paid X amount of money, then this happened. […] That
> is what I told my parents anyway and that's the story I'm sticking
> to. (Hannah, 23 and Anne, 34)

Like Anne and Hannah, Wendy and Penny, who purchased 'online' sperm from 'Man Not Included' for their second conception, state publicly that they went to a clinic. Wendy explains:

> It's like somehow it being an Internet company is somehow clandestine
> and illegal and dirty and wrong. […] I think somehow going to the clinic,
> where there's doctors and there's stirrups and someone goes like that
> with the plunger and [laughter] and the sperm just goes there, and that

somehow... somehow that's okay, clean. Whereas a man arriving with a pot and you sucking the sperm into the syringe yourself and putting it into your own vagina, or your partner doing it, and doing that is somehow dirty. And it's like same thing actually, just much more relaxing because you can watch telly afterwards. (Wendy, 36, mother of one together with Penny, 36)

The clinical route, in Wendy's words, represents a 'clean' route for lesbians to conceive while purchasing sperm online and preparing the sperm oneself, is seen as 'dirty'; it is 'clandestine and illegal and dirty and wrong'. Following Douglas (1966: 3), the handling of sperm (dirt) is dangerous and transgressive and therefore triggers pollution behaviour. Wendy's account highlights how the clinic, through doctors, stirrups and plungers, is perceived as providing a set of intermediary rituals. While Wendy critiques and deconstructs the distinction between the clinic and home, saying that the process is essentially the same, she and her partner also keep their conception route – buying sperm online – a secret.

Thus, a clinic not only contains and organises the intrinsic parts of donor conception, but also holds cultural legitimacy. Couples who pursue self-arranged conception not only lack geographical, economic or formal access to clinics, but also the discursive power to put into words an experience of conception which transgresses legitimate conception practices.

GOING THE DISTANCE

The last section of this chapter explores the effects that the process of donor conception has on lesbian couples in my study. I explore both its practical dimensions, represented in the management of distance, and emotional and intimate dimensions, i.e. how lesbians experience their conception process as a whole.

Managing distances

As I have demonstrated above, couples' choices of donors and clinics are severely limited by the difficulty of accessing a clinic and the legal and health-related complexities of self-arranged conception. Identifying a clinic or a donor is such a difficult exercise, and requires such an investment of effort and time, that couples

are often reluctant to revise or revisit these arrangements. Furthermore, options to find other arrangements are limited. It follows that once couples find a clinic or a donor, they often need to manage long distances:

> He had an 80-mile each way journey to get to us every time and he was coming twice a month. (Lisa, 29, mother of one together with partner)

Couples' accounts indicate that fertilisation, both clinical and self-arranged, is negotiated around the practical issues arising from managing geographical distances. This is in line with Franklin's (1997) study of heterosexual IVF. Distances become, in couple's experiences, a significant practical dilemma that they must try to manage as part of their everyday life. Caroline and Gillian had a two hour trip to get to their clinic:

Caroline   We started off doing the monitored cycles, because I wasn't then at work and we could do it, because it was over the summer holidays. But it's just so exhausting going up five or six times during the month. And we didn't tell our families that we were trying. So, it was all, like, you have to drop everything and go and explain … you've got things arranged and then you have to cancel them at the last minute and the whole thing's just a complete nightmare.

Gillian   We didn't tell our families because we wanted to be like normal people. And they don't tell anyone do they? (Caroline, 30 and Gillian, 56)

Gillian's remark indicates a desire for the couple to be 'normal' (which I explore further in Chapter 8), and what is socially expected of women and couples who pursue conception. Conception is culturally constructed and socially organised as a 'private' activity. For some heterosexuals and all lesbians, this is not so. The practicalities of reconciling unpredictable and uncontrollable ovulation with geographical distances and commitments to work, family and friends have a large impact on couples' everyday life. This is further illustrated in Rachel and Amy's account. They live in south Wales but found a donor online in the south of England:

Amy   This was the bloke in [City]. Which was an absolute bloody
        nightmare.

Rachel Yes, because you had, obviously try and work out, when you know
        is gonna be the appropriate time and date. And with both our jobs
        because Amy is on calls and me having meetings booked- […]

Amy   It was down in [City] so you cannot just go down in the evening
        can you. […] It's like three and a half hours isn't it, in the car. […]
        Each way. Oh it was, and we kept going down on the wrong day
        and it was so destructive because it came out with petrol and hotels
        and all this effort. And it didn't work. […] The problem was with
        the ovulation test you don't know until that day. And oh great I'm
        on call today. I can't go you know. (Amy, 28 and Rachel, 33)

The physical, practical and material hurdles created by a combination of work constraints, costs, timing of ovulation, and travel arrangements – and, for some, problems with conceiving – can force couples to consider alternative options. Sophie and Lizzie signed up online and paid for sperm delivery by 'Man Not Included'. However, it turned out that Sophie had fertility problems which made tracking ovulation difficult and this required medical supervision. This, however, was not included in the price of the service. They went from the northwest of England down to London to see the firm's consultant:

> This guy's in London so it cost us… it cost us, it cost a fortune to go up there to stay overnight to go and see him and everything. So we were, we were a bit – we've already paid over £3000 for this, about a few hundred pound to go to London for this one trip, this guy wanted us to start coming over to London every… to be treated in Harley St. Could we? Not really. (Sophie, 40, expecting a baby with Lizzie, 41)

'It is like a job'

In Euro-American culture conception is traditionally an outcome of sexual intercourse. It is thus discursively linked to pleasurable sexual activity between two partners. My data, however, indicate that lesbians who conceive experience both the process and the moment of conception differently. The majority of couples in my study state that the practical, material and physical hurdles that they

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encounter when they try to conceive, as rehearsed above, make such processes immensely stressful. Conception, a majority experience, put a strain on, rather than enhance, their relationship as a couple:

> ... the thing that I think is important about the whole thing, if somebody asked me to stress one part of it, that is that it is incredibly stressful. And I think the impact it has on your relationship as a couple is just unbelievable. It's awful. (Carol, 32, expecting a baby together with Holly, 28)

Several women in my study have experienced pursuing conception with previous partners where that relationship broke down under the strain imposed by conception. Many couples, like Carol and Holly, speak of how the stress of trying to conceive negatively has affected their current relationship. Angela's account illustrates this vividly:

> We sort of battled on with [clinical IUI] for about a year and at the end of that I think we had one of our biggest rows in terms of our relationship. We were out walking the dogs and, we came to that we were screaming at each other. [My partner] was basically saying I need to stop. I just need to stop. I can't do this anymore. And I just remember sort of like going, just losing it just totally losing it. [...] And I knew she was right, I did agree that we needed a break but I was saying to her I am not ready to stop doing this. Don't ask me where we are going next but I am not ready to stop doing it. (Angela, 42, single mother of one)

Franklin (1997) indicates that stress is experienced by the proportion of heterosexual couples who undergo IVF treatment. For lesbians, whatever the route to conception, stress appears to be an intrinsic feature of their pursuits. While some couples in my sample want conception to be romantic and intimate, most find that the reality of pursuing it is far removed from pleasure and sex. This is illustrated in Laura and Victoria's account:

> Laura   We tried to be all romantic.

Victoria   We had music and candles and all that, but that only lasted about twice. Just because you think to yourself, you know, it might not work. And I guess that must be the same with...

Laura   We were the big romantic weren't we, thinking if we've got this music playing we can always say that this song was playing... we just gave up with that in the end. It does become a chore. (Victoria, 47 and Laura, 33)

The material, practical and physical difficulties of trying to conceive take over:

> It's gruelling, it really is. It is like a job. It's like working and it shouldn't be. It should be something that's ... that you're enjoying the experience but you just can't. (Hannah, 23, mother of one together with Anne, 34)

Lesbian couples in my study associate conception with work, not pleasure. This resonates with how the small proportion of heterosexuals who face 'infertility' problems and treatment experience this (Franklin 1997: 123ff.).

CONCLUSION

Comparing couples' accounts of clinical and self-arranged conception, the interviews indicate that clinics help to 'contain' the fractured process of donor conception. This comes to the fore in the complex negotiations integral to self-arranged conception described in this chapter. The clinics vet the sperm, regulate anonymity, provide methods of fertilisation and a conception space. Self-arranged conception, in contrast, contains for couples by necessity far more steps regarding the donor (for example, agreements, testing, trusting), is more complicated to undertake, and far riskier. The clinic, Thompson (2005) suggests, can be seen as a site of conception that organises and coordinates intended conception and parenthood. My study indicates that lesbians, both inside and outside clinics, negotiate the fact that this coordination already is in place – those in clinics turn to clinics partly because they contain the fractured process of donor conception (legally, practically, socially), and those outside clinics must manage the fact that their conception practices are made more difficult by the fact that, legally and socially, they are not perceived as undertaking donor conception. The organisation of the clinic, particularly it being commercial, creates the need for self-arranged

conception for those who cannot afford clinics and the different forms of exclusion built into licensed donor sperm means that self-arranged conception can be experienced as the preferred, if not the only, possible way to conceive.

The different contexts of clinical and self-arranged conception processes have implications for how they are experienced. I have demonstrated that couples who conceive in a clinical context understand the donor, donor sperm and treatment through the discussion of the commercial market economy, forging connections between commercialisation, promises of a particular child, genetic material, constructions of kin and methods of achieving pregnancy. The clinic is also seen as a clean, legitimate route. In contrast, self-arranged conception must be carefully managed through reciprocal trust, in addition it is seen by some as 'dirty' and lacks the legitimacy invested in the clinic.

Thus, lesbians choose between a costly or a risky conception process (manifested in the costs of clinical treatment, regulations of parenthood and limited access to NHS clinics). Clinical conception is an easier and safer option. Lesbians who are excluded from clinics, either because of financial reasons or as a same-sex couple, are also excluded from safer conception practices. Lesbian reproduction would be made safer, less stressful and more accessible compared with heterosexual reproduction in a society which offered local, low-cost, health checked, regulated donor insemination to lesbians across England and Wales. As it is, the English and Welsh society in which lesbian couples undertake conception can be understood to produce and maintain social and material barriers against lesbian reproduction and reinforce cultural, social, legal and political heterosexually reproductive hegemony.

Although the English government in recent years has introduced legislation which protects same-sex relationships and families, and in that sense pays tribute to the European Convention of Human Rights, my findings indicate that lesbian couple conception is at the best very hard to achieve, and at times, it is virtually impossible. I suggest that the English and Welsh law excludes rather than includes lesbian couples from the right to a family life. This is highlighted by that the HFEA (2003) 'express concern' about fresh sperm services – a service which at the time *was* accessible for lesbians – without granting them access to funded clinical treatment.

The HFE Act 2008 now makes provision for two women to be included as parents on the birth certificate if the couple are civil partners (HFE Act 2008, section 42:1); a lesbian couple in which the partner has agreed to the treatment of the birth mother in a licensed clinic are automatically the legal parents of the child (section 44:1). However, lesbian couples who do not have access to, or cannot access, licensed clinics (for example for reasons related to financial costs or location) are excluded from these safeguards as the HFEA 2009 states:

> Couples who carry out home insemination are not covered by the new law nor by the safeguards it offers. The HFEA recommends that people seeking to donate sperm or to use donated sperm in their treatment do so only through the UK's licensed clinics. This includes cases where the donor is known to the recipient. (Human Fertilisation and Embryology Authority 2009)

The interviews indicate that one of the major reasons why couples do not seek licensed treatment is because of the associated costs. Lesbian couples who cannot afford the costs of clinical treatment, and whose only choice it is to self-arrange conception, are continuously marginalised in British society as they are left to design and undertake a conception process which is risky, difficult and not legally safeguarded. It is unclear if and how lesbians' access to NHS funded treatment is changing and whether lesbians in England and Wales will remain largely excluded from reproduction and the EU convention purportedly safeguarding all citizens' right to a family life, as is currently the case at the time of writing.

CHAPTER 7 ORIGINATORS AND ORIGINS: COUPLE CONCEPTION AND DONOR MANAGEMENT

INTRODUCTION

The previous two chapters cover the material and practical complexities of lesbian couple donor conception. While in Chapter 5 I explored couples' processes of selecting donors and making donor arrangement agreements, in this chapter I focus the analysis in more detail on how couples communicate with donors, obtain a sperm sample, perform inseminations, and conceptualise the kin value of donor sperm. The interviews indicate that lesbian couples put great emphasis on how such practices are performed and I now turn to investigate what meaning couples in my study understand them to carry.

As already noted, lesbian couples in my study enact conception and parenthood in the context of Euro-American kinship beliefs. I have previously rehearsed the ideas that sexual intercourse between loving heterosexual spouses is a key feature of such beliefs (see Chapter 3, section 'Nature and sex in Euro-American kinship discourse'). To briefly reiterate some of the central understandings of such a discourse: it emphasises the sexual relationship between husband and wife and constructs conception as an act characterised by love and sex as well as by biological connections and congruity between parent and child and between siblings (Schneider [1968] 1980: 51f.). Morgan (1996: 76) notes that heterosexual penetrative sex, which may lead to reproduction, is normatively socially constructed and defined as the 'essential' sexual act. Related to such ideas are constructions of parenthood defined as a person's biogenetic tie with her/his offspring (Strathern 1995: 348).

Lesbian conception transgresses such cultural beliefs: it does not involve heterosexual intercourse, and, as a consequence, challenges notions of biological congruity between parents and child. Nevertheless, my analysis indicates that

lesbian couples desire, construct and enact conception and parenthood as processes they initiate, design and have ownership over together as loving partners in a couple. This results in an irresolvable tension between the construction of the couple unit as the conceiving agents and parents, and conception involving a sperm donor and donor sperm. This chapter investigates couples' practices and desires to conceive as a couple and how they relate to the donor in this process; it explores how couples manage the donor and his perceived potential to destabilise their ideal way of becoming parents.

The chapter builds on an analysis informed by research into how family and kinship are made and understood in the context of gamete donation (discussed in Chapter 3, section 'Kin connections in assisted conception'). As noted in Edwards (1998: 158) and Thompson (2005: 5), the multiple practices and understandings of kin in the context of gamete donation can appear contradictory (see also Howell 2003). I have found this to be true also for lesbian couples' engagements with and conceptualisations of donors and donor conception. Inspired by the work of Edwards and Thompson, I do not attempt to resolve the tensions in my data. Rather, I look at how movements between practices, ideas and discourses that may appear contradictory make sense within it. I do so by focusing on couples' coordination, delineation and management of conceiving using a donor.

In this chapter, I return to Douglas (1966) to develop a conceptualisation of sperm in the context of self-arranged conception (see Chapter 2: 'Introduction'). I also take further the idea that lesbians manage conception by disassembling and reassembling its material and cultural dimensions. Drawing on Thompson's analysis of an 'ontological choreography' in infertility clinics, I use the term 'choreography'. Following the Bloomsbury English Dictionary (2004), I use a definition of choreography as a combination of the following: 1) 'the planning of movements for dancing', 2) 'the steps and movements planned for a dance' and 3) 'the carefully planned or executed organisation of people, things or an event'. Rather than emphasising the coming together of things of different ontological orders, as Thompson does, I use choreography to describe what I consider to be the conscious coordination, enactment, movement and management of donors, donations and inseminations.

In addition, as noted in Chapter 3 (section 'Genetic origins and personal identity') Edwards' (1998, 2000) ethnographic perspectives have been helpful,

particularly her ideas on new reproductive technologies, family connections and kinship in England with regards to notions of roots. Carsten's (2004) and Strathern's (1992b, 1995, 1999, 2005) studies of the relationships between conceptual and interpersonal relatedness, information, knowledge and personhood in the Euro-American context have also been influential. The chapter also draws on Morgan's (1996) depiction of family as practice. In particular, I have found useful Morgan's analysis of bodily practices and temporal and spatial organisations as performances that construct family and family boundaries. Morgan (1996: 146) suggests that the designation of, and contention around, front and back stages in the home shape family intimacies (see Chapter 3, section 'Late modern family formations'). He also notes how the organisation of time and space can be understood to be constituted by, but also constitute, family boundaries and relationships (1996: 141).

The chapter begins with an analysis of how lesbian couples relate to the donor in their conception practices. I discuss how couples manage both donations and inseminations. I thereafter explore lesbian couples' desires for named or unnamed donors in relation to the perceived parent and kin value of the couple and the donor. While couples' desired arrangements with named/unnamed donors may not have 'been fulfilled' in the sense that a child was produced, this section explores how couples, in their accounts of such conception experiences, conceptualise the donor's kin position in relation to them as a couple and to a potential future child.

MANAGING CONCEPTION

Clinical conception generally stipulates that couples and donors relate to each other in an unnamed, anonymous way. In the clinic, couples are passive in the context of obtaining a sperm sample as the clinic does it for them. In contrast, in self-arranged conception this must be managed and organised between the couple and the donor themselves. In practical terms, this means for participants in this study that the donor masturbates, ejaculates into a pot, then hands over the pot with the sperm sample to the couple who perform the insemination. Such processes stipulate both proximity and contact between couple and donor, which is often in tension with couples' desires to maintain a distant relationship with donors. This issue is particularly strong in 'stranger' donor relationships (as

outlined in Chapter 5). Furthermore, such practices have strong sexual connotations and are associated with intimacy, yet are here conducted in a setting where there is no sexual or intimate relationship between the participating couple and the donor. Thus, there is a tension between, on the one hand, sexual and intimate practices (undertaken by donors and couples) and, on the other hand, sexual and intimate relationships (in which the donor and couple are separated).

This section particularly draws on Douglas's (1966) notion of demarcation as a way of constructing an impression of order. She writes:

> ... ideas about separating, purifying, demarcating and punishing transgressions have as their main function to impose system on an inherently untidy experience. It is only by exaggerating the difference between within and without, above and below, male and female, with and against, that a semblance of order is created. (Douglas 1966: 4)

I have indicated in Chapter 6 that lesbian couples in my study typically regard sperm as dirt: while the clinical process is perceived to 'neutralise' the pollution of sperm, self-arranged conception is seen as more 'dangerous'. My analysis, looking at how this 'danger' is managed by couples who self-arrange conception, indicates that couples undertake, consciously and carefully, rituals when retrieving sperm donations and doing inseminations in self-arranged conception. I have found Douglas's suggestions that an 'inherently untidy experience' is ordered through demarcation particularly useful when analysing couples' accounts.

Choreographing donations

When planning and pursuing self-arranged conception, couples must establish and maintain contact with donors. Donation arrangements are commonly lengthy processes that require couples to maintain a working relationship with the donor over a period of time. In 'stranger' donor relationships, such contact can be experienced as a challenge. Joanne and Pippa in south England contacted a 'stranger' donor online and had phone contact with him before the donations were planned to take place. Joanne states:

> We ended up having conversations on the phone and he could talk for England so we got on the phone for three quarters of an hour at the time

and it would always be got to that stage where, [sigh]... you do it, you call him. [...] And our friends said, our gay friend she said you just have to think of it as a business meeting. You know you have to go to these business meetings and you have to shmooze people and kind of get to know them and keep them sweet and then you go away and you are like... Ok yeah. We'll see it like that. (Joanne, 26, trying to conceive together with Pippa, 35)

Joanne's account indicates that she and Pippa sought to maintain a working relationship with the donor to obtain the donation, but that doing so was not without difficulties. This was a relationship with a man who they saw as a 'stranger', and so the couple did not feel the need to 'get on' with him as a friend. However, in practice, the couple had to maintain the relationship with him as though they were friends, thus blurring the distinction between 'stranger' and 'friend'. However, through a 'professional' discourse – i.e. by comparing the arrangement with a business procedure – the couple construct their donor relationship as a business relationship. They can approach it is an impersonal one.

Anna and Sally's account of when they first started inseminating and meeting up with donors further illustrates how couples commonly aspire to create bounded, distant and non-familiar relationships with donors. Anna and Sally pursue conception with a 'stranger' donor whom they had contacted online. When I met them, they had tried to conceive with two previous donors before they got into contact with their current one. Their account highlights tensions and contradictions in their meetings with donors:

Anna   It has always been in my mum's house. [...] So we have invited them there and it was sort of like, do you want a coffee or something. And we usually have a little chat for about half an hour to an hour. On the first meeting. About half an hour. But with Tim now it is about two hours. But that is only because he drives for four hours. And I can't just go right, get in there, get out. You know what I mean.

Sally   I did make him a sandwich yesterday and a cup of coffee. (Anna, 32 and Sally, 33)

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They continue by describing how they understand their relationship to their donor:

Anna   We don't want him feeling like...

Sally   ...they are part of the family. Because they are not sort of thing you know. And I know that sounds really cruel but.

Anna   I don't want that.

Sally   If we keep up a rigid barrier, then they will always know that that barrier is there. And there is no starting let in [the donor].

Whilst the couple used to meet donors at Anna's mother's home, their current donor travels to where the couple lives. When he comes, he stays over in one of the couples' two apartments. In the interview, Anna continues by illustrating how she organises the donor's visit:

It is like yesterday. Although he slept at our other place down the road, I got the sofa bed out for him. He wouldn't sleep in our bed. I got the sofa bed out in a different room. We weren't in the same house as him and he wasn't in our bed. So it was like he, almost staying in a guesthouse really.

Anna and Sally want the donors to remain separate from what they see as family, and they actively seek and construct a demarcated relationship through which the donor remains 'outside'. Their account, however, indicates that there is a tension between this ambition, and retrieving a donation in practice. Anna indicates that they converse for two hours with their current donor and, this time, Sally made him sandwiches and coffee when he arrived. He also stays as a guest in their flat. Such practices transgress, rather than preserve, social boundaries between the familial and non-familial, intimate and non-intimate.

The couples can be seen to rectify this ambiguity and transgression through Anna's choreography of where and on what Tim sleeps. Through this, she says, it is 'almost like staying in a guest house'. Morgan (1996) suggests that intimate and family life is structured through front and back stages:

Family relations not only determine what and for whom particular spaces are defined as front or back stages, public or private; the prior or ongoing

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designation of such areas also helps to shape the relevant circle of family or other intimates. (Morgan 1996: 146)

The choreography of the donor's sleeping place carry important symbolic meaning: it excludes the donor from the intimacy and the family of the couple. Following Douglas (1966: 4), the couple can be seen to exaggerate the distinction between sofa and bed, and the difference between the donor staying in the home where they are staying, or in a separate home, to demarcate the donor from the couple's intimate world, thereby creating a bounded relationship with him.

Practices characterised by demarcation are also important to couples in terms of public and private spheres. Masturbation and ejaculation are socially constructed as sexual, intimate and private events, but in this context of lesbian conception are somewhat different. As a result, the practical set-up is fraught with tension that requires careful and ongoing management. Emily and Poppy tried to conceive with a named but uninvolved donor who half-way through the arrangement moved to live in a communal household with other families. The couple used to go and visit at the time of ovulation to retrieve a donation but experienced the donor's communal living arrangements as a challenge. Emily says:

> I didn't particularly feel comfortable with the idea of, in a general sense, [that the other people there were] knowing that we were trying to have a baby. But it's kind of more intimate than that. You know, we went there; we sat round the table; and then he has to go upstairs and they're all going, yay, go on, go on. And it's like this is just... you know, it's losing any sense of comfortable... I don't know... it just felt weird, you know? Then he comes down all red faced and then they all take the mick out of him and then we have to go upstairs and everybody knows exactly what you're doing, you know, in a kind of literal sense, not in a general sense. You know, oh, yes, they're trying for a baby. You know, now I know exactly what you're doing upstairs with that yoghurt pot. (Emily, 36, trying to conceive together with Poppy, 32)

Emily's account indicates that retrieving a donation is an untidy and polluting activity, but that it can be made more ordered and cleaner if a demarcation between private and public can be achieved (Douglas 1966), and donation and

insemination can be constructed and sustained as private practices. The presence of others violates these constructed boundaries, making it impossible to manage it as a private act. Douglas (1966: 3, 36) suggests that pollution behaviour is utilised to uphold a bigger system; it can be understood to represent structural social distinctions. Emily's management of the event of sperm donations can therefore be seen to uphold structural separation between private and public.

Holly and Carol are expecting a baby conceived using self-arranged donation and insemination with an involved donor. The donor, who lives nearby, used to come to the couples' house and to donate each cycle. The couple indicate that it was important where the donation took place and state:

Holly   We said he couldn't go into the spare room because that had got all [niece's] things in there, and like little… she's got a little bed and everything in there and that felt…

Carol   I don't know why that would seem so wrong but it did.

