
Downloaded from:

Usage Guidelines:
Please refer to usage guidelines at contact lib-eprints@bbk.ac.uk.

or alternatively
Reactions from family of origin to the disclosure of lesbian motherhood via donor insemination

Pedro Alexandre Costa¹, Fiona Tasker², Francis Anne Carneiro¹, Henrique Pereira³, & Isabel Leal¹

Manuscript Accepted for publication in Journal of Lesbian Studies (fall 2019 or spring 2020) date accepted 30 April 2019

DOI: 10.1080/10894160.2019.1614378

Authors’ Affiliations:

¹ William James Center for Research, ISPA – Instituto Universitário

² Department of Psychological Sciences, Birkbeck University of London

³ University of Beira Interior

Corresponding author:

Address correspondence to the first author at William James Center for Research, ISPA – Instituto Universitário. Rua Jardim do Tabaco 34, 1149-041 Lisbon, Portugal. Telephone: (+351) 218811700. E-mail: pcosta@ispa.pt

Author’s bios:

Pedro Alexandre Costa has a doctoral degree in Psychology and is a researcher at ISPA – Instituto Universitário, specialized in developmental and family psychology. His research interests span developmental psychology, family psychology, and gender and sexuality studies.

Fiona Tasker is a Reader in Psychology at the Department of Psychological Sciences, Birkbeck University of London, specializing in family psychology and systemic family therapy. Using both quantitative and qualitative research techniques, Fiona has published widely on the psychosocial implications of both non-traditional and new family forms for parents and children, in heterosexual and LGBTQ-parented families.
Francis Anne Carneiro is a clinical psychologist and a Ph.D. candidate in clinical psychology. Her current research encompasses the trajectories and family resilience in planned families, and her field of interest includes family psychology, LGBT psychology and psychoanalysis.

Henrique Pereira is a Clinical Psychologist, specialist in Clinical and Health Psychology and in Sexology by the Portuguese Psychologists Association, and Professor of Clinical Psychology and Sexuality at the University of Beira Interior. He holds a PhD in Clinical Psychology and develops work and research in the interface between Clinical and Health Psychology and Sexual Minorities.

Isabel Leal has a PhD in Psychology from the Catholic University of Louvain. She is full professor at ISPA - Instituto Universitário and researcher at the William James Center for Research, I&D. Her research interests focus on the interface of Health and Psychology, in particular sexual and reproductive health and issues related to aging and disease adaptation across the life-course.
Reactions from family of origin to the disclosure of lesbian motherhood via donor insemination

Abstract

Most studies of planned lesbian motherhood via donor insemination (DI) have sampled lesbian mothers in individualistic societies where adults have relatively distant connection to their family of origin. Our study examined the experiences of biological and non-biological lesbian mothers in five families who had children through DI after disclosing their motherhood status to their family networks in Portugal, a familistic society. The first theme identified by thematic analysis, “But why do you want to have a child?” encapsulated the reactions of biological mothers’ family of origin to the announcement of motherhood. Disclosure was mostly met by a shocked response in the extended family, rooted in the belief that lesbian women should not have children. The second theme, “But you weren’t pregnant, how is this your child?” summarized the reactions of non-biological mothers’ family of origin to the disclosure of motherhood status as they considered refusing to recognize their grandchild in the absence of biological connection. Prejudice against lesbian-mother family formation was associated with the specific intersection of lesbianism and motherhood, but relationships between the mothers and their families were largely repaired because of familistic values.

Keywords: lesbian parenthood; family coming out; non-biological mothers; familismo; biogenetic kinship.

Introduction

Becoming a mother is a significant and major life transition that implies great changes in one’s life (Goldberg & Smith, 2014). Studies of heterosexual parented families show that grandparents can be a major source of support for mothers and their children, and this support
can encompass childcare, emotional, and financial sustenance. However, for lesbian women the transition to parenthood can be associated with more stress due to greater exposure to prejudice regarding their