Holly   That felt more wrong than him going into our room. And he was the one that said, no, no, I'll go in the bathroom, because that's a neutral space. That's what he said. And then I didn't feel mean about him being in the bathroom because he… I don't know, you just feel like I don't want to make him go in there and… I don't know. But I was happier when he said he'd go in the bathroom. Just in case he spilt something on the bed really. (Holly, 28 and Carol, 32)

Carol and Holly's account highlights how the masturbation is organised in terms of domestic space. The way in which the donor moves can be seen as choreographed in what I would argue is a 'donation dance': he can masturbate in the bathroom, possibly in the bedroom but not in the niece's room. His movements are choreographed in a routine that contains the potential of the masturbation to pollute 'symbolic systems of purity' (Douglas 1966: 35). Through consciously choreographing the event in space, the couple imposes order on what is otherwise an act that would pollute them and their home.

Pollution rituals also have temporal dimensions. Rachel and Amy have tried to conceive using three donors. When they used the donations of a previous donor, Rachel and Amy met up with him on a service station on the motorway.

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> We texted to see if he was there, see if we could meet up. Text him again when we were [on the way]. Saying we are about 20 minutes away from the service station. Get going, get going. And then, we texted when we arrived on the station at which point he had already done his deed into a little pot. (Rachel, 33, mother of one together with Amy, 28)

A second donor invited them into his home, suggesting that they could watch TV in the sitting room while he masturbated in another room. However, the couple was uncomfortable doing this and did not want to wait for him while he was masturbating. They explained how they, in the next donation cycle, therefore tried to manage the event differently, but felt unease when the donor disrupted the intended choreography:

> Amy   Then at the time when he was conceived we tried to avoid this thing so I text him I was or rung him as we were coming in to [City] said we will be about 15 minutes off you go. So then we arrived and he lived on like a top floor flat. So I tooted out, rung the bell. And he came to the intercom thing and said oh I haven't finished. It was like oh God. So then he says do you want to come in? So Rachel was there chuckling away in the car. I had to go all the way up to this top floor flat and sit, on the stairs outside his flipping door waiting for him to finish doing… Oh it was awful.
>
> Rachel   The first two were much better because they brought it, pre-done and that was it. But with him he got a bit of a kick out of actually knowing that we were there waiting. (Amy, 28 and Rachel, 33)

In this meeting with the donor, the couple seek to choreograph the timing of the donation so that they are distant from the donor's masturbation in space and in time. Their preferred setup is highlighted by Rachel's remark towards the end of this quote: the two earlier sperm donations, where the donors had 'brought it, pre-done', as Rachel states, are narrated as positive experiences.

This indicates that although there is no cultural script for how self-arranged conception should be done, lesbian couples design their own, symbolically meaningful, rituals. I argue that such rituals aim to create distance and manage the polluting potential of donor sperm and donations. Thus, self-arranged conception

practices, as well as clinical conception, are carefully undertaken and assessed in relation to the 'dirt' that donor sperm presents.

It was also of great importance for the couples that I interviewed that they did not have, or were not perceived to have, any sexual involvement in the donor's donation. Their contribution was not defined in sexual terms:

Penny   Our contribution to it was… to share the embarrassment was that we went off to a sleazy part of town and bought him some gay porn mags.

Wendy   We bought him some gay porn mags to assist him on his way. (Penny, 36 and Wendy, 36)

Holly   We have had it easy, haven't we? We only had to make his tea.

Carol   Only had to make him vegetarian bake. In exchange for his deposit. (Holly, 28 and Carol, 32)

The fact that masturbation has strong sexual connotations is therefore something that is particularly fraught with tension in the accounts. Emerson (1970) and Meerabeau (1999) indicate that sexuality and embarrassment must be managed in settings that are intimate but are not defined as such. Meerabeau (1999: 1511) notes that it is particularly difficult to manage routine sampling of sperm in a health care context since it has strong sexual overtones. Carol and Holly state that they would go to another part of the house, as far away as possible from the donor, while the donor was masturbating:

[We went] as far [as we could] into the conservatory and put the music on really loud so we didn't have to hear any of it. […] (Carol, 32)

Carol's account indicates that they manage the sexual connotations of masturbation, something you might 'hear', by spatially distancing themselves from the donor. Lesbian couples in my study construct donations as non-sexual by managing details of the scene in which it is undertaken (compare Emerson 1970: 75). Ambiguity is not tolerated, so can require adjustment if boundaries are to be maintained. Holly recalls:

It was funny, one time, because he always used to go in the bathroom. But on the last time he went up and he come back down and he went, I'm finding it really difficult today, because he hadn't brought his PDA with his pictures of ladies on. And he said, it's just not happening, can I use the conservatory and use the computer? So, then we were like... felt awkward to be on the same level, but we didn't want to sit upstairs. So we were like, yeah, okay. And we went a walk along the canal, didn't we. (Holly, 28)

To sustain a definition of the donation as non-sexual and 'clean', Holly and Carol move outside when the donor move downstairs, all of them moving in a sort of 'dance'. In this way, the spatial demarcation between couple and donor is maintained.

Like Holly and Carol, Joanne and Pippa seek to remain separate from the act of sperm donation by choreographing the event in time and space. The couple kept in telephone contact with their donor, and after about six months of discussing, the donations were due to start. They had agreed with the donor that he would come to their home, do the sperm donation in the bathroom and then go for a walk as the couple inseminated in the bedroom. Just before the donor's visit, he told the couple that he had changed his mind about this. Pippa recalls the phone conversation with him:

He said well maybe I can do it in the bedroom. And I went, right [hesitates]. Ok you know. I just thought oh, you know in our bedroom. You know I thought maybe he doesn't want to do it a cold bathroom with a cold floor so maybe we could give him the bedroom and then he'll come out and go for his walk and we'll do the rest. And I was like, right ok [hesitates]. And then he said, I don't know, I think it is quite impersonal what I'm doing. And we said yeah that is the nature of what you are doing. And he said well, I wonder whether you could both be there. And we went... oh well I did, I went sorry what? And he said oh I wonder whether you'd be there. You know whether you'd sit on the bed while I'm doing what I'm doing so it would feel a little more personal to me. And I just... and I jokingly said what, you know, what are you talking about. And he said well I wouldn't get you to touch me or

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anything. I just want you in the room. And I was like right ok. You know and I wouldn't want you to do anything you know maybe you could take your top off. And I went eh... eh...[stutters] I said I'm sure this isn't ok and I can guarantee that Joanne will absolutely say no there is no way. (Pippa, 35, trying to conceive together with Joanne, 26)

The way in which Pippa narrates this experience highlights the ways in which the donor violates the couples' intended choreography of the event. Contrary to their previous agreement, the donor wants to change the place of the donation from the bathroom to the bedroom. He also expresses a preference for the couple to be present at the time of masturbation. Pippa's uneasiness with his desire to 'make it more personal' indicates that the couple perceive the donation as an impersonal activity. In a carefully choreographed 'donation dance', the couple seek to uphold their definition that the donation is non-sexual. He, on the other hand, construct the meaning of the masturbation, for both them and him, as sexual and personal, thereby transgressing boundaries of intimacy, integrity, closeness and sexuality. Joanne comments:

It is completely... everything about that is wrong on so many levels you know the boundaries that that we have, he is just completely overstepping the line. (Joanne, 26)

Joanne and Pippa's choreography is designed to contain the transgressive and dangerous dimensions of the donation. Their accounts also suggest that such rituals can have important safety implications in protecting the couple from risks of gendered violence, such as sexual abuse and rape. The primary aim of this choreography for the couple, however, I suggest, is signalled in Joanne's account about how she responded to the donor:

I just sort of said to him well I you know, I can see that you want this sort of spiritual connection and that is all to feel like we're doing this wonderful thing and we are creating this baby and we're all in it together and it is all so fantastic I said but, perhaps that is not what this is about. You know this is your desire to have all of this. You know this isn't about the three of us making this wonderful thing I said it is about me

and Pippa wanting a child. [...] He didn't have that status in our relationship at all. And suddenly he expected to be right in the centre of such a personal moment I mean…It was just wrong. It was wrong wrong wrong wrong. (Joanne, 26)

This account indicates that Joanne and Pippa's 'donation dance' is meant to separate the donor from the couple, placing him 'outside' and the couple 'inside' the process. It is, in Joanne's words, about 'me and Pippa wanting a child' and he 'was not part of that'. The couple construct themselves as the originators of conception.

Ejaculation and conception are culturally considered intrinsically linked. Lesbian couples separate them – the donor does one and the couple the other – and the boundaries between the two must not be crossed in either direction. By exaggerating differences, the donor is separated from the intimacy and privacy of the couple. Choreographed rituals contain him as a person; make the donor-couple relationship distant (rather than intimate); demarcate donations as a solitary private activity (not a public one shared with the couple); help define donations as non-sexual; and place the donor 'outside' the couples' conception process. These rituals – this pollution behaviour – I argue can be seen as ways through which couples manage that which metaphorically transgresses culturally significant structural distinctions not only between private/public, but also between heterosexual/homosexual. When all goes right, couples create and maintain the distance implied in a 'stranger' donor relationship. When it goes wrong, as it did for some couples, the sought separation is threatened. This is forbidden and was, accordingly, met with zero tolerance by couples in my study.

Designing inseminations

As with sperm donations, my analysis indicates that inseminations are purposefully managed and organised. Couples' accounts highlight a central theme: the donor is displaced from insemination. Such displacement emerges in couples' accounts about the spatial arrangement of donations and inseminations:

Sue   He arrives and he goes up to the bedroom.
Trish   Does his thing.
Sue   Leaves his little deposit.

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Trish   And then he leaves.

Sue   Or he'll go downstairs [...] while we then go upstairs. (Sue, 34 and Trish, 31)

Demarcating the donor from the insemination is particularly emphasised in accounts that acknowledges the sexual and intimate dimensions of insemination. Couples are constructed as separate from the donor's donation; equally the donor is constructed as separate from the practice of insemination:

> [T]o me, no one else is touching you, whether it's to try for a baby or not, to me it's inviting a third person into that relationship, isn't it? (Sue, 34, trying to conceive together with Trish, 31)

Sue's account indicates that sexual intercourse with the donor is seen as violating the sexual relationship of the lesbian couple. Behind her comments lie an experience widely reported by the couples: that donors contacted often insist on 'natural insemination' (meaning sex), rather than 'artificial insemination' (meaning insemination with a syringe). Anna and Sally's account provides an illustration:

> Anna   I had one [donor] with photos saying that he would only be interested in natural [insemination]. Because A.I. [artificial insemination] is not as successful this sort of stuff. I'm sorry but we are a lesbian couple.
>
> Sally   And by the way when we say lesbian we actually mean that we are lesbians. Not waiting for the golden cock to come along. (Anna, 23 and Sally, 33)

The women interviewed experience suggestions of sexual intercourse or transgressions of intimate and sexual boundaries with great unease and discomfort. Rachel and Amy, who, as noted above, went to their donor's home to pick up a sample, emphasise in the interview that donation and insemination are separate events and that they therefore want a spatial distance from the donor when he masturbates and they inseminate. They state that they, unwillingly, however, waited in his house while he masturbated:

Rachel … and then we did a run for as quickly as possible. He was like do
        you want to stay here and do it and stuff and we were like oh…

Amy No way [shouts] (Amy, 28 and Rachel, 33)

Rachel and Amy's account suggests that they were made part of the donor's intimate sphere. When they had retrieved the donation, they left as soon as possible to inseminate elsewhere.

Harriet and Julie previously wanted to conceive using a named donor, and got into contact with a donor online. Like Rachel and Amy, they travelled to where he lived for a sample with the hope and assumptions that the donor would leave it at their hotel and then depart. The donor, however, insisted that he should stay and do the insemination:

Harriet We went up then and tried one insemination which was a little
         uncomfortable.

Julie It was dreadfully uncomfortable actually.

Harriet Because he was a medical doctor he insisted on doing the
         insemination himself which shocked me, so much so I couldn't say
         anything else and so it was kind of, as soon as he was in the room it
         was like, I'm really not comfortable with this. […] We went […]
         and stayed in a hotel near where he lived and worked and then he
         called over with a sample and did the whole thing and he stayed for
         about an hour afterwards while I kind of just lay there and, I mean
         he was very pleasant to talk to and everything but… It's got to be
         one of the worst experiences of my life and I was thinking, this is
         not the way I want to have a child. (Harriet, 36 and Julie, 30)

The donor, it would appear, construct the insemination as a medical practice, something he, being a doctor, see himself best suited to perform. He did not suggest heterosexual intercourse, but insisted on inseminating Harriet. This is a role that Harriet and Julie experience as wrong as they see insemination as a practice that is distinct from sexual intercourse but also, importantly, separate from the donor.

This illustrates a central theme in the coordination and organisation of self-arranged conception: the separation and breaking apart of its constituent elements

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(in this instance donation and insemination). These are in turn choreographed events, which are individually and carefully managed.

Couples' accounts indicate that the practice of inseminating also carry meaning for the partners in the couple who undertake them. Many couples describe how important it is that both partners take part in, or are present at, the time of the insemination. This is captured in Gillian and Caroline's account:

Petra   Did you go together [to the clinic] every time?

Gillian   Every time.

Petra   Was that something that felt important?

Caroline   Very important, yes, definitely.

Gillian   I think so.

Caroline   I wouldn't have gone if you hadn't been there as well. (Gillian, 56 and Caroline, 30)

Mamo (2007b: 141) indicates that lesbian couples' vision of a shared parenthood is highlighted in how couples who self-arrange conception cooperate at the time of insemination. My interviews suggest that both couples who conceive clinically and these who arrange their own conception see it as important to undertake the insemination together. It is also seen as a special event for the couple. Pippa and Joanne (whose previous donor tried to make the donation sexual) eventually found a donor whose sperm they now use for insemination. Inseminating for the first time felt emotionally powerful for both partners. Pippa states:

You know we were just lying in bed and we just like, wow you know we could have just done it. And then, it was quite emotional and tears and, yeah. (Pippa, 35)

Many couples who undertake clinical insemination emphasise that insemination is an important activity for them as a couple and as something they do and celebrate together. This is illustrated in Caroline and Gillian's account of how they used to travel together to their clinical insemination, marking the day as special:

Caroline   [W]e made a nice day of it in [City] and we'd ...[...] It was when
            the Harry Potter books were out on CD and we ... God, this makes
            us sound so sad. We had this little portable CD player with two sets
            of headphones. And we used to go up on the train and listen to
            Harry Potter on the CD on the train, because we were going up
            there every few days. [...] It was something to do and then on the
            way back we used to go and buy these Milly's muffins. [...] And
            then we'd always go off in [City], as you said, and we'd go
            shopping and we'd go out to lunch.

Gillian   And on the way up in the morning we'd always have a pain
            chocolat and a ...

Caroline   Cup of tea.[...] It's really sad isn't it?

Gillian   Isn't that? That's the way we celebrated. (Caroline, 30 and Gillian,
            56)

Lesbian couples in my study associate insemination with love and intimacy.
Although it is not constructed or experienced as a sexual event, it is experienced
and made into an intimate event. Jean and Mary state:

Jean   We tried to make it romantic but really there's not much you can
        do to make it a properly romantic moment [...]

Mary   We did do our best. No, we weren't kind of functional about it or,
        you know, I didn't go off and do it by myself. We did it together
        and we probably laughed, probably, we did that. (Jean, 42 and
        Mary, 45)

The ways in which couples design and manage insemination between themselves
suggest that they draw on and emphasise cultural discourses of conception as
taking place between loving partners. As Schneider ([1968] 1980) suggests,
intimacy and love are part of the cultural discourse of conception:

Love is a relation between persons, not between things. It means unity,
not difference. [...] The family, then, as a paradigm for how kinship
relations are to be conducted and to what end, specifies that relations

between members of the family are those of love. (Schneider [1968] 1980: 50)

Lesbian couples can be seen to choreograph insemination in ways which reflect their feelings of love for one another. By doing so, they connect their insemination practices with conventional notions of conception: they position themselves at the heart of a cultural belief of conjugal love and conception. While lesbian couples in my study can be seen to emphasise the meaning of love, romance and intimacy in their insemination practices, they disassociate insemination, and the presence of sperm, from sex. Holly's and Sue's accounts illustrate this:

> Once Carol had had the sperm I didn't touch her for probably a week after. A week after the last time. I just... the thought of getting sperm on me, it's just like not a nice thought really for me. So I'd stay away because it's just better. (Holly, 28, trying to conceive together with Carol, 32)

> You've got to remember not to get like romantic with each other that night because that's a big no-no. (Sue, 34, trying to conceive together with Trish, 31)

As noted above, in a Douglasian perspective, sperm is perceived as 'dirt' with the potential to pollute the couple's sexual life. The ritual of not having sex is designed to prevent this pollution (compare Douglas 1966: 136). To Wendy and Penny, the spatial organisation of the insemination represents an important ritual to separate insemination and sperm from their sexual life. Wendy states:

> When we inseminated with [child, it was] down here, not in our bedroom. Because for us it's not... it wasn't to do with our physical intimacy. And we kept it very separate, deliberately, didn't we? It felt like it were... not that it's not intimate. Because at the end of the day Penny is putting a syringe of semen into my vagina. So, I mean, at the end of the day that's an intimate act. But not a... we didn't see it as a part of our lovemaking, in that way. (Wendy, 36, mother of one together with Penny, 36)

Many couples emphasise that it is important that both partners take an active part in the process of conceiving. For example, Jane and Frances are pursuing IVF, hoping to conceive a second child, with Jane as birth mother. Frances feels that it is important that she is there with Jane during treatment:

> I think the start of the whole process is important, so you both know exactly what's going to happen. And so I was there to support Jane if she had any questions, and also, you know, sometimes you think of different questions, don't you? [...] Well, to be there for her, and also to be there kind of... because I know it's not... that's not the point of conception, but that's the kind of point of her getting pregnant. I mean, neither of us were there for the actual conception; it was done in a lab somewhere. But that's kind of the next best thing for me. (Frances, 34, trying to conceive together with Jane, 35)

According to Schneider ([1968] 1980: 50), love means 'trust, faith, affection, support, loyalty, help when it is needed, and the kind of help that is needed'. Frances does all of these things, and the doing of them symbolises her relationship to Jane as she goes through IVF treatment. But Frances also wants to 'be there', not only because she wants to look after Jane. By being there when the embryo is transferred into Jane, she is actively involved in getting her pregnant. Similarly, Poppy emphasises the importance of inserting the sperm into her partner Emily as they tried to conceive using clinical IUI:

Petra Are there ways that you take part in Emily getting pregnant, that you feel are important to you? She was mentioning you both going to the clinic...

Poppy Yes. I HAVE TO press the plunger!!!! [...]

Petra How does that feel important to you?[...]

Poppy It feels important to me because it means that symbolically I am making Emily pregnant, by doing the insem[ination] (the nurse puts the IUI in) - its tokenistic but its important to me. I also look after her as much as I can!

Petra Yeah. How do you mean tokenistic?

Poppy   'Cause well I don't have sperm - I am just helping it on its way!
         (Poppy, 32, trying to conceive together with Emily, 36, capitals
         original in chat interview)

To Poppy, the insertion of sperm into her partner symbolically means that she is
making Emily pregnant. Whilst Poppy does not have sperm, she puts it in the right
place. This is important because it enables Poppy to enact her and Emily's vision
of a joint conception process. Frances and Poppy's accounts both emphasise how
the intent of conceiving together is realised through 'being there' (Frances) and
'inserting the sperm' (Poppy). Following Morgan (1996: 189), such family
practices, which signal agency, presence and intimacy, can be seen as paramount
to the construction of family and family belonging. My data thus indicate that
inseminations, as well as donations, are carefully choreographed events.

What emerges from the interviews is an overall process of conception
management. Following Thompson (2005: 166), lesbian couples can be seen to
disassemble conception into separate 'building blocks', such as masturbation,
insemination, intimacy, sex, love and being active/being present. These are
carefully managed so that they are separated out, and then reassembled in a way
which emphasises love, intimacy and presence, and marginalises sex and sperm
ejaculation (compare Thompson 2005: 145). I argue that this picking apart and
putting back together enables lesbians to connect their conception practices as
loving couples with hegemonic discourses which interconnect conjugal love and
conception.

CONCEIVING PARENTS

Donor conception does not only raise practical issues of managing donations and
insemination. As indicated in the introduction to this chapter, genetic transference
from parent to child is culturally perceived to produce parenthood and kin
connections. Gamete donation raises questions about the genetic connections of
the child who is conceived through it, and how the contribution of the donor can
be conceptualised in terms of kin (Strathern 1999). For lesbian couples who
conceive using donor sperm, this mode of conception therefore also brings with it
a conceptual 'baggage' relating to the donor's genetic link to the child.

As indicated in Chapter 5, couples in my sample conceive using involved, named but involved, and unnamed donors. They experience the decision about which position the donor has in terms of parenthood as a key decision (see also Sullivan 2004). This section explores how lesbian couples conceptualise, in kin terms, such involvement or lack of involvement. I first explore couples' desires for involved donors. I thereafter discuss their understanding of who is perceived to be a suitable involved donor. After that, I explore couples' desires for unnamed donors.

Named and involved donors

Ten couples out of the 25 in my study pursue conception, or had done so and successfully conceived, using involved donors. In four of the ten cases, the donor is identified as a dad in relation to the child. In the other six cases, the donor is named and known to the child to varying degrees, though not as a dad. This section explores the construction of parenthood in these ten cases, and the construction of kin value in a donor who is named and involved (and sometimes seen as a 'dad').

Lisa and her partner, like Kim and Nicola, used to pursue self-arranged conception with named, but marginally involved, donors. Their accounts are typical for the couples in my study who have done so. In their accounts, they carefully distinguish between knowing the identity of a donor and identifying him as a parent:

> We knew that if it was going to be a friend [of me and my partner] we'd want him to be known as the donor, as a kind of uncle figure, so part of the extended family, but not a parent. We've always wanted to just be the parents ourselves, we wanted to maintain the control. (Lisa, 29, mother of one together with partner)

> We'd always been very clear on the fact that we wanted to be the parents and that we wanted [donor friend] to be known to the child as its father and, you know, if the kid wanted to call him Dad that would be absolutely fine but, you know, I think it's really important that the child knew that's what the relationship was [...]. But we didn't want him really

to have any parental responsibility. (Kim, 30, expecting a baby together with Nicola, 41)

What is striking about Lisa and Kim's accounts is that both emphasise that, although there is a named and/or involved donor, the couple see themselves, and desire to be seen, as the parents of the child. They acknowledge that the donor has an intrinsic kin value, but, although he is named and to some degree involved, do not construct him as a parent. Donovan (2000: 161) suggests that lesbian couples who self-arrange conception distinguish between knowledge about a father and his involvement as such. In doing so, she suggests, they renegotiate understandings of 'fatherhood'. My interviews indicate that this is not only the case among couples who have a named but uninvolved donor, like Lisa, but also among the couples in my study who seek to conceive, or who had conceived, with a donor who they agreed would be known as a 'dad', like Kim. Interestingly, all couples in my study who conceive with a donor with the intention that he will be named and involved, distinguish between themselves as parents and the donor's role, even when he was a 'dad'. Wendy and Penny, whose donor is a named and involved dad, wrote a contract detailing their parental agreement with the donor:

Wendy   [W]e drew something up which we wrote and that he and we signed. Which sort of... basically went through the fact that he would be the donor father. That Penny and I would be...

Penny   The day to day parents.

Wendy   The full time parents.

Penny   We would do all the daily decisions.

Wendy   Yeah. We would be responsible for the day to day decisions regarding healthcare, schooling, routines, all the things that parents make decisions about. Choosing names.

Penny   We would discuss stuff with him and we would try and come to agreement if there were areas of difference. But that ultimately, if there was an area of difference, and that a decision had to be made, that we would be the ones making that decision. [...]

Wendy   [...] She's our child. Yes, he's involved. And yes, if he wants to buy her a gift or contribute towards something, that's fine. But

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there was no expectation that he would give us money. (Wendy, 36 and Penny, 36)

In Wendy and Penny's account, the donor is a dad but not a parent. Among cases in my sample where the donor is seen as a dad, in no case do the couples regard parental roles and responsibilities as shared equally between them and the donor. In fact, all the lesbian couples in my study, like Wendy and Penny, define themselves as the parents of the child. These findings echo Cadoret's (2009: 91) study of French lesbian kinship. There are, however, obvious risks of ambiguity in such a construct, not least because the donor legally is considered a parent of the child (see Chapter 1). The interviews indicate that couples manage such an ambiguity by being explicit about how the correct kin relationship and connections were to be perceived (compare Thompson 2005: 148). They pick apart cultural notions of what makes a parent into: genetic connections (by the provision of gametes); having a relationship with a child; caring for a child (and making decisions); and providing for a child financially. This process of picking apart is followed by a coordinated process of reassembling. Wendy and Penny define parenthood in terms of care and financial responsibility, not genes, thus constructing an understanding of parenthood based in an 'ethics of care' (Smart and Neale 1999). The donor is constructed as 'dad', a category no partner in the couple wants to embody, but conceptually he is distinguished from being a parent. Through this process, the lesbian couples construct themselves as a twosome parental unit. Wendy illustrates:

> Our son is a very emotionally secure little boy. It might sound arrogant, but we are very good parents. We work very well together. We provide him with all of his emotional security. His dad provides him with something good but it's actually something extra and additional to what we give him. It's not essential. And that's not being disrespectful of the relationship he has with him. But it isn't essential to our son's wellbeing, that bit that he gives him. (Wendy, 36, mother of one and expecting a baby together with Penny, 36)

Lesbian couples' accounts suggest that although they want the donor to be named and involved, they also want to distinguish his role from that of a parent. If

not a parent, then what kin value do lesbian couples see in such a donor? The interviews suggest that the couples perceive named and involved donors to have kin value both on a social (interpersonal) level and a biogenetic (conceptual) level (Strathern 2005: 7). Some couples in my sample who conceive using involved donors see him as important because of his ability to establish a social, interpersonal relationship with the child. Carol and Holly first tried to conceive in a clinic with an anonymous donor but, when this failed, started to pursue self-arranged conception with an involved donor. Carol describes why this shift felt important to them:

> I think having a known donor is better for the child. Because they're going to see their dad. Because I mean, Sam [friend donor] have that relationship with the baby. [...] [I]t's more difficult for us as parents because he's going to be involved to some extent, so it's a hell of a lot more difficult for us. But I feel it's better for her, when she grows up. (Carol, 32, expecting a baby together with Holly, 28)

Carol emphasises the child's ability to have a social relationship with a donor as a reason for choosing to conceive with an involved donor. Interestingly, couples who want named but mainly uninvolved donors substitute this emphasis on an interpersonal kin value with an emphasis on a biogenetic (conceptual) one. Lisa and Fiona's state:

> I wanted to use a donor who could be identified to the child as the donor, so that they would know where they came from genetically. (Fiona, 41, single mother of four)

> We knew that if we went through a clinic it would be with anonymous sperm that would never be traceable and neither of us felt comfortable with that. [...] It was just feeling if either of us had been donor-conceived we would want to at least know who the donor was. We'd want to be able to find it out. It might not be an important part of our family, but it's a part of our heritage. (Lisa, 29, mother of one together with partner)

These mothers consider a donor to have a conceptual kin value: Lisa and Fiona do not talk about the importance for the child of establishing a social relationship

with the donor, but of knowing *of* him. They emphasise the importance of knowing his identity (compare Haimes and Weiner 2000: 490ff.). This is a contradictory construction as, as Edwards (1998: 159) notes, genetic connections are at the same time seen to be both given and require development. To Fiona and Lisa, it is important to know the donor so that the conceptual kin connection can be developed into an interpersonal connection. The interviews thus indicate that couples move between conceptual and interpersonal kin values in arrangements with named and involved donors, deploying these concepts as tools when constructing a meaningful relationship between the donor and the child.

Couples' accounts further indicate that such donor kin connections are associated with notions of roots and personhood in the child. This is illustrated in the accounts of Carol and Jean. Carol thought about importing unnamed donor sperm from the U.S online but decided against it:

> I would hate one day to have to explain to my little girl, where do I come from mummy? Well, you come from Sperm Direct.com. I couldn't... I'd hate to have to do that. (Carol, 32, expecting a baby with Holly, 28)

Jean states:

> We wanted a known donor who would have a role in the child's life but not a parental role 'cause I think we thought at that stage that it was really important for the child to know the extent of its genetic make-up and to be able to look at somebody and say, oh, okay, that's where the other half of me comes from but that we were definitely the parents. (Jean, 42, mother of one together with Mary, 45)

According to Edwards (2000: 228), anxieties around anonymous gamete donations are associated with perceptions that children require knowledge of their genetic roots. Not knowing one's roots is culturally associated with being disconnected from people, both in past and present, and is perceived as making the child unprotected (Edwards 2000: 229). Knowing one's genetic parentage is further culturally understood to provide 'constitutive information' of a person's sense of self (Strathern 1999: 69). Carol's objection to the online purchase of sperm in the accounts above can be understood as shaped by the understanding

that knowing one's roots – 'to know where one comes from' – has implications for the constitution of personal identity (Strathern 1999: 68). Just as an adopted child's search for its birth parent is often experienced as a route to discover a (missing) sense of self (Carsten 2004: 104), lesbians consider named donors as having a knowledge-constitutive value in that he (might) contribute to the child's future sense of self. Edwards (2000: 233) demonstrates that gametes need to be linked to names, which attach them to origins. As such, self and origin are constructed in relation to the past (Edwards 2000: 231).

Too close? Defining 'involved'

Couples who desire to conceive using involved donors perceive that having such donors would have a positive impact on the child. The interview data, however, indicate that the question of who is suitable to be an involved donor in terms of kin connection is not straight-forward.

Sophie and Lizzie considered asking Lizzie's brother to make a sperm donation for a baby that Sophie would carry. They state that they initially thought this was a good idea:

> Sophie 'Cause then we'd have like the genes, the... you know...
>
> Lizzie A genetic link from me as well. Not that that's important to me but it was free [laughter] for a start and we knew the donor and we knew the background.
>
> Sophie And he would be involved in things like that but in the back of our minds we also wondered if it might be that he might look at our child was more his... [...] A bit more of a claim on it than Lizzie, you know, just a bio...
>
> Lizzie It was too close, that was the problem. And it's not like you could... he could donate and walk off type of thing. And not that we were like, you know, we can't share but it was just too messy, wasn't it? (Sophie, 40 and Lizzie, 41)

Lizzie and Sophie's account demonstrates how conflicting cultural perspectives of kin connectedness come into play when they evaluate the kin value of the donor. The couple note how Lizzie's brother provides a genetic connection between the non-birth mother and the child, and in that sense they consider him an ideal donor.

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In a Euro-American kinship system, siblings are perceived to share genetic substance[38], and are named as 'full sublings' and 'half siblings' depending on who their birth parents are (Edwards 1998: 162). Edwards (1998) and Thompson (2005) suggest that siblings are, because of this, seen as providing a genetic link between the child and the non-genetic parent in donor conception. Through her brother's donation, the couple suggests, Lizzie becomes genetically connected to the baby. Furthermore, he is well known to the couple which mean that they can trust him. However, at the same time these reasons also mean that his involvement is considered too close: the couple fear that he, as known and as Lizzie's brother, might have *more* claim to the baby than Lizzie does. Because of his connections to Lizzie he cannot 'walk off'. Strathern (1995: 347) suggests that a known genetic connection is irreversible and the brother, because of his status as such, can never become unknown as the child's genetic source. He is understood to be connected and 'to be connected and not to be able to claim connection is problematic' (Edwards 2000: 224). He may therefore make claims on the child.

A sibling donor can therefore be understood as a risky choice and as someone who might interfere and disrupt the parental bonds between the couple and the child (Edwards 1998: 163). Edwards (2000: 224) indicates that the transference of donated gametes is conceptualised and realised through already existing relationships. The genetic and interpersonal connectedness that the donor already has with one of the mothers makes him unsuitable as a donor, making it difficult for the couple to disassemble parenthood from that of the genetic connectedness of the donor. In the attempt to construct the couple as the unambiguous parents of the child, such fluidity is not tolerated.

A brother's involvement as a donor is also understood to connect him and the child in multiple ways, which is seen as problematic. This is illustrated in Emily's account:

> I don't think my brothers would have a problem with [donating], and I think Poppy's brother probably wouldn't either, but the kind of interfamily complications of having a child whose uncle and also cousin to each other and grandchild, but also... it just kind of got too complicated. [...] That should anything go wrong you've got an entire

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[38] See Carsten 2001 for a discussion on genes as substance.

family then; it's not just the two of us; it's like that's my granddaughter because it's my son's child. It just sounded... it sounded too messy. So we ruled that out as an option. (Emily, 36, trying to conceive together with Poppy, 32)

Emily imagines that other connected family members would want to make claims where there are genetic connections (Edwards 2000: 224). Having a donor who is already connected to the family could therefore, Emily thinks, threaten the authority of the couple as parents: 'it is just not the two of us'. Multiple bonds of connectedness, such as a donor being both uncle and father at the same time, are seen as 'messy' – interestingly a word used by both Lizzie and Emily – and problematic because of the claims to parenthood that can travel with such connections.

The accounts of couples' experiences suggest that multiple kin connections also raise concerns about the taboo of incest. Sue and Trish have tried to conceive using several different donors and were, when I met them, inseminating with sperm donated from a friend of Trish's mum. They consider Trish's mum and her friend to be very close and, although they are not married, Trish states that she had always wished for them to be a couple. Trish and Sue discuss what such a possible relationship between the donor and Trish's mum means in terms of his donations:

Sue [Trish's] always fantasised he'd end up with her mum, you see, because her mum's single, so she didn't want to ask him [to be a donor], because it spoils the dream then of how he's going to ...

Trish Because he is the perfect partner for my mum. He's lovely, he's an absolutely perfect guy. I thought it's going to be really weird. [...] It's just if they ever do get together, because they're extremely close anyway as friends, it would be too weird. It would be like you're... its granddad, but biologically you're the daddy. (Sue, 34 and Trish, 31)

Sue and Trish's account highlights how the donation can become 'weird' if the donor moves between and inhabits both the category of dad and granddad. Interestingly, although conception here takes place between a lesbian couple – in the sense there is no sexual contact between donor and birth mother – it

nonetheless evokes cultural concerns about incest. The possibilities that the donor could be connected as both father and grandfather make the donation incestuous and therefore too close (Edwards 2000: 221).

While lesbian couples perceive that involved donors have a kin value, my study indicates that this value can also be problematic. What emerges from the interviews is the careful demarcation of kin connectedness between the child and donor. Too much connectedness renders a donation problematic. Connectedness can therefore be seen as intentionally managed by the couples in ways which contain the donor so that he does not threaten the position of the couple as the child's parents.

Unnamed donors

The majority of couples in my study (15 out of 25) want to conceive, or have conceived, using an unnamed (and uninvolved) donor. It is in these accounts that the lesbian couples' desire to be defined as the parents, to the complete exclusion of the donor, are made explicit in ways which contrast being a parent with having a named/involved donor. Frances illustrates:

> I didn't want to have to consider there being a third parent in the family really, which would kind of maybe be the case with using a known donor as well. Yeah, I don't feel the need to share [our child] with another parent. So we decided, yeah, the two of us were enough so, yeah, we would use an anonymous donor; and that was that. (Frances, 34, mother of one together with Jane, 35)

Frances and Jane's desire for an unnamed donor relates to their ambition to identify themselves as the parents. Donovan and Wilson (2008: 662) uncover similar findings, suggesting that lesbians who conceive clinically regard two parents as the defining feature of their family. By making the donor anonymous, Frances and Jane also construct themselves as the only parents of the child. For couples who conceive in self-arranged conception, it was often a challenge to arrange a donation while preserving the anonymity of the donor. Such couples particularly emphasise the lack of kin value in the donor as this short statement from Pippa and the longer account from Trish and Sue illustrate:

This is our baby – you are just that little pot. (Pippa, 35, trying to conceive together with Joanne, 26)

Petra   I know some couples consider having the donor as taking part of the child's life.

Trish   We don't want that.

Sue   We both thought the same straight away really. It was selfish, we just wanted it for us. We want it for our family.

Trish   If the baby when it grows up wants to know about the donor, that's fair, but it will be brought up to know that of course there is a donor out there who did play a participating part, but the part they played was ... they produced something into a cup and gave it to us. (Sue, 34 and Trish, 31)

Pippa, like Sue and Trish, reduce the input of the donor to 'a cup of sperm' and no connection is made between his sperm and a possible position as kin or parent.

Although couples construct themselves as the parental unit, in many cases they also perceive the donor as having a conceptual genetic value. As with couples who conceive using named donors and who want the child to know of the donor, many who conceive with unnamed donors also want the child to *be able* to know the donor. Caroline conceived with Gillian using licensed donor sperm before the law on donor anonymity changed in 2005 (see Chapter 1). Thus, their children cannot find out who the donor is. Caroline thinks it 'a shame' that her children cannot know:

I think that [if we did it now] I might have asked for somebody who had [written something about themselves], so that the kids would have had something about why he donated and ... because I think it's a bit of a shame. And our kids, both of them, because the law about anonymity only changed in 2005, they will never be able to find out. (Caroline, 30, mother of two together with Gillian, 56)

The interviews also indicate that couples who conceive in self-arranged conception with 'stranger' donors commonly hold the view that it is important to make knowable the genetic source of the child, although he is often reduced to a

'pot of sperm' initially. While an interpersonal connection between couple and donor is not given value in the child's early life, a conceptual connection *later in life* is seen as important to secure. Elaine and Carrie, and Amy and Rachel, self-arranged conception using 'stranger' donors:

> We didn't want any contact so we didn't want any involvement but was obviously quite happy if, once our child gets to 16 or 18, if he wants to know that they're prepared to meet up. (Elaine, 36, mother of one and trying to conceive together with Carrie, 36)

> We'll tell our daughter that there is a donor and we'll tell her what the name is. And that it is a lawyer. Because that is basically all we know about him really. And that, will have to be all that they know and, because that is all that we know and the rule is we don't contact him until they are 18. (Amy, 28, mother of one together with Rachel, 33)

As they suggest, while interpersonal kin is marginalised, biogenetic kin connectedness between the donor and the child is still seen as valuable.

Interestingly, couples also perceive children produced by the sperm of 'their' donor to provide genetic kinship, particularly in the case of unnamed donors. Drawing on an idea of siblings as genetically kin-connected (Edwards 1998: 162), such siblings are seen to substitute for the donor in providing genetic origins. Caroline elaborates:

> I think it's nice for them as well, because they pre-date the change in the law and they won't be able to find out who the donor is, at least they've got each other to look to for genetics. And if they want to … if they're fantastic at sports or something that I'm really lousy at and … do you know what I mean? They can look to each other for genetic resemblances, if that's something that's important to them later on, I don't know. (Caroline, 30, mother of two together with Gillian, 56)

Genetic origins and a sense of personhood are not only sought in the donor, but also in other children produced through his donation. Lisa and her partner conceived using the donation of a 'stranger' donor in self-arranged conception. While the donor largely remains a stranger to the couple and their child, he

continues to provide updates about how other children, conceived using his sperm, are doing. Lisa states:

> He was interested in being kept informed as to how our child was doing. Also, because there are other kids now, we get updates from him too. He'll say things like, this child, this has happened. Mainly with health issues, so one of the children ... because he's got three of his own and there are about six or seven out there through his donations as well, and we know of all the ones he knows of. [...] I think it will be good for when our child starts asking those questions about the donor, to say he helped other people and these are some of the other kids, maybe next time we're in that neck of the woods we'll ... There is a biological extended family for our child through that, although our child doesn't have that extended family with the donor personally perhaps, that he would have done if we'd ended up being successful with our friend in the early days. (Lisa, 29, mother of one together with partner)

Although a 'stranger', the donor has set up a system through which he can provide regular updates to parents about others' children, also conceived through his donations. Lisa and her partner see these other children as their own child's extended biological family which provides their child with genetic information and kin. For Lisa and her partner, these ways of disconnecting genes from parenthood and yet make genetic connections meaningful for kin and personhood are realised through carefully and intentionally established donor conception networks.

Importantly, such conceptual genetic relationships are not perceived to have implications for the construction of parenthood. Sophie states:

> I think I quite like the idea of... that the child will be our child and will be brought up our way and nobody else will interfere with it, which makes it sound like I've got some sort of like master plan but...[...] But I love the idea that at 18 it can find out and as far as we're concerned it comes from, the sperm comes from a bloke in America and as far as we're concerned, we haven't really discussed it, but I think we're probably both happy with the fact that when the child is 18 – if he or she

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wants to – we would probably be funding and going to America with him or her to try and find out and stuff. (Sophie, 40, expecting a baby with Lizzy, 41)

While Sophie values their child's ability to know the donor at the age of 18, she does not see this as a threat to the interpersonal parent-child connections between her and Lizzy and the child. A discovery at this stage does not threaten the mother's status and the importance of nurture; it is only seen to add information about who contributed to the child's body (Strathern 1999: 76).

To conclude, lesbian couples conceptualise kin value in the donor in multiple and shifting ways. Interpersonal and conceptual notions of kin fold and unfold in couples' accounts (compare Franklin 2003). Importantly, however, the interpersonal and conceptual are always interwoven in ways that enable the lesbian couple to be defined as the parents of the child. Genetic conceptual connections are, I have demonstrated, both emphasised and marginalised. But through a disassembling and reassembling of concepts of care, connections and genes, couples unambiguously construct themselves as the parents.

'WE MAKE THE CAKE'

Lesbian couples' material practices of choreographing donations and inseminations, as well as their conceptualisation of parenthood, demonstrate a detailed management of the practical and conceptual dimensions of donor conception. I suggest that through this, couples position themselves at the centre of their process of conception and displace the donor from it. Joanne illustrates:

> The way I have always seen it is that we are a couple and, we want to have children. And biologically we can't do that. So we have to involve that third person but it has to be as completely detached as possible because to me, it is about us, it is about our relationship and I would never have a three way relationship so why would I want that for my child. It is just about you and me and about… this has to be seen every way as our child. (Joanne, 26, trying to conceive together with Pippa, 35)

The couple undertake the process of conception in a way that enables them to construct conception as a social practice that takes place between themselves, and

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which positions them as the parents of the conceived child (Thompson 2005: 145). Such a representation of the lesbian couple as the originators of the child is particularly highlighted in Sue and Trish's account about inseminating:

> Sue   [I] said, supposing I'm at work? Your mum will have to do it. No she is not doing it, Trish said, I'm not doing it if you're not there.
>
> Trish   But it's not right that we should do it if you're not there, because the whole point is that we are creating a child.
>
> Sue   In our minds we are.
>
> Trish   In our minds that's what we are doing, we are creating a child. The fact that there's this outside source that we have to go to as an ingredient …
>
> Sue   It's us that's making the cake.
>
> Trish   Yes, we are the ones who are making the child. (Sue, 34 and Trish, 31)

Their account makes clear that the donor is seen as a source, and the sperm as an 'ingredient', but it is the couple, Sue and Trish, who 'create the child'. Their intention to create a child is what drives the process of conception, and it is also what makes the child theirs. This is illustrated by the couple's emphasis that the *essential* element of the act of conception is that 'in their minds' they are 'creating a child'. The child originates from them. This perception of being the originators is enacted both on a practical level – Trish is not doing the insemination without Sue – and through making explicit the correct kin structure of the arrangement – the donor's contribution is demarcated and constructed as an 'ingredient' while the couple are the ones who 'make the cake'.

However, the donor, and everything that comes with donor conception, represents a constant source of destabilisation for the lesbian family. Emily's account illustrates:

> I think Poppy [non-birth mother] has kind of been worried about other people's unintentional hurt, so things like I said before, like people will say, oh, you know, who's the father? Or, you know, pass him to his mother. Well, I'm his mother too. […] I think we've just got to be prepared to take that. […] You know, every one of that kid's friends is

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going to know that it has two mums and no dad and, yeah, every form that we fill in it's not going to match what our family looks like. (Emily, 36, trying to conceive together with Poppy, 32)

Although lesbian couples perceive their process of becoming mothers as a joint process, this is socially, institutionally and legally contested: couples can seek, but not assume, lawful and legitimate parenthood. Amy and Rachel state:

Amy   Rachel is the mother on the birth certificate and I can apply to the, whatever court thing to adopt her like a step parent kind of thing. But we can't do that until she is six months old.

Rachel   Because a woman from the social services has to assess how Amy is with our child. They have to come and do this formal assessment. [...]

Amy   All this crap that you have got to go through. Adopt your own child it is ridiculous. [...] Flipping social worker coming... It is so stupid. We went into this together, we did it together, we were there when our child was born... Oh God. We were there when she was born, we did everything together and yet... she is automatically the parent even if she was cigarette burning her every night nobody cares. (Amy, 28 and Rachel, 33)

CONCLUSION

This chapter has explored lesbian couples' intentions to conceive as a couple, their practices of doing so, and how they manage the donor, the donation and donor sperm in the process.

My analysis indicates that donor conception practices, and the conceptual kin 'luggage' associated with using donated sperm, are carefully and intentionally managed by the lesbian couple. It indicates that donor insemination is separated into donations and inseminations and that these are carefully choreographed and managed activities. Using Douglas's analytical framework, I have suggested that male masturbation and sperm are, in this context, perceived as polluting and managed as dirt. Couples' choreographies of conception, I argue, constitutes rituals through which lesbian couples seek to purify the polluting potential of the

sperm. By undertaking rituals, what would otherwise threaten to pollute the lesbian couples – sperm and male sexuality – is neutralised and made clean. The rituals signal and construct a demarcated, bounded relationship between couples and donors, and uphold intimate and sexual boundaries. As such, they are important metaphors for overarching social orders and structural distinctions between private/public and heterosexuality/homosexuality.

The chapter has described how the couples in my study manage donors and donor conception through picking apart concepts and practices associated with conception and parenthood, and then reassembling them again in coordinated ways. Sex, care, presence, intimacy, interpersonal connections, identity and gametes are separated out as 'building blocks' of conception and connectedness. In the reassembling of these, parts are either marginalised or valued as important: while parental intent, love, intimacy and care are emphasised and constructed as important, biogenetic identity, gametes and sexual intercourse are marginalised. The particular ways in which these building blocks are moved around, separated and merged (compare Strathern 1992b, Franklin 2003) is also the way through which the lesbian couple construct themselves as the parents of the child. The donor is positioned 'outside' the intimacy of the couple, and importantly, both partners in the couple are positioned 'inside' this unit. In doing so, couples construct conception as a joint enterprise that originates from them and that signals their conjugal intimacy and love. Notions of originators and origins are invested with value and meaning, and while both are seen as important, being the originator of the conception takes precedence over origins in these couples' stories about becoming parents.

The interviews further indicate that the boundaries and categories constructed through choreographies and rituals are inherently tenuous, fragile and unfixed. The donor represents a legal, cultural and social threat to the construction of the lesbian couple as the creator of the child. The management of donations, insemination and biogenetic substance, I argue, aims to displace the donor from the process of conception and contains his involvement and the threat it represents.

Couples thus construct parenthood in both old and more original ways. Two findings stand out in this context. First, biogenetic connections are not perceived to define parenthood in couples' accounts; however, they are seen as indicative of

personhood. My findings indicate that couples who conceive using both named and unnamed donors draw on a discourse that a child's sense of self and wellbeing depends on its ability to know its genetic origin. It is in this context particularly interesting that couples that use unnamed donors in self-arranged conception design this process according to an idea that children's wellbeing may be jeopardised if their 'genetic heritage' is unknowable. This echoes increasingly prevalent ideas that genetic relationships are foundational for self and identity (Chadwick 2006, Nelkin and Lindee 1995: 152). As demonstrated in Chapter 3, a discourse of genes emphasises fixity and stability, not fluidity and flexibility, and it reproduces heterosexual biogenetically defined kinship structures. Second, couples do not understand their process of conception as a radical form of conception that involves three parties, but seek intentionally and purposefully to choreograph, manage and construct it as a two-some conjugal pursuit. In doing so, lesbian couples can be seen to organise conception so that it resembles and interconnects with conventional ideals of the nuclear family, indicating a desire to be normal and ordinary (compare Seidman 2002, Weeks 2008b). I now turn to explore this theme in more detail.

CHAPTER 8 FAMILY ATTACHMENTS

INTRODUCTION

What emerges from my empirical data is that lesbian couples' practices to conceive as a couple, relates to their overarching ambition to create and be a family. As outlined above (Chapter 7), only four of the 25 couples interviewed consider the donor to have a parental role in relation to the child. In all other cases in my study, the couples see themselves as the exclusive parents of the child. Two thirds of couples have registered, or are planning to register, a civil partnership. The majority of couples in the study thus seek to have a family which resembles a nuclear family model in its form, with two wedded partners as the parents. This chapter analyses how lesbian couples construct themselves as family: how they understand and enact 'being family', and how this relates to their desires and decisions when undertaking donor conception.

I have found it helpful to consider anthropological perspectives on what constitutes kin in this analysis. As outlined above (Chapters 3 and 7), anthropological explorations of Euro-American kinship structures indicate that these consist of a movement between two sets of ideas: kinship is partly perceived as rooted in nature and partly it is seen as a social relationship (Strathern 1992b: 16). As noted in Chapter 3, section 'Nature and sex in Euro-American kinship discourse', my analysis has been particularly influenced by Strathern's notion that conceptual (biogenetic) and 'interpersonal' (social) kin connections can be seen as 'tools for social living' (2005: 7). I have found her argument that *both* sets of ideas are mobilised, and used interchangeably, in everyday life practices especially helpful.

Drawing on Strathern's insights, this chapter investigates how family is formed and connections are made through lesbian couples' use of conceptual and interpersonal notions of connectedness and how the relationship between 'nature' and 'the social' emerge from such connections (compare Franklin 2003, Rabinow 1996). Through the interviews, I explore how couples 'do' connectedness through

a range of biogenetically and socially 'coded' practices that together 'signal' family (Finch 2007, see also Suter *et al.* 2008). What emerges from the interviews is that lesbian couples desire, use and perform a repertoire of practices through which they make family connections and which, they hope, signal family to others. I analyse this repertoire with the help of a range of related literature (for a further outline see Chapters 2 and 3), notably studies looking at how lesbian couples conceptualise relatedness and family (Almack 2005, Jones 2005, Sullivan 2004,) and signal family identity (Suter *et al.* 2008); studies of donor conception and the meaning of looks and resemblance (Becker 2000, Harrington *et al.* 2008, Becker *et al.* 2005); research into intimacy and the construction of race (Frankenberg 1993, Quiroga 2007); and studies about processes of normalisation of homosexuality (Seidman 2002, Richardson 2004, 2005).

I have demonstrated above that lesbian couples pick apart and put back together the process of conception (materially, practically and physically), what it means to conceive together as a couple and what it means to be a parent. Developing this theme further, I suggest in this chapter that women in my study also reassemble and disassemble conceptual and interpersonal kinship ideas of what makes a family. I argue that lesbian couples assemble a repertoire of kinship connectedness which, as the title of this chapter implies, in combination attach the couple and their child(ren) together as family: the repertoire signals their emotional belonging and togetherness. I call the way in which lesbians assemble this repertoire 'family connecting practices': they are practices through which they connect themselves as family.

I argue that not only do family connecting practices bind them together as family, they also attach them to a hegemonic notion of the biogenetic nuclear family. I suggest that the ambition that couples have of locating their family in a conventional family model indicates their broader aspiration of making their family 'normal'. The desire to be 'normal' in turn relates to the stigma associated with being lesbian mothers. What thus emerges from couples' accounts is that the pressure to perform family 'normality' is particularly high for lesbian couples because they are a family form that diverges from the conventional model. In this chapter I investigate the consequences of these findings for the theoretical perspectives on contemporary intimate and family life outlined above in Chapter 3.

It should be noted that my findings in this chapter relate to a group of lesbians who seek to conceive as a couple and who chose the method of donor conception to do so. This is by no means the only method through which lesbians conceive, or the only relationship constellation in which they do so, and it is perhaps not surprising that, within this particular group pursuing parenthood in this particular way, the views presented in this chapter are the dominant ones. Nevertheless, my findings outline trends in the contemporary understanding of family life among lesbian couples.

The chapter is in five sections. It first explores lesbian couples' characterisations of what constitutes a suitable donor and their practices of 'matching'. This section covers a complex territory, which formed a substantial part of the interviews, and it is therefore longer than the following ones. Second, it investigates the choice of donors for siblings. Thereafter I explore practices surrounding family names, followed by an analysis of the meanings that couples in my study attach to registering partnerships. The fifth and final section explores lesbian couples' aspiration to be a 'normal' family and leads on to the conclusion. It should be noted that, while not all couples referred to all the practices covered in this chapter, when couples did, the accounts took the dominant forms discussed.

SELECTING DONORS

The interviews indicate that processes of selecting donors are characterised by couples' desires and aspirations of finding a donor who 'matches' themselves. Such donor 'matching' emerges as an important part of the couples' family connecting practices. I first cover couples' desires for particular donors with regards to physical characteristics, second with regards to race, and third with regards to social characteristics and aptitudes.

Physical characteristics

It is established clinical practice that couples who conceive using licensed donor sperm seek to 'match' the physical characteristics of the donor with those of the non-genetic parent in the couple. Similarly to heterosexual couples (Becker 2000, Haimes 1992, Hansson 2001, Quiroga 2007), lesbian couples in my study who use

licensed donor sperm often express such a desire for 'matching' (see also Chabot and Ames 2004). Kim's account illustrates this:

> [W]e were trying to go for people whose physical characteristics were a bit similar to Nicola's. (Kim, 30, expecting baby together with Nicola, 41)

This desire to find a donor who 'matches' the lesbian couple is not restricted to the clinic population in my sample, which have been the focus of (heterosexual) donor conception studies, to date. It is also widespread among couples who self-arrange conception. Hanna's account represents a common response:

> Ideally we wanted him to look like us. (Hannah, 23, mother of one together with Emma, 34)

A majority of couples in my study seek a donor whose physical characteristics resembled their own. Shelly, the birth mother of her and Rosie's baby, explains what this meant to her:

> I think it would be nice [if the donor matches Rosie], I mean people like to see themselves in their children. Obviously that wouldn't necessarily at all going to be genetically true with Rosie but going to be sort of similarities. (Shelly, 30, expecting baby together with Rosie, 25)

Shelly's account introduces an important theme which is explored throughout this chapter. It signals the intimate relationship between reproduction as procreation and procreation as reproducing something which is alike and similar to what have gone before. 'People like to see themselves in their children', Shelly states. To reproduce, according to the Oxford Paperback Dictionary (1994) is to 'produce a copy of (a picture etc.)'; 'cause to be seen or heard again or occur again' and 'produce (offspring)'. As noted above (Chapter 3, section 'Nature and sex in Euro-American kinship discourse'), the lay understanding of biology is that reproduction is a mechanism that produces something which is similar. Strathern importantly adds to this:

> Euro-American understandings of the similarities involved in human reproduction are, of course, not at all neutral as to the nature of the

> relationship at issue. A *relationship* is thought to inhere in a continuity of (personal) identity. (Strathern 1995: 354, my emphasis)

Reproduction can be understood to involve the production of sameness. Importantly, Strathern indicates, a continued personal identity is seen to make and signal a relationship between the reproducer and the reproduced (see also Marre and Bestard 2009).

What emerges from the interviews is that lesbian couples see physical sameness and continuity as ways of constructing connectedness between themselves and their children. Shelly's account suggests that the couple aspire to create what can be seen as phenotypical resemblance between the non-birth mother and the child. She states that while the baby is not going to be Rosie's baby genetically, it will, she says, be almost so if there were to be physical similarities. Drawing on Rabinow's (1996: 99) analysis of 'biosociality' in which nature can be seen as modelled on culture, biology can here be seen to be inscribed into an idea based in the social world that 'looking alike' indicates a biogenetic bond of relatedness. 'Biology' in this context can be seen to be defined through the 'social' – a biological relationship is established if it is socially recognised as such – with the movement between the two categories mediated through what can be understood as phenotypes (compare Quiroga 2007).

Quiroga (2007: 145) notes that, in heterosexual donor conception, shared genes (a shared genotype) between parents and child are exchanged for a shared phenotype (looking alike). By deploying a discourse about genotypes as phenotypes, lesbian couples too can be seen to socially construct a genetic relationship between *both* parents and the child. Despite being two women who conceive together, and thus not both 'passing', socially or culturally, as genetic parents in the way that a heterosexual couple who use a donor might, lesbian couples draw on a discourse of family relatedness which foregrounds genetic connectedness. Through this process, couples construct the child as if it was theirs biologically. This echoes Howell's findings that parents who transnationally adopt children seek to construct the child as though s/he is theirs biogenetically (2003: 482).

The culturally assumed connections between physical similarity and genetic connection are used to construct and affirm both partners as mothers. Lisa states:

[W]hen I look at photographs of us together, our child looks more like [partner] than she does like me. Actually [she] has been out with our baby and people have commented and said, oh, don't you look like your mum, obviously assuming that she is the biological mum. I think that's great! When we do go out, if we're carrying the baby in a sling or anything, generally I want my partner to be carrying her, because I like that assumption to be in place. [...] I really like it whenever anything happens that really affirms my partner's place as the parent. (Lisa, 29)

Physical resemblance plays an important part in lesbian conception practices as it can forge and confirm parent-child connections (see also Suter *et al*. 2008). The account confirms Touroni and Coyle's (2002: 203) findings that the birth mother is perceived to automatically have a strong relationship to the child. Lack of physical resemblance, in contrast, can mean that parent-child bonds are challenged, as indicated in Fiona's account of her experience of being a non-birth mother:

I'm fairly dark skinned for a white person, because I was born in a southern country. I have dark hair. My child is very fair skinned, very blond and has blue eyes. So, even when he was three and sitting on my lap and calling me mummy people would still do a double-take and try and figure out. We couldn't possibly be related or, at least, it would be extremely unlikely for us to be genetically related. (Fiona, 41, single mother of four)

Fiona feel that, because she and her son look different from each other, the parent-child relationship was on this occasion called into question as people did a 'double-take'.

The construction of physical likeness thereby has important meanings for couples in terms of making family connections. Lisa and her partner self-arranged conception and chose a white donor, having rejected an Asian donor. Lisa states:

I do think we were right in our choice of at least having a white donor, because I think even if [the baby] happened to have different coloured hair, as it is her eye colour is different to both mine and [partner's], it's

kind of blue, but a different shade. It's more similar to [partner's] than it is to mine, but her eye colour comes from the donor. But that's irrelevant. People don't notice that. They might say, oh, hasn't she got beautiful eyes, but they don't say, oh look, it's the same shade as yours. It's the subtle things, it's just the vague colouring. I think that that does make a difference. It does help. It makes it easier, anyway. People don't question it. (Lisa, 29, mother of one together with partner)

Lisa comments on the eye colour of the baby and notes that it is different from both her and her partner's. However, this is irrelevant Lisa says: 'people do not notice that'. I suggest that what 'people do not notice' is that a donor was involved in making the child. As Lisa's account indicates, physical matching allows the couple to perform genetic connectedness because it obscures the genetic involvement of a sperm donor. Frances' account highlights what 'looking different' means in the context of lesbian conception:

There's a couple like that in the [lesbian mum's] group, isn't there? They're both... they've got very dark hair and they had a baby boy and he's got, like, red hair and he looks really different to even the birth mother. And he really... he just... it was really odd for me looking at him and thinking it's really clear that there's another person there. (Frances, 34, mother of one together with Jane, 35)

The donor's involvement has the potential to destabilise the lesbian family as a 'genetic' family: 'it is clear that there is another person there', Frances states. Through 'matching', this 'other person' is contained and even eradicated. 'Matching' provides a practice through which the involvement of a donor can be concealed. Rachel stresses:

[W]e did want that he didn't have too many, you know like massive like hook nose or you know some like a big feature that was going to be passed on [so] that every time you looked on the child you would always see something that would identify... (Rachel, 33, mother of one together with Amy, 28)

Lisa, Frances and Rachel's statements signal that the practice of 'matching' is the practice of 'forgetting' the sperm donor. Lisa's account above indicates why this is important. She states that because she, her partner and their child look similar 'people don't question it'. This is echoed in my interview with Hannah:

Hannah   I think at first it was one thing [we wanted] a donor that had the same looks as either Anne or myself, or Anne more so than me. Not to the extent, we need someone who's 6 foot 4 and really good looking, tall, dark and handsome, but certainly that the baby was going to look as if it was ours. I don't know, rather than being totally different.

Petra   Yes, did that feel important?

Hanna   Yes, I think only to the extent that you get less questions asked or we thought you'd get less questions asked[.] (Hannah, 23, mother of one together with Anne, 34)

Becker *et al.* (2005: 1301) suggest that the discourse of resemblance supports a hierarchy of family legitimacy (in heterosexual donor conception). Clear physical resemblance confirms family belonging as it is culturally seen to indicate blood relationality while unclear physical resemblance raises questions and is socially stigmatised (Becker *et al.* 2005: 1301). Lisa and Hannah's accounts indicate that they fear that physical difference would challenge their family connectedness. Behind their accounts lies a heightened awareness of homophobia, and how couples seek to safeguard against this when they select a donor.

A shared phenotype is understood to confirm the family bonds between the lesbian couple and their child. Suter *et al.* (2008: 41) indicate that, if the child looks like both mothers, others will confirm their family identity. Physical resemblance confirms the child's place in the family group (Becker *et al* 2005: 1306). Linda and Lisa state:

[T]he last couple of times we kept getting off with this donor, we call him the short Italian bloke [...] [H]e was dark-skinned, dark hair, dark eyes which was completely not what we wanted. We really wanted a child with blue eyes. I know it sounds silly but because I've got blue eyes and Annette has green eyes, it looks more natural that [a] child who's

ours, [...] dark eyes just wouldn't... it would be then very obvious that the child wasn't ours. (Linda, 39, mother of one together with Annette, 33)

Literally when she was first born, one of the first times I held her [the baby], I looked at her and I was trying to identify which features come from me and which come from the donor. [...] I'd prefer her to look like me than to look like the donor, because at least then she's part of our family unit. (Lisa, 29)

Linda's account indicates an aspiration to conceive a child who has the same eye colour as the mothers, thereby 'making it' their child. Equally, Lisa states that, if the child inherits her features, it belongs to the family unit. Reproduction is constructed to involve repetition of the same and family is constructed and displayed through the repetition of physical features, thus making 'matching' a family connecting practice.

Drawing on these findings, I argue that physical resemblance constructed as an indication of family connectedness is a powerful practice with strong normative dimensions. Choosing a donor who physically resembles the mothers represent a way through which lesbian mothers can construct themselves as biogenetic parents and, by socially having their family bonds confirmed, can legitimise the lesbian family model. This give Finch's (2007) understanding of 'display work' in families – that families are not only made through practices, but must be seen to constitute family – a whole new, very literal, meaning.

Racial characteristics

Looking alike, i.e. the practices of 'matching' and selecting a donor because he has, for example, blue eyes and blond hair, are practices which are intrinsically linked to constructions of race and kinship belonging. The careful reader will have noted that Lisa (above) states 'I do think we were right in our choice of at least having a white donor'. Following Quiroga (2007), I define race as 'a mutable social construction that has been used historically to classify and stratify people based on clusters of physical characteristics' (Quiroga 2007: 144).

It is established clinical practice not to use gamete donors who are seen to be of a different racial group compared to that of the conceiving parents. Marre and

Bestard (2009: 72) note that similar tendencies of matching in terms of race characterise practices of adoption. Like heterosexuals (Becker 2000, Becker *et al.* 2005, Haimes 1992, Jones 2005, Quiroga 2007, Thompson 2005), lesbian couples in my study commonly want a sperm donor who they perceive shared their racial identity. Women in couples where both identify as white typically discuss their choice of donor in the following way in the interviews:

> Obviously it's going to be white, but we weren't fussy about anything else. (Laura, 33, mother of two together with Victoria, 47)

> It had to be a white donor. I don't know why looking at it? I don't know why, but that's just the way it was. And I think if we were to do it again it would still be the same. I don't think it would matter so much where he comes from as long as he's Caucasian. [...] I think white was the only option, just because we're both white British is the answer to that I think. (Hannah, 23, mother of one together with Anne, 34)

Hannah indicates that the motivation to choose a donor who she perceives as racially similar to the mothers is that he 'represents' the mothers – they want a white donor because they are both white British (compare Jones 2005). This idea is further illustrated in Anna and Sally's exchange:

> Anna I wouldn't mind having a lovely mixed race child.
>
> Sally No you don't mind but I would. Because it would be reflective of me. I would just sit there going I'm not black. (Anna, 32 and Sally 33)

Racially motivated donor selection practices can be seen as practices through which the couples construct family links. A mixed race child, Sally states, would not be reflective of her as a 'not black' woman. Couples rehearse a discourse that reproduction involves repetition and construct race as a 'criterion of differentiation' between kinship groups (Frankenberg 1993: 99f). What emerges from my interviews is that racial donor matching represents a significant way for lesbian couples to connect the child to themselves.

Within this context, couples see it as a challenge to choose a donor in the context of 'interracial' relationships (term in Frankenberg 1993). Both Lisa and her partner identify as white, and Lisa recalls conversations with friends:

> I've got a lesbian friend whose partner is Chinese lesbian. [...] So they've got all kinds of issues about how do they choose a donor. Do they choose a different donor depending on which one of them is trying to get pregnant so that they have a mixed race child? They've got a black male friend who has offered. Do they go for something completely different just so that they don't have that issue to deal with? And that's something that we just happen to be fortunate that we haven't had to deal with. (Lisa, 29, mother of one together with partner)

Lisa's account indicates that an interracial relationship can throw up challenges that she and her partner, both identifying as white, are 'fortunate' not to 'have to deal with'.

The idea of interraciality as a challenge in terms of making connections in lesbian donor conception is echoed among interracial couples in the study. Jane identify as Chinese British and Frances as White British. The couple is planning to have four children together which they will take turns to carry. Depending on who the birth mother will be, the children will have either a white or Chinese genetic mother. Jane and Frances want a Chinese donor, and finding a donor of this ethnicity has been paramount to their process – when they started to contact clinics, the first thing they asked was whether they had a supply of Chinese donor sperm. They did find a clinic with a Chinese donor, as it turned out, the clinic also had supplies of a mixed race Chinese/Caucasian donor. The couple is delighted to have found this donor: Frances states: 'we were just offered the perfect thing without having to try really'. The couple thought that this meant that both mothers would be represented in the donor. Jane further outlines why this was desirable:

> [T]he more we thought about it, the more we thought actually that [having a mixed race donor] is actually better than having a 100 percent Chinese donor. Because just looking at the biology side, with [the baby] he's 75 percent [Caucasian], if you like, because the donor's 50/50. And so when I... hopefully when I have a baby it will be 25 percent

> [Caucasian]... 25 and 75 percent will be closer than 50 percent and 100
> percent, or similar on the face of it in appearance rather than, you know,
> all Chinese or half Chinese. (Jane, 35, mother of one together with
> Frances, 34)

Jane uses a discourse of science, numbers and proportions to highlight how the children will be more alike with a Chinese/Caucasian donor, and in doing so makes race a distinct and countable category. Martin (2004) states:

> To count a number of objects, we must render them distinct and discrete.
> We must make judgements about sameness and difference, so that we
> can tell what counts as an object in question and what doesn't. (Martin
> 2004: 925)

Martin (2004: 939) demonstrates that counting can be understood to produce entities and objects. Jane constructs race and racial similarity as countable, objective and fixed categories although race, as a socially constructed category, is not genetically inherited (compare Quiroga 2007).

Her account indicates that, concerns about the donor's racial group relates not only to how the donor represents the mothers, but also to the construction of phenotypical resemblance between the children. Jane states that the children will look more alike if both of them are both Chinese and Caucasian – rather than one being 'wholly' Chinese and one 'half' Chinese. Being a criterion for differentiation, a phenotypical relationship is perceived to be established only when the racial identity of the children as mixed race is perceived to be the same. Importantly, what Jane's account indicates is the close link between the perception of what constitutes phenotypical resemblance – what is socially constructed and recognised as a genetic relationship – and ideas of race, constructed as physical characteristics, a category that differentiates and/or connects people. Racial characteristics are constructed as markers of likeness or difference (Frankenberg 1993: 100). This is further illustrated in Pippa and Joanne's account. Pippa identify as black British and Joanne as white British. The couple intend for Pippa to give birth to their first born, and for Joanne to 'go second'. When I ask if it feels important to them that the child looks like them, Pippa states:

No because we've got you know the skin colour problem. If we have a black donor, then the one that I had would be really dark and the one that Joanne has would be mixed race. Whereas if we had a white donor, you know Joanne's would be really white and mine would be. So we kind of didn't because it would never work. (Pippa, 35, trying to conceive together with Joanne, 26)

The interviews indicate that characteristics that are perceived to define race – such as skin colour – are understood to override other categories of likeness between mothers and donors that might otherwise be constructed.

Whenever it is seen as possible, couples seek to select donors which resemble them racially. The accounts of couples who live in interracial relationships indicate that such a discourse is not easily accessible to them. This constitutes an important difference of experience evident in the sample. For white couples, to choose a donor who is racially different is seen as potentially problematic and stigmatising, and is therefore typically avoided. For example, Sue, south-west England, states:

[W]e have to remember we live down here and the black community is non-existent down here, which I think is bad. I am far from racist at all, not at all, but in order to be a gay couple we'd like a white baby because the child's going to get enough stigma as it is, or some stigma, so we didn't want to encourage that. (Sue, 34, trying to conceive together with Trish, 31, both identify as white)

Many white couples, like Sue and Trish, indicate that they avoid selecting black donors because the child might then encounter racism *as well as* homophobia. Couples can be seen to perceive interracial conception in relation to discourses of interracial relationships as a focus of social anxiety and disapproval (Frankenberg 1993: 100). Couples associate choosing a donor who is perceived to racially represent them, with notions of 'fitting in' with society. To have a mixed race child would make their family 'stand out', Rosie states:

I just think it [having a black donor] would look, it would stand out a bit. I think people would ask questions. That is probably why I would like

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him to look similar. I don't really want to stand out anymore than we already do. (Rosie, 25, expecting a baby together with Shelly, 30, both identify as white)

Rosie's account indicates that the desire to 'fit in' relates to a feeling of already 'standing out' as a lesbian couple and not wanting people to 'ask questions'. Matching race can be seen as a family connecting practice through which lesbian couples in my study seek to construct 'legitimate' families. These practices relate to racial discourses in which 'normal' families are perceived to be those which maintain what is construed as fixed racial boundaries of kinship groups while interracial couples are culturally seen to transgress such boundaries (Frankenberg 1993: 77). The consequence of lesbian couples, along with heterosexual couples and clinical guidelines, drawing on such discourses is an engagement with what can be seen as everyday racism. The connections between physical resemblance, race and what makes a family relate to hierarchal notions of 'purity' (Frankenberg 1993: 99) and whiteness as 'norm'. Rachel's account illustrates this:

[I]t was a mixed race donor on the site. We thought maybe about [contacting him] [...]. Because then you know, the children would look very much alike because you know. But then we thought well that is probably a bit harsh. Probably better just to have someone normal looking. (Rachel, 33, mother of one together with Amy, 28, both white)

Having a 'normal looking' donor, to Rachel, links being 'white' with being 'normal', looking racially similar with looking alike, and racial likeness with being a 'normal' family. Both the couples in my study and the guidelines regulating the clinical practice through which many of them conceived construct 'normal' families by drawing on and reproducing an ideal of racially defined family belonging.

Social characteristics

Couples do not only seek to 'match' the donor in terms of physical appearance and race, but also in terms of social characteristics such as abilities and aptitudes (as do heterosexual couples, see Becker *et al.* 2005, Emslie *et al.* 2003). Couples in my study speak of how they select donors based on what they perceive to be his

character, skills and accomplishments. Holly, who together with Carol is expecting a child conceived with a friend donor in a self-arranged conception, states:

> If you were going to choose a dad for your child, it would be him. Because he's like… he's got, you know, being really clinical about it, he's got all the… he's athletic, he runs marathons, he's really bright, he's good looking, he's a really good role model, really nice person with strong morals and… you know, if you were going on a ticklist or whatever, then you would be… (Holly, 28)

Holly understands and constructs the donor's character traits as important. She understands qualities as 'sporty' or 'nice' as transferred from the donor to the child, which makes him a 'quality' donor. A person's social characteristics and skills are thus constructed as transmittable through the donor. Like Holly, other women in my sample select donors based on desires for specific social characteristics in the child. By choosing a donor with specific aptitudes, the lesbian couples seek to establish social resemblance and sameness, and thereby connect the child to the lesbian couple:

> [This donor] is […] a lovely guy, he's very intelligent and he's very musical, you know, he's everything that we would want in a potential father for a child of ours, kind of genetically. (Kim, 30, expecting a baby together with Nicola, 41)

Donor selection practices based in personality connect the child to the mothers as well as to already existing children. Wendy states:

> Penny [the non-birth mother] is very artistic and quite musical. And so we did look at those sorts of things as well [when choosing a donor]. I wouldn't particularly consider myself artistic or musical. And so where there were donors that were saying those were their hobbies, sort of thinking, well actually, that would be quite good. Because our child is quite musical and quite artistic and so goodness knows how he's got that, but he is. (Wendy, 36, mother of one and expecting a baby together with Penny, 36)

Jones (2005: 227) suggests that lesbian couples who choose a donor out of a desire to construct an implied genetic link between the non-birth mother and the child, marginalise actual genetic ties in constructing family connections. My findings, however, indicate that couples negotiate genes and genetic relationships in more complex and multi-levelled ways. Wendy emphasises genetic connections (the donor is seen to transfer abilities to the child) at the same time as she marginalises them (the child is seen to have skills that are independent of the genetic contributors the donor and the birth mother), thus illustrating how she uses conceptual and interpersonal kinship concepts as tools to make sense of her everyday life (Strathern 2005). This combination of, and the movement between, the social and genetic notions of kin connections is further illustrated in Kim's account:

> I mean, something that would've been lovely, which in fact none of them [the donors] really were musical, were they? Because we're both musical. But then [the baby] is going to get so much music. In fact, it's already getting music. I've been taking it to orchestra rehearsals with me because I can't leave it behind [laughter]. [...] So, you know, it's going to be surrounded by music anyway and it will get musical genes from me, so it's okay. (Kim, 30, expecting a baby together with Nicola, 41)

Kim regrets that their donor was not musical (did not have musical 'genes') but states that the baby will get music from her, her partner and their environment, concluding that then the baby will be musical. 'Nature' is constructed to transmit aptitudes at the same time as such genetic input can be compensated with, or replaced by, aptitudes developed socially: through 'nurture'. It appears that genes and genetic connectedness are socially flexible and fluid categories that fold and unfold into social categories. What is consistent is a desire for sameness and similarity. I develop this further in the next section.

This section about 'matching' suggest that genes and biogenetic connectedness are disassembled and reassembled in ways which both connect and disconnect the couple and the donor in multi-layered ways. Donors' genes are seen as important but only insofar as they are perceived to carry specific social characteristics that can signify kin connectedness between the lesbian couple, their existing children and the conceived child (and not the donor and the child). The notion of the gene

thus stretches and bends to facilitate the construction of an interpersonal *and* *conceptual* kin connection between the lesbian couple and the child. How this can unfold in everyday life is illustrated in Wendy and Penny's account. Although Wendy is the birth mother, Penny is often told that the child looks like or resembles her. The couple discusses this experience:

Penny	I mean, like even if we had a pound for every time somebody said that our child looks like me, even people that know that he's not my birth child. Your mum says it.
Wendy	My mum does it. [...] Actually, it's not anything other than an acknowledgement of Penny's role as his mum. And she'll say... and, you know, our child has got asthma. And I've got asthma. But you get very allergic to lots of things and stuff. And I think our son was coughing or sneezing one day, and my mum was like, well, you know, he's going to be like that isn't she, because of Penny. It was like, yeah.
Penny	Hello!
Wendy	But mum you know that that's not physically possible though, don't you? Because you were there, I gave birth to him, he grew inside me. [Laughs] And whilst, you know, there are lots of things he would copy from Penny, I don't think allergies is one of them. And yeah, I think people just forget. (Penny, 36 and Wendy, 36)

Although the child's grandmother knows about the biogenetic links in Wendy and Penny's family, she confirms socially the family relationship between the mothers and the child by describing the interpersonal connections as biogenetic ones. This is particularly interesting because she considers the shared familial characteristic of allergy, a medical condition. Featherstone *et al.* (2006) and Finkler (2000) highlight that medical conditions are increasingly conceptualised in terms of genes and family inheritance.

The interviews suggest that both physical and social resemblances are socially and culturally perceived as inherited in families (Featherstone *et al.* 2006: viii), that such constructions have normative dimensions, and that they are negotiated by lesbian couples as they choose a donor.

CONCEIVING SIBLINGS

Earlier studies have noted that couples who conceive using donor conception use the same donor for successive pregnancies (Haimes and Weiner 2000, Jones 2005, Snowden and Snowden 1998). Jones (2005: 321) demonstrates that such preferences do not necessarily relate to a desire for the donor to have contact with the children as they grow up, but that couples want to use the same donor because he is perceived to provide a biogenetic link between the donor-conceived children. In line with this finding, couples in my study typically aspired to use the same donor for successive pregnancies. Amy and Rachel are parents of one (with Rachel as birth mother). They are planning to conceive their next child with Amy as birth mother, and they are hoping to have the same donor. Amy explains:

> It is for her really for our child because, you know once we are dead. If there is only two kids we don't want them to be, because we are not gonna hide the fact that one is from Rachel and one is from me. But we don't want our child to sort of feel that once we are dead there is no link between her and her sibling. So as long as they've got the same donor they can't escape each other even if they want to. You know what I mean they are linked forever and ever not. [...] And if they look similar as well you know. (Amy, 28, mother of one together with Rachel, 33)

Amy's account indicates a belief that genetic congruity between her and Rachel's children, provided by having the same donor, creates stronger bonds between the two children. She imagines that the genetic connection means that 'they can't escape each other' and that they are 'linked forever'. Amy understands the children's sibling connections through ideas of biological ties imagined to have 'the character of constitutive finality that cannot be modified, that once known cannot be laid aside' (Strathern 1999: 79). Amy also explains her aspiration to conceive using the same donor as a desire for the children to look similar.

As with Amy, other lesbian couples in my study typically understand genetic siblinghood to constitute strong, unambiguous and eternal bonds between siblings. This is indicated in Amy's account above where she uses terms like 'can't escape' and 'linked forever' to describe such bonds. Not only do couples imagine that a genetic bond through the donor connects the children genetically, they also

perceive that having the same donor creates genetic connections throughout the lesbian mother family as a whole. Frances states:

> [T]o me it seems important that they're related, genetically. [...] I like the idea that then that kind of ties us all in a link together genetically. (Frances, 34)

Siblings having the same donor can be understood as a family connecting practice through which lesbian couples construe genetic ties between all family members. To Frances, the whole family becomes genetically linked through the donor who is perceived to 'tie' the family together. In contrast, the lack of genetic bonds is sometimes perceived to foster a disconnected relationship between the siblings and thus disconnect family members. This is particularly emphasised in Julia's account. She and her partner are planning to give birth to one child each, and Julia imagines that having the same donor would 'connect' the children:

> [T]ogether with those two babies we would be a family and it would be so good if we could have the sperm of one man, like my friend for instance. [...] That would be fantastic, that would be really good, like sisters or brothers. [...] Well it's a bit more of a family rather than just being strangers, like kids that have no biological link to each other. If they had their dad in common, that would be fantastic. (Julia, 27, planning future children together with partner)

To Julia, genetic congruity represents family connectedness. Interestingly, she fears that not having that connection might mean that her and her partner's children would 'be just like strangers' to each other, but with the genetic connection they would be 'like sisters and brothers'. A social relationship is represented as weak, while a 'genetic' bond represents 'strength': it makes the family 'more of a family'.

Genes, in couples' accounts, represent eternity, fixity and stability. They signal couples' desire for children and parents to remain fixed as family in relation to each other. This provides an interesting comment on Morgan's (1996) notion of family as increasingly defined through practice rather than being an institutionalised entity. When conceiving siblings, couples do not seek to create a

family formation that is recognisable as fluid and unfixed (compare Jagger and Wright 1999, Silva and Smart 1999). Instead, it appears that they are reproducing, not challenging, conventional biogenetic models of family as something fixed and thing-like. The couples in my study express an extraordinarily strong desire – literally and figuratively – to create what can be recognised as a 'fixed' family, and seek to attach their family to the hegemonic biogenetic family ideal. The strength of this desire is particularly illustrated in Hannah's account. She has a child together with Anne, who Anne carried. Even though Hannah would like to carry their second child, she hesitates because of the disruption this poses to the biogenetic connectedness between the siblings:

> I suppose it's the biological thing and that sounds daft. I suppose if I want our child to have a sibling then I want it to be a whole sibling rather than a half. [...] [W]e've got the option of using the same donor. [...] Everybody wants the ideal family at the end of the day. So, I want my children to be biologically related. (Hannah, 23, mother of one together with Anne, 34)

Hannah feels uncertain that it would be 'right' for her to carry the couple's second child because then her family would diverge from what she perceives to be the 'ideal family'. What emerges from the interviews is a culturally conventional view of family connectedness and belonging which sidesteps socially connected families constituted through foster parenting, adoption, step parenting and, interestingly, lesbian couple conception. Importantly, the lesbians in my study seek to comply with the hegemonic family ideal, and to do so even though their lesbian couple donor-conceived family formation is historically excluded from this model.

Some interesting 'movements' between conceptual and interpersonal bonds of connectedness emerge from the interviews, in which lesbian couples conceptualise the genetic and social dimensions of sibling connections. Wendy and Penny are expecting their second child, with Wendy as birth mother of both children. When they were planning this child, the couple were considering adoption. After much thought they decided against it, because they state, they think it is important for the siblings to share genes. However, the donor dad of their first-born declined to act as the donor for their second child, and so the

siblings would be genetically connected through the birth mother only. 'Genetic connections' were therefore not 'fully' realisable. Wendy outlines why, despite this, she maintains that is still important to have a second birth-child:

> It's that commonality of experience right from the start really. Rather than, you know, genetically they could be completely different from each other, of course they could. [...] But it's that fact of our child knows he grew in my tummy. He knows that I gave birth to him upstairs, in the bedroom upstairs. He knows that I breast fed him. He knows that he used to have a bath with mummy Penny every night. And it's that stuff really. It's the sort of stuff right from the start. (Wendy, 36, mother of one and expecting a baby together with Penny, 36)

The couple decided against adoption because giving birth provides the children with common life experiences. Wendy does not value shared substance (genetics) as such, but the *social* sameness that being born under the same circumstances creates between the children. Similar discourses can be found in accounts of why couples think it is important to have the same donor. This is illustrated by Kim:

> [I]f it's two different fathers you can imagine the worst case scenario, the older child goes off to meet her father, say, her father [...], and they get on really well and it's great and they build a relationship and it's fantastic; the younger child he gets to 18, he goes to meet his father, different man, who says, I'm not interested. I don't want a relationship with you. I think that's really, potentially really difficult. [...] If he wants a relationship, and so do they, then they're both in that same situation. (Kim, 30, expecting a baby together with Nicola, 41)

For Kim, having the same donor is perceived as 'fair' because, as she sees it, the children will then have the same relationship with the same man. In Kim's account, the emphasis is on a possible social relationship with the donor, not the genetic congruence between the children. Not only do lesbian couples in my study desire the same donor in order to provide a genetic link between children, but they also want to position their children the same way socially in relation to a donor (who is potentially knowable in the future).

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What emerges strongly from the interviews, and perhaps most clearly in Wendy and Kim's accounts above, is a desire to construct links between the children which represent sameness, not difference. My data indicate that sameness can be found in genes, looks, characteristics, race and growing up in the same way. This construction of, and the desire for, sameness is also emphasised as Wendy explains the importance of giving birth to, rather than adopting, her and Penny's second child:

> [B]y having another birth child you could be giving our child somebody who shares that... yes, shares the genetics but also shares the experience of being parented by us in that same way.[...] Right from the off and all that. And also it'll be... [...] in an unusual parenting situation they can provide that kind of peer support to each other in a different way that potentially... yes, you can't legislate to whether two children, two siblings, are going to get on. That's never going to be possible to work that out. But you potentially have more of the factors going in the same direction if we're doing it from a birth route than if we're doing it from adoptive route really. (Wendy, 36)

Wendy states that, shared genes and a shared social background 'right from the off and all that', mean that the children 'potentially have more of the factors going in the same direction'. What she and Penny carefully try to construct as they conceive are similarities between the two siblings as they grow up.

Genes and social similarity are seen to facilitate 'peer support' (although, as Wendy states, it is still uncertain whether the children will get on). Nevertheless, she emphasises that such support is important in relation to the mothers' 'unusual parenting situation', i.e. lesbian motherhood. Harrington *et al.* (2008: 412) suggest that a shared 'genetic' relationship with only one parent or donor legitimises and provides stability to the donor-conceived family, though, conventionally, this is deemed an illegitimate family model. Constructing 'genetic' connections in the lesbian mother family offer family fixity and legitimacy to a family formation that does not in other ways comply with hegemonic family ideals. Seeking genetic connectedness and sameness can thus be understood as a response to the marginalisation of lesbian mothers and represents a way to strengthen a family formation which is culturally seen as illegitimate.

NAMING FAMILY

My interviews with lesbian couples also indicate that they choose their and their child's surname consciously and carefully. In similar ways to Sullivan (2004) and Almack (2005), I found the consideration of surnames to be an important part of lesbian couples' process of conception. Sullivan (2004: 59) indicates that giving the child the surname of the non-birth mother counteracts the power imbalance generated by her lack of genetic connectedness. Almack (2005: 246) notes that birth mothers are understood to have the power in the relationship to 'give away' the choice of the name of the child to her partner. This, she argues, suggests that, although family formations are changing, boundaries around motherhood are persistent (p. 250).

While these studies explore surname selection in relation to birth mother/non-birth mother relationship, the meaning attached to surnames in relation to notions of family remains largely unexplored in the context of lesbian families. Neither is the meaning of names in sociology at large thoroughly researched (Finch 2008, for exceptions see Suter and Oswald 2003, Suter *et al.* 2008). Finch (2008: 721) suggests that 'the social act of naming [...] is fundamentally rooted in kinship'. She argues that names symbolise a social connection and 'provide a potential set of tools with which family relationships can be constituted and managed' (p. 713).

My interviews suggest that names, and the giving of names, are a significant part of the repertoire through which lesbian couples construct family. Commonly, my interview data indicate that, when genetic connections are missing, family names constitute other ways of making family connections. Lisa and her partner tried to conceive over a period of four years during which she and her partner took turns in trying to become pregnant. Lisa states:

> We both had to reach the point where we were comfortable raising a child that wasn't biologically our own and we both had to find a place where we felt confident that that child was our child, regardless of whether it was biologically related to us or not. I think the name played a part in that. This child was going to have my name. It might not have my genes, but it's going to have my name. (Lisa, 29, parent of one together with partner)

Lisa states that the birth mother has a 'biological' connection to the child but that the non-birth mother's connection is more ambiguous. She indicates, however, that sharing names, like sharing genes, can make connections. Thus, it appears that names can substitute for genes in making family connections. Lesbian couples use interpersonal (names) and conceptual (genes) forms of connectedness *together* to construct family (compare Strathern 2005).

Sally's account (below) demonstrate how family names are also experienced as important to lesbian couples as they are perceived to signal family to a relevant other. Sally states:

> [W]e are going to change our names and ID's prior to getting married. So the child has got double barrel. Because then it would have my surname you know. That way it gives the child the illusion that, on a piece of paper... [W]e are related, aren't we? If Anna [birth mother] drops dead it would be like, hold on hold on, and double barrel surname sort of thing you know. (Sally, 33, trying to conceive together with Anna, 32)

Sally constructs parent-child connections to the baby through sharing the same last name (see also Cadoret 2009, Suter and Oswald 2003). She understands this as a way to safeguard their relationship in case something would happen to the birth mother, Anna. Finch (2008: 714) demonstrates that families must do 'display work' through which they can be recognised as such by others. For Anna and Sally, the family name is a way to create visible and tangible family connections and signal to a general public who constitutes that child's family (cf. Finch 2008: 717). Names can have high symbolic value as a means of creating family connections, particularly when there is little institutional support for a particular family form (Bond 1998 in Almack 2005: 245). Emily's account illustrates this further:

> It kind of feels important to me to all have the same family name. [...] [I] think that that to me sends out quite a clear message to other people and certainly if the child had my family name and Poppy had a different one I think that would complicate her situation even further because, you know, well, you didn't give birth to [the baby] and you don't even have

the same name as it. So I think that it would be good to all have a family name. (Emily, 36, trying to conceive together with Poppy, 32)

Emily's account suggests that lesbian families can use family names to make family connections where genetic ones are missing, and through such practices signal family connections and boundaries to relevant others. Commonly, lesbian couples in my study see a shared family name as something which links them together and marks the boundaries of the family:

> [I]t will be nice to have the same last name, so we will kind of be joined up, [it is] also important in terms of us and our children all having the same surname. (Poppy, 32, trying to conceive together with Emily, 36)

A shared surname symbolises family connectedness and allows lesbian mothers to construct themselves as family. In contrast, having different names in the same family is represented as 'awkward':

> I think to take on the name so that the kids have one name for the whole family and then there's no, well, that mummy's called this and I'm called this, because I always think in families where that happens anyway and you've got a step-dad comes in and you've got that situation, it's awkward. (Gillian, 56, mother of two together with Caroline, 30)

Gillian sees different surnames to represent a disconnection between a parent and a child and something that must be explained because it is 'awkward'. Interestingly, she refers to what can be recognised as relatively 'new' family formations (step-families) to represent a situation where such awkwardness can occur, whilst disassociating her own family from such 'new' families. Lesbian couple families are often seen to represent creativity and diversity in the literature (Stacey and Davenport 2002, Weeks *et al.* 2001). My findings, however, indicate that lesbian couples do not identify their own family with diverse, different and 'unconventional' family forms.

Couples also see names as constructing, and forging, cross-generational family connections. Shelly and Rosie are civil partners and Shelly has taken Rosie's last name. The couple also want the baby to have this name:

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Rosie Yeah we wanted this child to have the same, the same family name.

Shelly Rosie is sort of close to the whole family so we chose that. (Rosie, 25 and Shelly, 30)

By their choice of name, Rosie and Shelly seek to connect themselves and display a connection with the larger kinship group of Rosie's family. This creates a social identity of the child as belonging to that kinship group.

Surnames are used to express kin connections, but they can also be used to forge kin connections. Culturally, family names are perceived to signal blood connections (Finch 2008: 717). Kim and Nicola are expecting a baby, but Nicola's father, who Nicola perceives as 'old school and traditional', disapproves of their lesbian conception. Kim and Nicola have made the decision to give the baby Nicola's last name to try and make visible the family bonds between Nicola and the baby and forge family bonds between the baby and Nicola's father. Kim states:

> [T]he other thing that might change maybe your dad's feeling about it is we'd decided that we want the baby to take Nicola's surname. [...] I feel really strongly that it's a really good way to kind of... for Nicola to kind of automatically feel connected to the child; that it carries her name; yeah, it carries my genes, but it carries her name, means there's that immediate connection there. And I'd be interested to see how your dad feels about it being your name, whether that will change... (Kim, 30, expecting a baby together with Nicola, 41)

As Almack (2008: 1194) demonstrates, lesbian families need to renegotiate relationships with families of origin as they become parents. Often, recognition as a family is in question (Almack 2008: 1193). Kim and Nicola's decision to give the child Nicola's last name is in part a gesture to encourage Nicola's father to accept the child as his grandchild. In this case, the choice of surname is made strategically to compensate for the absence of a biological connectedness in an attempt to seek recognition as a family by Nicola's family of origin.

BECOMING CIVIL PARTNERS

The UK Civil Partnership Act 2004 came into force on 5 December 2005. There is, to date, limited research into what civil partnership means for same-sex couples (for exemptions see Shipman and Smart 2007, Smart 2008b), and what it means to couples as they pursue conception.

Many couples in my sample wish and seek to become civil partners. As stated above, 16 of 25 couples have registered, or were planning to register, their civil partnership. As I undertook fieldwork, I often saw photographs of the two partners on their wedding day placed centrally in the house, commonly on the living room mantelpiece or in the hallway. Rachel and Amy, for example, had artistic-looking black and white photos of themselves in white wedding dresses framed and placed decoratively around their home. Couples often spoke of their civil partnership as an important occasion for them as a couple and for their children. For example, Wendy and Penny stated that their five-year old proudly spoke of their wedding as his wedding. Katy and Chloe, who were planning conception when I interviewed them, also spoke enthusiastically about their wedding-plans.

Legal protection as parents

As stated in Chapter 1, complex laws regulate the parental rights and the legal position of the birth mother, the non-birth mother and the donor. The non-birth mother's rights as a parent are not automatically protected in law. As already noted, when this empirical study was undertaken, legal arrangements had to be made for her parenthood to be recognised, and many couples have gone through adoption procedures after their children were born to secure legal parenthood for both partners. What emerges from the interviews is that couples experience the civil partnership as one way of securing legal recognition for the non-birth mother in relation to the child:

> The civil partnership thing to me is an easier way of... the easiest way of securing parental responsibility. (Emily, 36, trying to conceive together with Poppy, 32)

While Emily, who is planning to be the birth mother, will have her motherhood automatically recognised by law, Poppy's legal status as a parent is more

ambiguous and harder to secure. Legal recognition is experienced as essential in lesbian couple's desire for mutual motherhood. This is further illustrated by Jane's account about becoming civil partners:

> And I think it was more important because we were planning to have a baby as well...[...] So, I mean, we felt it was important that if you go to the doctors, if you go to the nurses, you know, it's my partner, my civil... my legally recognised partner here and, you know, I'm a parent. Because you don't want to rely on the goodwill of people because there will come situations when it really matters. (Jane, 35, mother of one together with Frances, 34)

Jane perceives civil partnership as an affirmation of both the couple's partnership and joint parenthood. She relates the need for such affirmation to the risk of not being recognised as partners and parents. Becoming civil partners offer legal securities which in turn is a way for lesbians to display and affirm to relevant others that they are a family. Recognition as such, Jane states, can 'really matter'. Legal recognition is experienced as essential to realising lesbian couples' desire for mutual motherhood. It constructs, affirms and fixes both women as mothers. A majority of the couples expressed a desire as well as a need for such recognition.

Registering partnership, connecting families

For Sally and Anna, who support themselves on Sally's salary and Anna's state benefits, entering into a civil partnership means that they are worse off financially (because then Anna is no longer eligible for benefits). However, although entering into a civil partnership would be financially disadvantages for the couple, they state that are planning to 'marry' when their baby arrives. This suggests that they strongly value 'getting married':

> Anna   Yeah we'll get married.
> Sally   Yeah we will definitely [emphasised].
> Anna   So we give that child the family unit. (Anna, 32 and Sally, 33)

Anna and Sally frame their desire for marriage as a desire to give their future child 'the family unit'. Euro-American kinship system views individuals as related

either by material substance (blood) or by law (marriage) (Schneider ([1968] 1980: 37). According to Strathern, marriage is one of the two central ways in which kin connections are forged between individuals. Both, she suggests, are structured by procreation:

> Persons we recognise as kin divide into those related by blood and those related by marriage, that is, the outcome of or in the prospect of procreation. (Strathern 1992b: 16f.)

Marriage, it appears, is a social tool for making family connections in relation to procreation. Anna and Sally's account highlights an important finding in the interviews, that is, that couples typically see entering into a civil partnership as 'getting married', thus understanding the act to carry the meaning of marriage.

Socially, marriage is commonly marked and recognised by the fact that, after marriage, the partners have the same family name (cf. Finch 2008: 716). Caroline and Gillian conceived both their children before the Civil Partnership Act came into force December 2005. They decided that the children would have Gillian's family name and that Caroline would change her last name to Gillian's before the children were born and prior to the Act:

> I changed my surname to Gillian's name before we had the kids, so that once they were born we would all have the same name. (Caroline, 30, mother of two together with Gillian, 56)

Caroline and Gillian's account indicate that, by having the same family name, they seek to construct the family boundaries that marriage and shared names signal. Caroline and Gillian registered their civil partnership the day the law came into force – 'We did it before Elton John', as Caroline puts it. When doing so, the fact that they had the same family name confused the officials:

Gillian	Yes, because we had a bit of an issue when we went to be civil partners, because they said, excuse me can you just clarify if …
Caroline	Yes, they thought we were related.
Gillian	That you're both Appleton. Can you … are you related? No, no, not at all. (Gillian, 56 and Caroline, 30)

Caroline and Gillian's account demonstrates such perceptions that names are understood to symbolise family connections, and that this is interconnected with the social practice of getting married. Their experience suggests that also same-sex civil partnerships are constructed according to conventional kin formations which prohibit incest. They were asked to clarify if they were related or not. The practice of civil partnership, or marriage, forges new kin connections, and cannot be confirmed where a connection already exists (see, for example, Rubin [1975] 1997).

Being married has a particular importance in the context of lesbian couple families who conceive together, as illustrated by Poppy's account:

> Petra What does it mean to you, being married?
>
> Poppy [That we are] joined up in the metamorphical sense, i.e. all with same names [...] partly because you know many straight people have kids and don't get married, but they are OK because they are both biologically related. Well I wouldn't be, and nor would Emily if I gave birth (Poppy, 32, trying to conceive together with Emily, 36)

Poppy states that being married and sharing last names are particularly important to the lesbian mother family because of the lack of biological connections between both parents and child. Her account indicates that, while a heterosexual couple might not need to get married to be 'family', marriage enables lesbians to construct family *where such connections are in question*. Young and Boyd (2006) suggest that marriage and civil partnership for same-sex couples can be seen as mapping onto heterosexually normative models of coupledom. My study indicates that lesbian couples embrace rather than reject these normative dimensions of what it means to marry, exactly because it enables them to attach their family to hegemonic family ideals. Lesbians, it appears, do not have the privilege of families which conform to a hegemonic model and therefore feel that a legal bond, in the form of a civil partnership is necessary for them and their children to be recognised as family.

Civil partnership, marriage and procreation

Marriage is central to the institution of 'the family'. Schneider ([1968] 1980: 33) states:

> 'The family' is a cultural unit which contains a husband and wife who are the mother and father of their children.

Anne and Hannah discuss the external expectations they feel since they became parents to register a civil partnership:

Anne [Getting a civil partnership] is something that we will do. I think we feel forced into it, because of the whole ...

Hannah Everybody's doing anything you should because you've got a child. [...] And when we say we haven't, people ask why. (Anne, 34 and Hannah, 23)

Anne and Hannah experience that having a child and not being civil partners raises questions. That 'everybody is doing anything you should' indicates that they experience that registering as civil partners has become part of what is expected of them as a couple who have a child together. What Hannah suggests is that they are expected to conform to ideas of what families 'do'. Some couples in my sample, like Anne and Hannah, relate to, but are critical of, such conventions. Others identify with them:

Shelly Yeah. And we really wanted to [get married] before the baby so. I guess the baby plans had pushed maybe the wedding but yeah. [...]

Rosie Yeah this is the traditional way isn't it. We probably wouldn't do it the other way around. [...] To have the baby and then get married. (Rosie, 25 and Shelly, 30)

To Shelly and Rosie, it is important to follow the convention to 'marry' before the baby is born. Some couples in my study further see 'being married' as important for the welfare of the child. For example, Kim and Nicola perceive their marriage as providing emotional stability and normality for the child:

Kim   I also felt that just… I don't know… really traditional right-wing of me… that kind of it's better for parents to be married to each other. I just kind of believe that.

Nicola   Like, that it is two women is neither here nor there [laughter]?

Kim   But, no, I do. I kind of do feel like that though. You know, my parents have been married for God, 37 years, and they've had their ups and downs, but they've stayed married and I think… you know, Nicola's parents were divorced when she was quite young and I see the impact that that's had on her emotionally, and I just think it's really important for parents to be together kind of formally, legally, and to do everything in their power to stay together if they can. […] I feel that's really fundamental. (Kim, 30 and Nicola, 41)

Kim perceives marriage to provide stability to the child. My other interviewee Emily also indicates that it can be important for the child that the parents are married:

Emily   [I]t might feel important to the child. I don't know.

Petra   How do you mean?

Emily   To know […] that their parents are married, if you like. […] I mean, my parents are married and Poppy's parents are married. I don't know whether there is any kind of confusion or stigma these days around the idea of, you know, having a mum and dad, or two mums, or two dads, or whatever, who aren't married for the child, you know, whether that's the kind of thing that goes on in the playground. (Emily, 36, trying to conceive together with Poppy, 32)

My interviewees quoted here hold views that marriage benefits the child: it should precede procreation (Rosie), it is constructed as 'normal' and sought to avoid stigma (Emily) and it is represented as providing relational and emotional stability (Kim). It is seen to offer stability (not fluidity) and should happen before (rather than after) conception.

Marriage and civil partnership are, interestingly, merging as concepts, understandings and lived experience for the couples in my sample. Not only do they use the terms 'marriage' and 'civil partnership' interchangeably to describe what partnership recognition means to them, same-sex relationships, and same-sex procreation, are also understood in terms of (not in contrast to) conventional family, parenthood and procreation ideals. Interestingly, Rosie, Emily and Kim minimise the importance of the 'lesbian' dimension of their family in making traditional claims about the meaning of marriage. For example, Emily emphasises marriage but marginalise sexuality. This is signalled by the 'whatever' in her account above when she states 'having a mum and dad, or two mums, or two dads, or whatever'. This can be understood as an increasing normalisation of homosexuality and homosexual identity and couple relationships (Seidman 2002, Richardson 2004).

These findings lend weight to Shipman and Smart's (2007) earlier indications that same-sex marriage carries meaning in the context of same-sex parenthood and procreation (see Chapter 3, section 'Same-sex coupledom and marriage'). My study builds on and develops these findings by demonstrating the central place that the civil partnership holds for lesbians who conceive. The civil partnership forms an important process that signals status and kin connectedness, and which legitimises and constructs family boundaries. The couples see marriage as something that fixes and stabilises the connections between the two partners: 'the marriage has like cemented [our relationship] so much' as Linda puts it. The solidity that comes through civil partnership is understood as positive in relation to the conception. Wendy's account illustrates:

> I think, because of our child, it made it additionally a sort of thing of legalising our relationship to give… just to give a little bit more solid ground to the solid ground that was already there. (Wendy, 36, mother of one and expecting a baby together with Penny, 36)

Couples in my study seek to create a family which mirrors a conventional biogenetic model where family bonds are constructed as fixed and stable. They identify 'good' parenthood with the traditional fixed and stable biogentic, nuclear family model.

'NORMAL' FAMILIES

Stacey and Davenport (2002: 356) suggest that gay and lesbian families constitute part of increasingly diverse family formations that destabilise the concept of what a 'normal' family looks like (see also Stacey 1996). Although lesbian families are persistently included in such accounts, lesbians in my study do not necessarily see themselves forming families that represent 'diversity' or 'difference'. Rather, they commonly define their own families as 'normal' and conventional:

> Specially nowadays because so many kids have got not normal families you know. They've got all sorts of random things haven't they. [...] The people that like have got you know two parents with their separate children and then move in together and have more children. It is so complicated. Ours is relatively straightforward. Just that one of us is the wrong sex. [sighs] Ah I don't know. (Amy, 28, mother of one together with Rachel, 33)

Amy places her own family within (not outside) a concept of 'normal' families and contrasts this family form to what she sees as 'more complicated' ones. My study indicates that lesbian couples identify with, and seek to reproduce, traditional notions of what it means to be a 'normal' family, constructing their own families as such (compare Richardson 2005: 519). Importantly, this signals that lesbian couples identify with being 'normal' when they construct a story about their family. This indicates that this is an identification which is available to them (compare Seidman 2002). Celebrations of lesbian families as 'different' (Donovan 2000, Dunne 2000) and 'creative' (Weeks *et al.* 2001) are absent in my interviews. Instead, what emerges is a strong emphasise on being normal, ordinary and 'fitting in'. Howell (2003: 475) demonstrates similar findings in the context of transnational adoption.

   The construction of lesbian couples, and the lesbian family model, as 'normal' is associated with an appeal to conventional, not radical, gender and family values. Kim and Nicola were in the process of planning conception when they met up with some friends of theirs. Kim talks about the impact that this meeting had on Nicola:

> Nicola [...] could kind of see these are normal women; they're not some kind of weird ghetto-eye lesbians with shaved heads and dungarees who kind of live in their own little world; they're actually... they're normal, they look like normal women; they're middle class, they're teachers, they're just like us in fact. And they have a child, and it's completely normal and there's nothing weird about it. (Kim 30, expecting a baby together with Nicola, 41)

The 'normal' lesbian couple who have a child together is constructed in contrast to lesbians who diverge in appearance and actions from hegemonic femininity. The 'normal' lesbian is constructed as the 'good gay' while lesbians who diverge – and are 'ghetto-eye lesbians, have shaved heads and wear dungarees' – are constructed as 'bad'. Drawing on Richardson (2004, 2005), these findings can be seen to map onto a distinction between 'good' same-sex couples, who 'are normal', get married and have children, and 'bad' which diverge from this heterosexual 'gold standard'. This is central to politics of normalisation. As Kim's account above indicates, those who reproduce culturally conventional genders and live in domestic, marital-like partnerships are perceived as good citizens.

This normalisation of intimacy can be seen to contribute to, and intensify, the production of illegitimacy (Butler 2002: 17). The discursive construction of 'good' gays implicitly constructs illegitimate 'bad' gays. Amy reflects on her and Rachel's wedding and what she thinks it demonstrated to her parents:

> I think it was nice when we had the wedding that, [our parents] got to see, for my way anyway they got to see that, we do have friends and we do have friends that are normal. They are not all like transvestites and, freaks and you know. Our friends are actually normal people. And I think that was quite reassuring for them. (Amy, 28, mother of one together with Rachel, 33)

Amy constructs the 'normal' same-sex couple against a construction of illegitimate 'others' – 'transvestites and freaks'. This placing of same-sex couples within this normality brackets same-sex couples and heterosexual couples together and sets both in a privileged position vis-à-vis other intimacies. Thus, it divorces same-sex couples from marginalised sexualities with which they have historically

been related. This construction of 'normality' is, however, not without difficulties for couples in my study. Their normalisation of homosexuality and the lesbian mother family stem from and relate to an historical, and ongoing, marginalisation and stigmatisation of homosexuality and homosexual mothers and families (see, for example, Calhoun 2000, Goffman 1968, Lewin 1993, Seidman 2002, Sullivan 2004), creating a tension in their construction of being 'normal'. Some couples in my study find it hard to reconcile the fact that, despite all their 'normal' family practices, they are not a biogenetically connected family. Shelly and Rosie discuss the importance of genetics:

Shelly If you were to take your egg and then [place it] in my womb. I think people tend to see it as too much clinical involvement really.

Rosie No I reckon if it was, more readily accessible and it wasn't as hard as it is, a lot more people would do it. And that's where genetics comes in. For that sense of, for both partners to have that bond with the child, to have that increased sense of a bond that is the perfect solution.

Shelly The thing is once you bring it up, once you start talking about genetics in that way, you are saying that I want genes to be involved. Then you have already got sort of, you've got a complete stranger's genes involved in...

Rosie Yeah I know. But that's like, but then what I have to do is to get my head around the fact that beggars can't be choosers. And so, I just have to accept the situation. (Shelly, 30 and Rosie, 25)

Focusing on what Rosie is conveying in the above dialogue, she positions her and Shelly's process of becoming parents as inferior to heterosexual practices: 'beggars can't be choosers' she says, implying that she values, and prefers, biogenetic connections. 'Being normal' does not mean conceiving using a sperm donor, genetically or socially. Amy's account further illustrates this:

[F]rom our point of view, we do want [our children] as soon as possible just because then it's done [emphasised]. And you can forget about sperm donors and you know. Because it is not normal. Sperm donors isn't normal. We are like a normal family, we are a normal couple in a

normal house in a normal street you know. And this part of our lives is not normal. And I will just be really glad when, you know, I would say bye bye sperm donor, this is our family and we can just go to the Centre Parks, go on holiday, just be normal. You know. [...] Normal families don't have to you know think about how they are going to go down the motorway to conceive their baby. Because you [upset voice] they don't do that. You know. I'll be so glad when that is all done. (Amy, 28, mother of one together with Rachel, 33)

The lesbian couples' construction of themselves as 'normal', according to conventional ideals, is fragile. The couples' account convey a strong sense of wanting to fit in at the same time as the intrinsic part of their conception – i.e. conception via a sperm donor – is deemed illegitimate by the same standards. As noted above, (Chapter 3, section 'Civil rights and the 'good' homosexual'), Clarke (2002) notes that within a discourse of 'sameness' and 'normality' there is no room to articulate difference. The above account does not only display Amy's strong sense of being normal, but also how she seeks to get the conception 'over with' as it diverge from this sense of 'normality'. It also displays the pain and discomfort that is associated with marginalisation and difference. Amy desires normality but experiences, and resents, the everyday marginalisation of her parenthood:

It is just all these things that, you know, that make it less normal. All you want is a normal life. And it is all these little crappy things that you have to do to almost keep remind you, oh she is not your child. Oh, you are not normal. Oh, you are not a family. You are a freak show. (Amy, 28)

CONCLUSION

This chapter has explored the ways in which lesbian couples construct families. It has demonstrated that lesbian couples desire, make and perform particular family connections, and thereby construct family, through what I suggest can be seen as a repertoire of practices. These practices have the same underlying purpose and direction. 'Matching' looks, race and social characteristics, making biogenetically connected siblings, choosing family names and seeking partnership recognition

together carry meaning because these practices are used as tools which attach lesbian couples and their children together as family. Couples emphasise and use both conceptual (for example, looks, siblings) and interpersonal (for example, names, marriage) discourses of what makes family connections and by deploying a repertoire that draws on both sets of connections, they construct themselves as families in multi-layered ways. I suggest that couples organise, or desire to organise, these different practices in specific ways because they *in combination* express and make family connections. In this sense, these practices are 'family connecting practices'.

It is through this assembly of practices that lesbian couples place themselves within hegemonic notions of the biogenetic nuclear family. For example, couples desire donors through whom they can socially construct sameness in looks, race and characteristics. Lesbian couples also desire their children to be genetic siblings. Family names and civil partnerships are seen as elements which 'tie' families together. Emerging from these repertoires is a strong emphasis on reproducing the same and to reject that which is seen to represent difference. Couples undertake practices which represent continuation, not originality. Their practices emphasise a desire for solid and fixed family relationships, genetic relatedness and nuclear families.

Gay and lesbian family formations have been theoretically positioned at the forefront of changing family formations by Stacey and Davenport (2002) and Weeks *et al.* (2001) (see Chapter 3). Lesbian mothers are also commonly seen to challenge modern family and gender conventions (see, for example, Agigian 2004, Dunne 2000, Donovan 2000, Sullivan 2004). However, I have demonstrated in this chapter how the lesbian couples in my study distance themselves from the constructions of themselves as 'different'. 'Family', in their accounts, is constituted and represented in line with a conventional family model, signified through biogenetic connections and fixed family bonds. It appears that family is constructed as a 'noun' rather than as a 'verb', which runs counter to an emphasis on contemporary family life as practice (see Morgan 1996). Couples in my study rehearse conventional, not creative, ideas of what makes a family (compare Weeks *et al.* 2001) with the interviewees conveying a strong desire to be ordinary and to fit in.

My findings indicate that a theoretical framework of legitimacy/illegitimacy can usefully be deployed to understand lesbian couples' desire to be 'normal'. As demonstrated in this chapter, lesbian couples experience and deploy family connecting practices as routes and repertoires which construct legitimacy around their families. Couples avoid difference to avoid stigma. By performing 'normality', lesbians can contain conception between two women via a donor without this disrupting the construction of the lesbian couple's family as 'family', and their desired way to be a nuclear family. Inevitably, however, this is a precarious construct: lesbian couples and donor conception are, by definition, excluded from such hegemonic family ideals.

These findings run counter to Roseneil's (2000: 3.8) suggestions (noted in Chapter 3, section 'Transformations of intimacy'), that 'queer tendencies' can be found in contemporary family life, and that the heterosexual/homosexual binary is undergoing significant destabilisation. In contrast, my study indicates that the heterosexual, biogenetic nuclear family discourse has ongoing power to define and legitimise family in contemporary societies for family formations which, on a structural level, appear to challenge it. This power emerges from the lesbian couples' assembly of practices and display of family connectedness that they so carefully undertake to construct families, and through which, they hope, they will be perceived by others as family and feel like a family themselves. My findings suggest that the families of lesbian mothers, which do not structurally resemble a traditional heterosexual biogenetic nuclear family, feel particularly vulnerable to social stigma and to not being recognised as 'family'. This highlights an ongoing hierarchal relationship between heterosexual and homosexual intimate formations.

CHAPTER 9 CONCEIVING TOGETHER

INTRODUCTION

This thesis has examined how lesbian couples experience and understand donor conception. It has explored the tension between couples' need to involve a donor and the couples' romantic aspirations and desires to be a conventional nuclear family. It has sought to explore and develop an understanding of the complex and multi-layered ways in which lesbian couples seek to manage and negotiate this tension in their pursuit of conception and parenthood.

The thesis was built up in two parts. First, I explored how lesbians' experiences of conception are represented in social science literature: in studies into lesbian reproduction and feminist research into reproductive technologies, and in wider areas of research into kinship and assisted conception, transformations of intimate and family life, and the politics of gay and lesbian normalisation. Through an extended literature review, presented in Chapters 2 and 3, I mapped, and critiqued, the absence of research into lesbian donor conception. By both drawing on and adding to these existing fields, the empirical study sought to fill the gap evident in the literature. Based on 25 interviews with lesbian couples in England and Wales who pursued donor conception, the study addressed this gap by looking at the material and practical dimensions of donor conception as couples conceive clinically or self-arrange conception (Chapter 5 and 6), by investigating how couples construct a joint conception processes and, in doing so, manage the practical and kin dimensions associated with using a sperm donor (Chapter 7), and by looking at how couples make family connections and, through a repertoire of practices signalling family bonds, construct themselves as family (Chapter 8).

This concluding chapter focuses on the key themes that run through the thesis as a whole. It does not aim to summarise the findings of the individual chapters, as these are contextualised within the relevant theoretical literature and in relation to previous empirical work within each chapter. Instead, it seeks to outline generic insights that cut across these chapters. This conclusion also indicates how the

thesis contributes to wider sociological debates and how the generated perspectives may question some of the more dominant theoretical viewpoints and boundaries in related fields of research.

REPRESENTATIONS OF LESBIAN CONCEPTION IN THE EXISTING LITERATURE

The literature review of sociological and anthropological work signalled three overriding gaps. First, it suggested that existing research is heavily weighted to one community: lesbians in San Francisco, and that, second, UK research, to date, has been limited and small-scale. Third, I noted, based in the literature review, that there is little conceptual overlap between studies researching reproductive technologies and kin connections, and those researching family practices. I thereafter turned to social science fields of knowledge to identify theoretical handles that – in principle – would be conceptually helpful in understanding lesbian donor conception. The social sciences field of research were feminist studies into reproductive technologies, anthropological studies of assisted conception and kinship, sociological work on transformations of intimacy and studies of politics of gay and lesbian normalisation.

   The debates reviewed did provide rich resources for the understanding of lesbian donor conception. The studies of reproductive technologies, discussed in Chapter 2, indicate that such technologies raise specific questions related to gender and technology, and that women understand and negotiate these technologies in multiple ways as they become part of their everyday lives. Anthropological work in the area of kinship and assisted conception makes clear that donor conception raises a number of questions related to Euro-American kin discourses, such as, for example, who is kin and why, what does it mean to be connected as kin, and how does donor conception impact on constructions of family, parenthood and personhood. Sociological studies into changing patterns of family life suggests that patterns of intimacy are changing; intimate relationships and family life in late modern society are conducted in new, more diverse ways which, in contrast to previous periods, are characterised as more fluid and based around 'practice'. Sociological work in the area of sexualities suggests that homosexual life experiences are increasingly characterised by the politics of

normalisation. I cannot emphasise enough how influential these literatures and debates have been for my thesis.

However, what the extended review of the literature also demonstrated, was that although lesbian conception touches on these fields of study, research in the fields does not touch on lesbian conception. What emerged was both an empirical and conceptual gap, evident not only in the limited number of empirical studies, but also in theoretical perspectives which fail to recognise and register lesbian conception. The review demonstrated that lesbian conception was missing to an almost extraordinary extent. Lesbian conception and motherhood are absent; they are an almost unknown, non-existing phenomena in these areas of research.

In seeking to explore the form of this gap, I found that the literature review demonstrated a specific representation, an imaginary, of who conceives. Drawing on Ingraham's (1996) notion of a 'heterosexual imaginary' which she develops through Althusser's work on imaginary as 'that image or representation of reality which masks the historical and material conditions of life' (Ingraham 1996: 169), the imaginary that transpired was one which defines, depicts and describes women who conceive as heterosexual. This sat alongside a representation of gay and lesbian intimacies as non-procreative. I found that in research focusing on conception – such as feminist studies of reproductive technologies and work on kinship and assisted conception – same-sex conception is invariably obscured, absent and invisible. I also observed that sociological debates on contemporary family and intimate life as well as gay and lesbian politics of normalisation are less likely to consider reproduction and conception, and although gays and lesbians figure within these areas of work, they are not perceived and represented as reproductive agents. Indeed, it is their position as non-reproductive that characterises much of the conceptual work around same-sex intimacies (Giddens 1992, Weeks *et al.* 2001, Weston 1991). Thus, lesbian conception is doubly invisible.

While the literature review provided tools for a theoretical framework for understanding how lesbians may conceptualise the pursuit of conception, the review indicates that existing literature fails to account for how lesbians experience donor conception. For example, the literature fails to cover how technology is perceived and experienced in the context of lesbian conception; amongst this group such technologies are a well-established method of

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conception. For lesbians, conception is not 'a fact of life' and technologies do not constitute an intervention to remedy unsuccessful conception by heterosexual intercourse. Furthermore, I found that the literature had little to say about self-arranged conception and its complex practical and material dimensions; for example, how conceptual and interpersonal kinship is imagined in the context of lesbian donor conception, and how family resemblances are constructed in this context. It was further unclear how lesbian conception relates to notions of increasing individualism, de-traditionalisation, family fluidity and diversity, and, in particular, a perspective on gay and lesbian family constellations as 'creative' and 'chosen'. It was also uncertain how same-sex reproduction relates to normalisation politics, and the discourse of the 'good' homosexual.

I have sought to answer many of these questions throughout the empirically based chapters of this thesis. In Chapter 5 and 6 I report on how lesbian couples practically and emotionally experience self-arranged and clinical conception. In Chapter 7, I discuss how lesbians practically and conceptually manage using a sperm donor and how they construct their own legitimate parenthood around the ethics of care. In Chapter 8, I discuss how couples understand family resemblances and seek to be a 'normal' family. What emerges from the study, covered within and between these chapters, is a narrative about lesbian conception that may question and destabilise some of the distinctions and frameworks found in existing literature. I therefore now move on to outline this narrative and the ideas intrinsic to it. After this I turn to discuss the ways in which it poses challenges to the conceptual frameworks and constructed knowledge boundaries in established fields of knowledge, as well as the way in which it opens up new possibilities for future research.

LESBIANS CONCEIVING TOGETHER

The interviews with lesbian couples indicate that they pursue conception as a joint project and this is characterised by an irreconcilable tension between acquiring donor sperm and a motivation to conceive a nuclear family. What emerges from their accounts are a set of processes which seek to manage this tension, with respect to the practical and material dimensions of donor conception as well as its more conceptual and discursive dimensions. With greater or less degrees of

success lesbian couples accommodate this tension through a process of disassembling and reassembling conception and what it means to become parents. The couples in my study negotiate donor conception by disassembling it, practically, materially and conceptually, into separate 'building blocks' which they reassemble, meticulously and deliberately, in coordinated ways. These insights into the empirical data draw on and develop Thompson's (2005) concept of an ontological choreography and her observations that parents are made in infertility clinics through a process of separating and bringing into coordination biogenetic and social modes of connectedness (2005: 166).

Lesbian couples manage the planning, preparing and the undertaking of donor conception by picking it apart and making each part a separate object of knowledge and negotiation. The building blocks in this process are: doing research, deciding what method to use, funding treatment (in clinics), deciding whether to have a named/unnamed donor, mapping ovulation, reaching a parental agreement with donors (in self-arranged conception), vetting donors in terms of health (STD's) and trustworthiness (in self-arranged conception), travelling to clinics/donors and using the reproductive technology (Chapter 5 and 6). As the couples seek to construct a process of conception in which they are the originators of the child that they hope to conceive, they disassemble and reassemble sperm donations, inseminations and the conceptual kin value that travel with donated gametes into different pieces. Such pieces are, for example, masturbation, donation, insemination, love, intimacy, sex, privacy, presence, gametes, care and biogenetic connections. Couples also make family connections and construct themselves as family through a carefully planned assembly of routines which signal belonging and togetherness. This assembly is made up of finding 'matching' donors so that couples can construct physical and racial resemblance and social congruity. Family attachments are also constituted through their aspirations to conceive biogenetically connected siblings, sharing family names, and registering civil partnerships.

The study indicates that lesbian couples make these parts come together in a conscious and careful coordination through which some aspects are valued and made central while others are regarded and treated as marginal. In order to construct and display their jointness and connectedness, the couples emphasise those culturally conventional ideas of conception that are available to them as a

lesbian couple. In addition, they de-value those factors that they cannot include if they are to uphold the idea of themselves and their child(ren) as a bounded, fixed, biogenetic nuclear family. Thus, while couples in my study value and cherish intimacy, insemination, love, presence, care, phenotypes, likeness, sharing racial origin, names and partner registration, they devalue elements such as sex, (male) masturbation and ejaculation, gametes and a heterosexually gendered parenthood. Thereby, they de-value parts that are associated with the donor and his involvement in their conception, i.e. parts that potentially destabilises their desired way of becoming and being a family.

Through these practices, couples locate their own conception process, parenthood and family within conventional cultural notions of what it means to conceive, and be a family. Lesbian couples 'wrap' multiple and multilayered practices and cultural ideas, understandings and symbols of conception, togetherness and family around themselves; these *together* constitute a patchwork of practices and symbols. Together they communicate a 'family unit'. Lesbian couples, the study suggests, create a social unit by making family connections between themselves as partners and lovers, and between themselves and their child(ren), through demarcating, in practice and thought, the donor as separate from their intimate family relationship. Through undertaking processes of matching looks, race and social characteristics, sharing names and registering partnerships as they conceive, they place their child/children within their unit.

An analysis of this collage shows a dynamic use of different forms of relatedness. Following Strathern's (2005) perspective, I argue that couples in my study use conceptual (biogenetic) and interpersonal (social) notions of kin as tools for constructing themselves and their donor-conceived children as a bounded unit. Couples in my study weave together notions of kin, constructing a complex map in which interpersonal and conceptual kinship bonds move and merge, fold and unfold in intricate patterns. The complexities of these movements are perhaps particularly clear when we compare accounts of 'matching' donors – where biogenetic connections are valued in the sense that couples seek to construct an implied genetic relationship by matching their own physical and social characteristics with the baby through their choice of donor – with accounts of parenthood, in which biogenetics are marginalised.

It is important to note that lesbian couples' use of a complex combination of biogenetics and social bonds of relatedness relates to the stigma associated with their conception and parenthood. By constructing themselves as the biogenetic (natural) parents of the child *as far as this is a construct available to them*, lesbian couples access the cultural and social power that lies in such a 'naturalisation' discourse (Franklin *et al.* 2000). My study indicates that when possible, lesbian couples seek to access the power invested in traditional constructions of what defines a family, and use, for example, the fact that biogenetic links are widely recognised as constituting a family relationship. My study shows that lesbian couples' desire to do this is, in turn, motivated by their experiences and fears of homophobia, marginalisation and difference, and their attempts to try and safeguard their child(ren) from the stigma of homosexuality. Lesbian couples' pursuit of conception is thus shaped by, and relates to, the historical and ongoing marginalisation, exclusion and stigma of lesbian parenthood in the UK, as outlined in brief in Chapter 1.

Lesbian couples' disassembling and reassembling practices are ways through which they seek to construct themselves as a legitimate family in a social, political and cultural context; a context which challenges such claims and therefore contains the constant possibility that these processes, and the meaning they are given by couples, will be undermined. My study suggests that, while lesbian couples who pursue donor conception can be seen to break a number of cultural boundaries around what it means to conceive, they do this in the pursuit of something very ordinary and normative. The management of donor conception – the disassembling and reassembling of stages, practices and concepts – are shaped by a strong romantic narrative and an overriding ambition to conform to the dominant understanding of what it is to be a 'normal' family.

These findings provide contrasting perspectives to some of the contemporary sociological work on gay and lesbian families. As indicated in Chapter 3, gay and lesbian families are often placed at the forefront of more fluid and diverse family patterns (for example, Giddens 1992, Stacey 1996). Stacey and Davenport (2002: 356) suggest that, in late modern society, no family model can be recognised as 'normal'. Instead all families represent alternative models in what they see as a 'cultural smorgasbord'. Stacey and Davenport argue that gay and lesbian families occupy the place of honour on this smorgasbord. A similar perspective has been

put forward by Giddens (1992) who sees gay and lesbian intimacies at the leading edge of changing intimate relationships, and Weeks *et al.* who conceptualise non-heterosexual intimacies as 'indices of something new: positive and creative responses to social and cultural change' (2001: 5). This is a perspective which is echoed in studies which conceptualise gay and lesbian families as challenging and different (see, for example, Agigian 2004, Donovan 2000, Dunne 2000, Nelson 1996, McDermott 2004 in Hicks 2006, Sullivan 2004, Wells 1997 in Clarke 2002).

The lesbian couples in my study present a different perspective on the families they were hoping to create. The study suggests that lesbian couples are seeking and desiring to be similar, not different; to conform to what has gone before, not transgress it. They seek to construct nuclear families by rehearsing, perpetuating and reproducing conventional ideas that in 'normal' families parents are married, everyone shares the same name, siblings are biogenetically connected, and individuals resemble each other physically and racially. Lesbian couples in my study claim family status by reflecting, not challenging, dominant, heterosexual family ideals.

My interviews suggest that the way in which lesbian couples in my study conceptualise, understand and experience family does not easily fit in with a conceptual framework of lesbians' families as creative and innovative. Rather, the interviews highlight couples' conservative family values as they seek to create families that fit in with a nuclear family model – couples rehearse conventional cultural narratives centring on marriage, biology, names, race and family. The accounts cannot easily be put in a framework that portrays gay and lesbians' families as 'families of choice'. This is illustrated in my findings in Chapter 8, and it is also illustrated by how couples commonly perceived friends and family. The account of Amy and Rachel illustrates:

> Amy   We've got a few sort of close friends that we see but that's it, we don't have this massive circle of friends at all.
>
> Rachel   No it's more traditional more sort of you know, the family, our family is the more important. (Amy, 28 and Rachel, 33)

Although many couples in my sample were not as articulate as Amy and Rachel about the distinctions they made between friends and family, their interviews

signalled similar ideas. In the course of fieldwork, I gradually began to realise that a 'family of choice' framework was inadequate for understanding the population I was researching. I also began to understand that interviews with couples centred on another discourse – couples' pursuit of conception was driven by a desire to be normal.

I found that lesbian couples' experiences of conception thus relate to the politics of gay and lesbian normalisation, and my study can be seen to contribute empirically to an understanding of how normalisation is understood and experienced by lesbian couples who conceive together. Lesbian couples in my study define themselves as respectable citizens through claiming to be ordinary, normal and 'the same' as heterosexual, asserting normative gender and sexual norms and valuing 'good' relationships as stable, domesticated and marriage-like. The interviews also demonstrate the inherent contradictions that this construction of normality holds for lesbians. The normality that the couples seek does not easily encompass their family form, or mode of conception using a sperm donor. They seek to belong to a family form from which they are, by definition, excluded.

DESTABILISING THEORETICAL FRAMEWORKS

As noted above, the empirical study grew from the observation of an empirical and theoretical gap in research into lesbian conception. What became clear from the study is that filling the gap is not simply a case of 'adding and stirring' lesbian conception into the existing frameworks of study. Rather, my study of lesbian conception challenges the way in which existing fields of knowledge around conception, sexuality, family, and kin have been constructed and demarcated. I now turn to investigate how my findings challenge frameworks dominant in the literature.

Conventionally, research in the area of feminist studies of reproductive technologies focus on individual reproductive technologies. For example, Daniels and Haimes (1998) centre on issues associated with donor insemination; Franklin (1997) studies women and couples' experiences of IVF; Rapp (1999) researches women's experiences of amniocentesis; and Franklin and Roberts (2006) investigate PGD. These are examples of how studies in the area are predominantly

undertaken in ways which foreground specific technologies, putting the technology/method of conception at the centre of the analysis. When such technologies are studied separately, the experience of lesbians is marginalised in each study. To reach the experience of lesbians, they must be the starting point of the study.

My study suggests that lesbian couples understand and experience reproductive technologies in ways which transgress these dominant ways of researching reproductive technologies. The interviews, building on the findings of Mamo's (2007a, b) recent studies of lesbian conception, indicate that when reproductive technologies are studied from the perspective of the particular group of women, namely lesbian couples – among whom the use of reproductive technologies is well established – the lines separating different technologies become blurred. Lesbian couples use a variety of reproductive technologies when they try to conceive. From their perspective, different technologies of conception such as insemination by syringe, IUI or IVF are methods which are perceived and used interchangeably. Technologies are conceptualised and experienced on what can be seen as a 'sliding scale' by which I mean that lesbian couples essentially regard these technologies as interchangeable although some are low-tech and others high-tech. This sheds a different light on reproductive technologies, suggesting that, at least for lesbians, the boundaries between technologies are not distinct, and not intrinsically important.

A further consequence of the tendency to study fertility technologies separately, is a failure to contextualise them as part of a trajectory of conception. For the most part, the technologies are represented as freestanding from, not on a continuum with, each other, an approach which maintains the distinction between 'natural' and 'technological' conception. Lesbians' conception stories, I argue, highlight that technologies can be seen as part of a continuum of trying to conceive. In this view, the commonly perceived 'natural' conception, i.e. hetero-couples conceiving by having sex, emerged as just one of the many ways through which individuals and couples pursue conception. This suggests that rather than constructing conception-by-sex as a 'natural' route to conception – and thereby closed off from analysis – it should come under scrutiny and be studied alongside other routes to conception.

Furthermore, reproductive technologies are commonly identified as 'medical' in feminist studies of reproductive technologies. This is illustrated in the studies by Becker (2000), Franklin (1997) and Thompson (2005), which centre on reproductive technologies used in clinics. For lesbian couples in my study, insemination with syringe used in self-arranged conception outside clinics, and IUI and IVF used in clinics, are interchangeable methods. To date studies have only investigated those techniques used in clinics. Although I would not like to diminish the importance of the health service in the context of reproductive technologies, or the fact that some of these technologies only exist in a medical context, these findings question the way in which this field has developed to focus solely on medically assisted conception. It narrows down what is defined as reproductive technologies, and passes over those which can be readily used in non-clinical, domestic contexts. Thereby, it also conceals connections between methods used in self-arranged conception and methods used in clinical conception, rendering invisible lesbian couples' traditional route to conceive – self-arranged conception. My study thus highlights how this field of knowledge has been shaped by assumptions of conception that can be recognised as specifically heterosexual, and that 'adding in' lesbians challenges these fundamental assumptions.

My study of lesbian donor conception further shows that constructions of family that build on Euro-American understandings of kin, connectedness and relatedness are at the heart of such conception practices. Lesbian couples create connections between themselves as a couple, between their children, and between themselves and their children, by drawing on and reiterating conventional Euro-American cultural perceptions. My findings indicate that lesbians pursue connections that represent the lesbian mother family as a fixed, stable and committed family unit and seek to communicate this to the outside world. By bridging anthropological work on conception and kin and sociological work on family and intimate life into the study, I have shown that traditional notions of kin connectedness are central to the conceptualisations and experiences of unconventional conception and family in late modern society. This perspective sheds new light on formations of intimate and family life.

First, my thesis provides an interesting comment on Morgan (1996) who proposes that contemporary family life can be characterised as a set of practices.

'Family' he writes, 'is not a thing but a way of looking at, and describing, practices' (1996: 199). It is interesting to note that the lesbian couples in my study adhere to – through notions of kin connections – ideas of family which diverge from Morgan's concept of family practices and his idea of family as something that is 'done' rather than something which is structurally a 'thing'. My study highlights the range of routines these couples undertake in seeking to construct and convey their domestic unit as one with stable and determined family boundaries. Although in part also viewing family as 'practice', the interview accounts suggest an overwhelming desire to create a structurally recognisable family unit. While their family form as such might represent something new, they themselves desire and seek something old.

These findings raise interesting sociological questions. They diverge from those found in studies of same-sex intimacies in the late 1990s and early 2000s (Dunne 1997, Weeks *et al* 2001), which indicated that same-sex couples predominantly engage in 'creative' forms of intimacy. They also differ from studies from the 1980s emphasising lesbian radicalism and advocacy (see, for example, Rich 1980, Wittig 1981). Some may argue that it is surprising to find such a desire for 'normality' among lesbians, who are conventionally, at least in academia, understood as being 'radical'. There is a debate to be had about how gay and lesbian politics may have shifted, and there are some interesting questions to be asked about why this tendency occurs in this contemporary period, and, indeed, what may constitute radical politics.

One possible explanation for my findings may be the study's sampling and recruitment. It is perhaps the case that the study's specific focus on lesbian couple donor conception resulted in an over-sampling of a part of the lesbian population who desires, and engages in, a conventionally patterned family life. But it is also important to note the historical specificity of the study, and how this may explain a possible shift. As noted in chapter 3 (section 'Civil rights and the 'good' homosexual'), the 'assimilationist' gay and lesbian political movement has historically been more successful that the 'radical' one, and it seeks to secure 'a place at the table' for gays and lesbians. Assimilatory tendencies, and desires for normality, among lesbian couples thus reflect a wider political discourse that now characterises the gay and lesbian political climate (and, for example, the work undertaken by Stonewall). A related explanation may be found in the rapidly

changing UK legislative context in which gay and lesbian intimacies are increasingly recognised in law as family relationships. Due to these regulatory changes, there are now legally sanctioned locations for conventional domestic relationships. These new locations are likely to bring with them new subject positions for (some) gay and lesbians in the population. In short, there is a contemporary 'opening up' of what it means to be 'normal' which includes domestic gay and lesbian couples. However, I would also argue that there are questions to be asked about what it means to be 'radical' and 'political', as it is important to remember the 'everyday radicalism' embedded in these couples' lives: their normality is always partial as, ultimately, they are same-sex couples. And to quote Weeks (2008b: 792): 'we should never underestimate the importance of being ordinary'.

Moreover, these findings add to a debate on intimate and family life in the way in which they provide interesting comments on wider sociological debates around intimate life as increasingly characterised by individualism and de-traditionalisation. I noted in Chapter 3 that reproduction, particularly in the context of same-sex intimacies, is largely unexplored within the debates around individualisation processes in late modern intimacies. Some see lesbian couples as representing a shift towards a more individualised intimate life. However, the women who took part in my study display in their pursuit of conception, a deep and profound aspiration to make family connections. Lesbian conception, and the pursuit thereof, thereby raises questions around the idea that individualism and de-traditionalisation more and more shape intimate life.

Finally, my findings add to debates around Roseneil's (2000, 2002) proposition that intimate life is increasingly de-traditionalised in ways which renders heterosexuality de-naturalised. She writes that 'queer tendencies' in society:

> ... question the normativity and naturalness of heterosexuality, re-configure the hierarchal inside/outside relationship between homosexuality and heterosexuality and destablise the binary position between the two categories. (Roseneil 2002: 37)

Endorsing the work of Seidman (2009) and Waites (2003, 2005), I argue that lesbians' practices of constructing family indicate a persisting institutionalised heterosexuality in society. These practices map on to and strengthen heterosexual

biogenetic nuclear family ideals, rather than make them queer. The women's strategic efforts to construct traditional family models signal the persistently powerful position of the heterosexual biogenetic nuclear family, which remains a family ideal which continually delegitimizes lesbians' conception practices and their families. Lesbian couples' desire to create a biogenetic nuclear family is related to the social, cultural, economic and political challenges that they meet as they seek to conceive as lesbians. The persisting hierarchies between heterosexuality and homosexuality can also be witnessed on the material and practical levels captured in this study. My interviews suggest that lesbian conception is practically very difficult, and stressful, to achieve. The costs associated with clinical treatment constitute a material barrier, in a very real sense, for lesbians to access their fertility, and NHS funded fertility treatment for lesbian couples is sparse and unevenly distributed across the country. The new HFE Act (2008) may secure greater legal parenthood for lesbian couples who can access clinics, but excludes, and delegitimises, the conception of those who cannot afford to do so. Self-arranged conception, which continues to be the only option for some couples, remains a risky, unprotected process.

Lesbian donor conception – a consciously planned, prepared and pursued activity – thus provides an illuminating perspective on contemporary intimate and family, and one which, to date, has not been incorporated into sociological and anthropological theorising on families. It sheds light on how couples perceive and imagine *becoming* (rather than being) family. As such, conception practices shed light on a cultural imagination of what makes a family, who makes a family, and how a family becomes a family. My study highlights the idea that traditional family values, rooted in the hegemonic biogenetic heterosexual nuclear family, remain socially powerful in this pursuit.

FUTURE RESEARCH

The findings of this research also raise a number of questions to address in future studies. Next steps concern lesbian couples' pursuits of conception in particular, but also how other families formed through equally 'unconventional' and complicated routes of conception may understand and pursue becoming a family.

As the first attempt to fill the gap, a small qualitative study is inevitably not the best vehicle for exploring diversity, and the differences it may make to how lesbian couples' undertake, experience and perceive donor conception. It is therefore worth suggesting a larger study that would allow me to explore whether there are differences with respect to socioeconomic background, age, place of residence, ethnicity etc in couples' experiences.

Concerning lesbian couples' conception practices, a second next step in terms of a future study would be to understand how lesbian couples' experience donor conception in the light of recent statutory changes. During the course of this doctoral research, from its start in October 2006 and its finish in June 2009, the legislative landscape of lesbian conception in England and Wales has been transformed. Couples who start pursuing conception after these changes come into law do so in a very different context compared to those who did so during the early parts of the 2000s. For example, I note in Chapter 1 that the clause stating a 'child's need for a father' that was part of the HFE 1990 Act (section 13: 5), and which shaped the map of lesbian conception as I undertook fieldwork, has been removed and replaced with a clause about 'supportive parenting' in the HFE 2008 Act (Section 23: 2). The new law 2008 does not only increase lesbian couples' formal access to clinics as couples, but it also introduces increased legal parental rights for lesbian couples who do so. A lesbian couple who are civil partners (section 42:1) or who together receive treatment under a licence (section 43) are, since this law came into force, both legal parents of the child. It remains unknown how these changes may affect lesbian couples' conception practices, and understandings of what it means to form a family. A next step would therefore be to undertake a follow-up study.

It also remains unclear what the impact of the new HFE Act 2008 will be for lesbian couples who see self-arrange conception as their only option for becoming parents. My study suggests that the biggest challenge to lesbian couples' accessing their fertility is not necessarily to gain formal access to clinics as a same-sex couple, but the high costs associated with licensed treatment in England and Wales. While the HFE Act 2008 makes provisions for a more secure legal parenthood for lesbian couples who conceive using licensed sperm, it remains unclear what the impact will be on NHS provisions of funding for such treatment. My interviews with couples indicate that lesbians' access to NHS-funded

treatment is unevenly distributed across England and Wales, and that many lesbians refrain from contacting the NHS because they fear encountering homophobia and discrimination. I would like to investigate, in the light of these legal changes, how lesbian couples of different backgrounds experience pursuing conception and consider whether social attitudes, as well as those of NHS staff, are changing.

Furthermore, it would also be of interest to see whether the themes noted here – such as the practices undertaken by lesbians to demarcate and minimise the donor in the process of conception – may be understood differently by lesbian couples seeking conception in different legislative, cultural and historical contexts. Ryan-Flood's (2005) study of how lesbians in Sweden and in Ireland construct and perceive fatherhood highlights the impact of different historical and cultural contexts on the way in which lesbians construe conception. In a previous study, I found that Swedish couples show a greater concern for a child's need for a father than the English and Welsh couples who participated in this study (Nordqvist 2006c). Another step to take is therefore to conduct a comparative study of how lesbian couples access, pursue and understand donor conception in different cultural and legislative contexts.

A final next step that I want to propose is to research whether the findings noted here, of how lesbian couples try to construct 'normal' families out of complicated and unconventional processes, are echoed in the context of others' pursuits of parenthood and family life. Many family formations share the position of lesbian couples in the sense that they are formed through what is understood as unconventional conception practices. This includes families created through the use of a range of new reproductive technologies, including egg donation, sperm donation, embryo donation and surrogacy, but also practices which include less technological ways of pursuing a family life, such as national and transnational adoption, fostering and step-parenting (see also Melhuus and Howell 2009). My study highlights the concerns that lesbian couples feel and the efforts they make to become and be recognised as a 'normal' family; it also shows how the practices of lesbian couples are specific to their position as lesbian couples. I am interested in investigating how family is understood, performed and constructed in other similar contexts, and how togetherness, connectedness and family boundaries are

perceived and pursued when conventional notions of what it means to conceive together are transgressed.

APPENDICES

APPENDIX 1 LITERATURE SEARCH OUTLINE

Literature research strategies

The existing literature was researched mainly in electronic databases. This started in October 2006, and continued throughout the doctoral research. The main electronic gateways identified in the medical, psychological and social sciences were:

- MEDLINE (OvidWeb)
- British Nursing Index and PAIS International (WebSPIRS)
- (ISI) on Web of Knowledge
- Sociological Abstracts (CSA Illumina)
- Studies on Women and Gender Abstracts
- University of York Library Catalogue
- British Library's Integrated Catalogue

The literature search was conducted in order to identify relevant existing literature within the research area. The purpose of this search design was to locate the evidence of lesbian reproduction in existing literature, and the gaps in existing research. The literature search strategy was dynamic in the sense that databases were searched on several occasions with search terms that were developed after reviewing previously identified material.

Key terms such as pregnancy, reproductive technology, lesbian, feminist, parent, kinship and genetic were used to identify relevant literature provided by the key gateways. The literature search demonstrated the limited range of literature within the area of lesbian pregnancy and reproduction. For example, ('reproductive technology') gave a hit result of 2338 and ((lesbian*) and (mother*)) gave a hit result of 247 in a combined search of gateways (Appendix A, search 1.) A combination of all three terms gave a result of only 18 hits. The literature search itself thus demonstrated the marginal position that a perspective of lesbian reproduction has within research conducted in the field of reproductive technology.

The results of using electronic gateways and search terms must be interpreted with caution. The gateways themselves are limited in scope, the dates after which material is included varies as do the search mechanisms. A number of hits are 'double hits', where the same reference has been included more than once, with the result that studies and analyses are considerably below the number of 'hits'. The use of specific search terms in electronic databases, rather than systematically flipping through journals, for example, can limit the findings in ways that are not intended by the researcher. I have tried to overcome this problem by truncating search terms, to identify and investigate 'related articles' in electronic data bases, and to scan bibliographies of identified sources to uncover hitherto undetected work, as well as to e-mail experts in the field of interest regarding work in progress and further work in the field. Grey literature has also been trawled through searching and contacting related major research funding institutes in the UK.

Results have been excluded or included depending on their relevance to my research field. Relevance was defined to cover feminist informed research of reproductive technology and pregnancy, lesbian's reproduction and motherhood, and conceptualisations of kinship in relation to reproductive technology, or a combination of those themes. Documents have also been included if positioned within the use of qualitative method, narrative methodology, or if researching women's and couple's experiences within the mentioned fields of interest.

Search terms

Below is a list of the combinations of search terms used for researching existing literature. Search terms were altered in different searches to enhance the chances of identifying related studies, and this list provides a compilation of the terms used to search key gateways (details given in the section below titled 'Databases'). In the subsequent list of search of gateways, date and search details of the different searches are provided. Method of truncation and words for combining searchers where altered according to the shifting structures of gateways.

1. (lesbian) and (insemination)
2. (lesbian) and (reproduction)
3. (lesbian mothers) and (reproductive technology)

4. (lesbian) and (medical techno*)

5. (lesbian*) and (conception*)

6. (lesbian*) and (mother*) and (fertilisation)

7. (lesbian*) and (mother*)

8. (lesbian*) and (parent*) and (assisted fertilisation)

9. (lesbian*) and (parent*) and (semen)

10. (lesbian*) and (mothers*) and (donor*)

11. (lesbian) and (mothers) and (donor insemination)

12. (lesbian) and (mothers) and (medical technology)

13. (lesbian) and (mothers) and (insemination)

14. (donor insemination)

15. (lesbian*) and (mother*) and (donor insemination)

16. (reproductive technology)

17. (lesbian*) and (mother*) and (reproductive technology)

18. (medical technology)

19. (lesbian*) and (mother*) and (medical technology)

20. (lesbian*) and (pregnan*) and (reproductive technolog*)

21. (lesb*) and (donor insemination)

22. (lesb*) and (artificial reproductive technology)

23. (lesb*) and (reproductive technolog*)

24. (lesbian*) and (reproductive technolog*)

25. (lesbian) and (family) and (reproductive technology)

26. (feminis*) and (reproductive technolog*)

27. (lesbian*) and (reproduct*)

28. (reproduct*) and (kin or biolog* or genetic*)

29. (reproduct*) and (genetic*) and (biolog*) and (kin)

30. ((reproductive technolog*) or (assisted fertilisation)) and (family) and (parent*)

31. (infertility)

32. (infertility) and (wom*n) and (experience*) and (feminis*)

33. (infertility or (infertility treatment)) and ((woman) or (couple) or (lesbian))

34. (infertility or (infertility treatment)) and ((woman) or (couple) or (lesbian)) and (heterosexuality)

35. ((infertility) or (infertility treatment)) and ((woman) or (couple) or (lesbian)) and (feminis*)

36. ((infertility) or (infertility treatment)) and ((woman) or (couple) or (lesbian)) and ((assisted fertilisation) or (reproductive technology)

37. ((infertility) or (infertility treatment)) and (wom*n)

38. ((homosexual*) or (heterosexual*) or (lesbian*)) and ((wom*n) or (couple)) and ((assisted fertilisation) or (reproductive technology) or (infertility treatment))

39. ((homosexual*) or (heterosexual*) or (lesbian*)) and ((wom*n) or (couple)) and ((donor insemination) or (reproductive technology) or (infertility treatment))

40. (pregnancy)

41. (pregnancy) and (lesbian)

42. (pregnan*) and (feminis*)

43. (pregnan*) and (reproductive technolog*)

44. (pregnan*) and (lesb*) and (reproductive technolog*)

45. (pregnan*) and ((lesb*) or (feminis*)) and ((reproductive technolog*) or (donor insemination) or (assisted fertilisation))

46. (pregnan*) and(medical*) and (feminis*)

Databases

The electronic search motor *MetaLib* (www.metalib0.york.ac.uk), provided as a part of the University of York Library Catalogue, was used to search databases along with search engines provided by the University of York Library (http://libcat0.york.ac.uk) British Library (www.bl.uk). Databases were searched both individually and in combined searches.

1.

Date: 30 October 2006

Type of search: Combined search designed to identify the range of differences in perspectives in research on reproductive technology and lesbian couples use and experience thereof.

Gateways: Criminal Justice Abstracts (CSA Illumina, 1968 onwards)

MEDLINE (OvidWeb, 1966 onwards),

PAIS International (WebSpirs, 1972 onwards),

Social Science Citation Index (ISI) on the Web of Knowledge (1900 onwards)

Sociological Abstracts (CSA Illumina, 1963 onwards),

Web of Science (ISI) on the Web of Knowledge (1900 onwards)

University of York Library Catalogue.

Total number of records: 4508

Search strings:

1. (lesbian) and (insemination) (171)
2. (lesbian) and (reproduction) (262)
3. (medical techno*) and (lesbian*) (12)
4. (lesbian*) and (conception*) (3)
5. (lesbian*) and (mother*) and (fertilisation) (0)
6. (lesbian*) and (mother*) (247)
7. (lesbian*) and (parent*) and (assisted fertilisation) (0)
8. (lesbian*) and (parent*) and (semen) (0)
9. (lesbian*) and (mothers*) and (donor*) (0)
10. (lesbian) and (mothers) and (donor insemination) (0)
11. (lesbian) and (mothers) and (medical technology) (0)
12. (lesbian) and (mothers) and (insemination) (0)
13. (donor insemination) (322)
14. (lesbian*) and (mother*) and (donor insemination) (18)
15. (reproductive technology) (2338)
16. (lesbian*) and (mother*) and (reproductive technology) (18)
17. (medical technology) (1120)
18. (lesbian*) and (mother*) and (medical technology) (0)

2.

Date: 20 November 2006

Type of search: Combined search designed to identify feminist literature in the area of pregnancy and reproductive technologies.

Gateways: Social Science Citation Index (ISI) on the Web of Knowledge (1900 onwards)

Sociological Abstracts (CSA Illumina, 1963 onwards),

University of York Library Catalogue.

Total number of records: 22097

Search strings:

1. (pregnancy) (20532)
2. (pregnancy) and (lesbian) (77)
3. (pregnan*) and (feminis*) (879)
4. (pregnan*) and (reproductive technolog*) (273)
5. (pregnan*) and (lesb*) (28)
6. (lesb*) and (donor insemination) (0)
7. (lesb*) and (artificial reproductive technology) (242)
8. (lesb*) and (reproductive technolog*) (66)

3.

Date: 21 November 2006

Type of search: Search in a single gateway to search the evidence of research into lesbian couple's experiences of pregnancy.

Gateways: Sociological Abstracts (CSA Illumina, 1963 onwards)

Total number of records: 99

Search strings:

1. (pregnan*) and (lesb*) and (reproductive technolog*) (11)
2. (pregnan*) and ((lesb*) or (feminis*)) and ((reproductive technolog*) or (donor insemination) or (assisted fertilisation)) (88)

4.

Date: 21 November 2006

Type of search: Search in a single gateway to get an overlook over feminist literature on reproductive technologies.

Gateway: Web of Science (ISI) on the Web of Knowledge (1900 onwards)

Total number of records: 71

Search strings:

1. (pregnan*) and (lesb*) and (reproductive technolog*) (4)
2. (reproductive technolog*) and (feminis*) (67)

5.

Date: 22 November 2006

Type of search: Search through a single gateway to research the evidence of research on lesbian women within the literature on reproductive technology and pregnancy.

Gateway: Studies on Women and Gender Abstract (1995 onwards)

Total number of records: 37

Search strings:

1. (reproductive technolog*) and (lesbian*) (3)
2. (reproductive technolog*) and (pregnan*) (1)
3. (lesb*) and (mother*) (33)

6.

Date: 22 November 2006

Type of search: Search in single gateway to research the evidence of feminist studies of a medicalisation of pregnancy.

Gateways: Web of Science (ISI) the Web of Knowledge (1900 onwards)

Total number of records: 915

Search strings:

1. (medical*) and (pregnan*) (891)
2. (medical*) and (pregnan*) and (feminis*) (24)

7.

Date: 8 December 2006

Type of search: Search in single gateway to identify work in the area of women's experience of infertility.

Gateway: Web of Science (ISI) the Web of Knowledge (1900 onwards)

Total number of records: 29703

1. (infertility) (29695)
2. (infertility) and (wom*n) and (experience*) and (feminis*) (8)

8.

Date: 8 December 2006

Type of search: Search in single gateway to identify research in the studies of infertility in relation to sexuality.

Gateway: Sociological Abstracts (CSA Illumina, 1963 onwards)

Total number of records: >250192

Search strings:

1. (infertility or (infertility treatment)) and ((woman) or (couple) or (lesbian)) (>250 000)

2. ((infertility) or (infertility treatment)) and ((woman) or (couple) or (lesbian)) and (heterosexuality) (3)

3. ((infertility) or (infertility treatment)) and ((woman) or (couple) or (lesbian)) and (feminis*) (58)

4. ((infertility) or (infertility treatment)) and ((woman) or (couple) or (lesbian)) and ((assisted fertilisation) or (reproductive technology) (21)

5. ((infertility) or (infertility treatment)) and (wom*n) (43)

6. ((homosexual*) or (heterosexual*) or (lesbian*)) and ((wom*n) or (couple)) and ((assisted fertilisation) or (reproductive technology) or (infertility treatment)) (21)

7. ((homosexual*) or (heterosexual*) or (lesbian*)) and ((wom*n) or (couple)) and ((donor insemination) or (reproductive technology) or (infertility treatment)) (46)

9.

Date: 8 December 2006

Type of search: Search in the British Library's integrated catalogue to identify both books and journal articles within the area of lesbian women's experience of reproductive technology.

Gateway: British Library's Integrated Catalogue

Total number of records: 43

Search strings:

1. (lesbian) and (family) and (reproductive technology) (1)

2. (donor insemination) (42)

10.

Date: 9 December 2006

Type of search: Search in the York University Library Catalogue for books in studies of reproductive technology and ideas of relatedness.

Gateway: York University Library Catalogue

Total number of records: 172

Search strings:

1. (reproduct*) and ((kin) or (biology) or (genetic) (108)
2. (reproduct*) and (genetic*) and (biolog*) and (kin*) (3)
3. (reproduct*) and (kin*) (61)

11.

Date: 9 December 2006

Type of search: Search in the British Library's Integrated Catalogue for studies of lesbian reproduction and studies of reproductive technology, family and parenthood covered in books and journal articles.

Gateway: British Library's Integrated Catalogue

Total number of records: 75

Search strings:

1. (lesbian*) and (reproduct*) (8)
2. (donor insemination) (26)
3. ((reproductive technolog*) or (assisted fertilisation)) and (family) (17)
4. ((reproductive technolog*) or (assisted fertilisation)) and (family) and (parent*) (24)

Research of Grey Literature

The grey literature was researched in primarily two ways. Ongoing projects were detected through searching the web-sites of UK national research funding institutions as well as through contacting key researchers in the field.

Research funding institutions

Key research funding institutions were identified as:

• The Economic and Social Research Council
  (http://www.esrcsocietytoday.ac.uk/ESRCInfoCentre/research/) (Accessed 9 December 2006)

• Medical Research Council (http://www.mrc.ac.uk/OurResearch/index.htm) (Accessed 9 December 2006)

• Department of Health (http://www.dh.gov.uk/PublicationsAndStatistics/fs/en) (Accessed 9 December 2006)

The ongoing research reported by the institutions was identified, and further requests regarding ongoing research was e-mailed to the research councils and governmental department.

Key experts

Key experts in the field was contacted to identify ongoing research as well as to detect hitherto unidentified relevant projects and active researchers in the field of study. The following key experts were identified and contacted.

- Professor Sarah Franklin (London School of Economics, UK)
- Professor Erica Haimes (University of Newcastle, UK)
- Professor Carol Smart (University of Manchester, UK)
- Professor Marilyn Strathern (Cambridge University, Girton College, UK)
- Dr. Kathryn Almack (University of Nottingham, UK)
- Dr. Brian Heaphy (University of Manchester, UK)
- Dr. Caroline Jones (University of Southampton, UK)
- Dr. Jacqueline Luce (Zeppelin University, Germany)
- Dr. Laura Mamo (University of Maryland, USA)
- Dr. Suzanne Pelka (University of California, Los Angeles, USA)
- Dr. Charis Thompson (University of California, Berkeley, USA)

APPENDIX 2 INFORMATION SHEET

THE UNIVERSITY *of York*

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Petra Nordqvist, PhD Research Student

How do lesbian couples experience donor conception?
An invitation to take part in a research project

I would like to talk to you about what it is like to plan parenthood and get pregnant together as a lesbian couple. What does it mean to you have a child together? What does it mean to conceive using self-insemination or through going to a clinic? What do kin, parenthood and family mean to you?

Before you decide if you want to take part, it is important that you understand why the research is being carried out, and what it will involve. If there is anything that you would like to ask me about, please do not hesitate to contact me (see page 2 for my contact details).

What is this research project about?

This research aims to find out more about how lesbian couples experience the process of planning to become parents and have a child together using donor conception. I am interested in hearing your story, and about the choices and decisions that you make or have made to conceive together. Contemporary research is predominantly carried out with heterosexual couples and investigates their experiences of conception, and there is very little known about lesbians' experiences. Through this research I would like to bring forward lesbian couples' experiences of planning and achieving pregnancy.

Who can take part?

I would like to interview couples who conceive together using self-insemination, donor insemination in a clinic and/or IVF, and live in England and Wales. I am interested in talking to couples who are at some stage of this process and are planning to become parents in the future, or are currently trying for conception, or have already become parents. I would be very interested in interviewing couples together, but I would also like to talk to women who are in this process, but whose reproductive partner is not available.

What does taking part require of you?

I would like to invite you to take part in an interview which will be about an hour. The exact time will depend on how much you have to say and how much time we have. The interview will focus on your experience and will be like an informal conversation. The time and the place for an interview can be arranged to suit you/yourselves and the ones close to you; the most important thing is that we choose somewhere where you feel comfortable and free to talk. With your permission, I would like to record the interview. This is to make sure that I have an accurate account of what is said. If you would like to speak 'off the record', you are at any moment welcome to turn off the recorder. Your participation in this research project is anonymous, and everything you say is confidential.

What happens after the interview?

After the interview, our conversation will be transcribed. I will keep the transcriptions of the interviews in a place with restricted access, and separate from any identifying details, so that what you have said remains confidential, and your participation in the research remains anonymous. With your permission, I would like to use some of what we have talked about in educational and research purposes, including publications. Your anonymity will be preserved throughout, and details like names, places and biographical facts will be changed in all publications and educational materials.

Consent

If you decide to take part in this study, I will ask you to sign a consent form at the time for the interview. Although I hope that you would like to participate, you are under no obligation to stay in the study. If you decide to take part and then change your mind, you can withdraw from the study at any time without giving any reason.

Who am I, and why I am doing this research?

I am a PhD student at the Centre for Women's Studies, University of York. My PhD studies are funded by the Economic and Social Research Council (which is the largest independent funding body of social research in the UK). I have a background in Sociology and Gender Studies at the University of Lund, Sweden and in Women's Studies at York. I have previously carried out research with lesbian couples in Sweden, and I have published articles in a Swedish journal for research into homosexuality, called *Lambda Nordica*. I identify as lesbian and I am in a relationship with a woman. I became aware of the importance of this issue when I looked into the legal regulations on lesbian couples' access to donor insemination, and when, as a close friend, I was taking part in a couple's process of getting pregnant together.

Who can I contact if I want to take part?

Please contact me if you would like to hear more about the research, and if you are interested in participating in this study.

I am also interested in getting into contact with other women who may be interested in participating. Please feel free to forward my details on to anyone you think may be interested in taking part.

My contact details are:

Petra Nordqvist, Centre for Women's Studies, University of York, York, YO10 5DD. Ph: 01904-433059 (w); 07942-237077 (m); e-mail: petra.nordqvist@yahoo.co.uk.
You can also contact my supervisor Professor Hilary Graham at the Centre for Women's Studies.

Petra Nordqvist
PhD Research Student
July 2007

APPENDIX 3 RECRUITMENT LEAFLET

THE UNIVERSITY *of York*

How do lesbian couples experience donor conception?
An invitation to take part in a research project

I would like to talk to lesbian couples about what it is like to plan parenthood and get pregnant together. What does it mean to you have a child together? How do you think about conceiving through self insemination or in a clinic? What do kin, parenthood and family mean to you?

This research aims to find out more about how lesbian couples experience the process of planning to become parents and have a child together using donor conception. Through this research I would like to bring forward lesbian couples' experiences of planning and achieving pregnancy. I am interested in hearing your story, and about the choices and decisions that you make or have made to conceive together.

I would like to interview couples who conceive together using self-insemination, donor insemination in a clinic and/or IVF, and who live in England or Wales. I am interested in talking to couples who are planning to become parents in the future, or are currently trying for conception, or have already become parents.

My PhD studies are funded by the Economic and Social Research Council (which is the largest independent funding body of social research in the UK). I have a Swedish background and now study at the Centre for Women's Studies, University of York. I identify as lesbian, and I became aware of the importance of this issue when I looked into the legal regulations of lesbian couples' access to donor insemination. Please contact me if you would like to hear more about the research, or if you are interested in participating. Please also feel free to forward my details on to anyone you think may be interested in the study

I look forward to hearing from you!

Petra Nordqvist
PhD Research Student

Contact details:
Centre for Women's Studies, University of York, www.york.ac.uk/inst/cws,
petra.nordqvist@yahoo.co.uk; Tel: 01904-433029, 07942-237077

APPENDIX 4 ONLINE ADVERT

As posted on LGBT parenting (www.lgbtparents.proboards74.com 2007-07-31)

Heading:
Help! Studies about lesbian couples who have a child together

Hi!
I am lesbian and a PhD student at the Centre for Women's Studies, University of York. In my studies, I aim to find out more about how lesbian couples experience having a child together using donor conception. The administrator of the online community LGBT parents very kindly invited me to write to you.

With my research I would like to bring forward lesbian couples' experiences of planning having a child together. Contemporary research is almost only concerned with heterosexual conception, and the specific processes that lesbian couples go through when having a child together are often overlooked. Therefore, I think it would be important to make visible lesbian couples' experiences.

My hope it that members of this community would like to help me in compiling information about what conception and becoming pregnant is like when you're a lesbian couple, and what these processes means to you. I am interested in hearing your story, and about the choices and decisions that you make or have made to conceive together. I was therefore wondering if I may hear about your experiences in an interview?

Please contact me (see below for my contact details) if you would like to take part in an interview, or if you would like to have more information about the study. Please also feel free to forward my details to anyone you think may have an interest in this study or in taking part in it.
I'm really looking forward to hearing from you!

Yours sincerely,
Petra Nordqvist, petra.nordqvist@yahoo.co.uk
Centre for Women's Studies, University of York

APPENDIX 5 CONSENT FORM

THE UNIVERSITY *of York*

Centre for Women's Studies
University of York
York
YO10 5DD
Tel + 44 (0)1904 433671
Fax + 44 (0)1904 433670
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hb14@york.ac.uk

STUDY TITLE: LESBIAN COUPLES' NARRATIVES OF ACHIEVING
PREGNANCY THROUGH ASSISTED CONCEPTION

Name of Researcher: Petra Nordqvist

Agreement to Participate

1. I have read and understand the information sheet for the above study.
2. I understand that my participation is voluntary and that I am free to withdraw from the research at any time without giving a reason.
3. I understand that my confidentiality and anonymity will be protected as specified in the information sheet.
4. I agree that my contribution can be used for educational and research purposes, including publication.

_____   _____   _____
Name of Participant   Date   Signature

_____   _____   _____
Name of Researcher   Date   Signature

APPENDIX 6 LONE WORKER'S CONTACT SHEET

Lone Working Contact Sheet Petra Nordqvist

Researcher's details

Researcher's name: Petra Nordqvist

Researcher's mobile numbers: XXX

Researcher's home number and address: XXX

Personal/home contact person

Name: XXX

Number: XXX

Academic supervisor contact

Name: Professor Hilary Graham

Number: XXX

Fieldwork trips (2) details

Travel plans: Fieldwork trips to Stoke-on-Trent (March 4), London (March 10)

Transport: Train, tube, bus, taxi, car

1. Outgoing date: **04-03-2008**   Date of return: **04-03-2008**

2. Outgoing date: **10-03-2008**   Date of return: **10-03-2008**

Interview details

Interview 1

Date of lone working: **04-03-2008**

Estimated time of arrival (to interview location): **17.00**

Estimated time of departure (from interview location): **19.30**

Names of research participants: XXX

Full address of participant or interview location: XXX

Contact number during interview: XXX

Interview 2

Date of lone working: **10-03-2008**

Estimated time of arrival (to interview location): **18.30**

Estimated time of departure (from interview location): **20.30**

Names of research participants: XXX

Full address of participant or interview location: XXX

Contact number during interview: XXX

APPENDIX 7 INTERVIEW GUIDE

INTERVIEW GUIDE

Pre interview: about the interview process

Display/read information sheet and sign the consent form

About anonymity and confidentiality: (will remove names, identifying personal details, places) and (what will be said here stays between us)

About sharing comfortably: Don't say anything that you're not comfortable talking about. Let me know if you feel that you would rather talk about something 'off the record'.

Outline the format of the interview (more like a conversation around your experiences, not a list of questions).

1. Planning conception

Please tell me about how you started thinking about having a child together? What did it mean to you to decide on how to do it? Did you have a preference for a specific method; and why did you choose one over the other?

Please tell me about how you decided who was going to give birth to your child/ren? Some couples might find it difficult that one is a 'biological' mother and one is not, is that anything that you have thought about? What did you feel was important to consider when you decided who would give birth?

Were there other things that influenced your choice of time and method?

What did it mean to you to look for and decide on a donor. How did you find one?

What does it mean to you to have, or not have, an 'active dad' for your child?

What does it mean to you to have a known/unknown donor?

Tell me about how you chose a donor. Was it important to you what he looked like? Ethnicity? Education? Health? Family history?

2. Doing the inseminations

Please tell me about your experiences of trying to conceive. Self-insemination or insemination in a clinic?

Tell me about how you experience/ experienced this process? Where were you (home/clinic)? Who where there? Who did what? Where were people at different times? Where the two of you there together?

How did the process of insemination feel to you, and to you two? Romantic? Sexual? Nothing special? Technical? Natural? Fun? Messy? Awkward?

3. Family thoughts

Some couples feel that it is important to know your roots and that the genetic contribution of the donor matters. Is that something that you feel was important for you? What does it mean to you that your child will be able to/not be able to find out, or know, the donor? Has that been something that has felt important to you?

What does it mean to you to have/not to have a biological connection to your child? Have your feelings about that changed compared to when you started to plan for a child?

What does it mean to you what your child looks like? Do you feel that it is important that your child looks similar to you? Do you think that your ethnicity has directed your choice of donor?

What does it mean to you as a couple to have/to plan to have a child together? Has 'family' come to mean different things since you've planned to have a child or since you became parents?

Please tell me about what you are planning for the future. Are you planning to have more children than one? Are you then planning to do it the same way? Same giving birth? With the same donor?

4. Couple relationship

How long have you been together? Do you live together? Have you thought about entering a civil partnership? Has that (CP) felt more/less important in relation to that you have a child together?

What does it mean to you to have/to plan to have a child together as a couple?

Single: Some women that I have spoken to worry about that the donor might be regarded as the mother's partner. Is that anything that you worry about?

Would you mind telling me about what your experience has been of becoming a single mother?

5. Background information

Could you please indicate how old you are? How you would define your ethnicity? When did you leave education?

APPENDIX 8 EVENT-STATE NETWORK CHART

Figure 2 Event-state network chart

Figure 2 Illustration of an event-state-network used to facilitate in the analysis of the data.

LIST OF ABBREVIATIONS

Abbreviations used in the thesis (in alphabetic order):

AI	Artificial Insemination
BSA	British Sociological Association
DI	Donor Insemination
GIFT	Gamete Intra-fallopian Transfer
HFE Act	Human Fertilisation and Embryology Act
HFEA	Human Fertilisation and Embryology Authority
ICSI	Intra-Cytoplasmic Sperm Injection
IUI	Intrauterine Insemination
IVF	In Vitro Fertilisation
MPH	Miles Per Hour
NHS	The National Health Service
NICE	The National Institute for Health and Clinical Excellence
PCT	The Primary Care Trust
PDL	Prenatal Diagnosis Laboratory
PGD	Preimplantation Genetic Diagnosis
SRA	Social Research Association
STD	Sexually Transmitted Disease
YLAF	York Lesbian Arts Festival

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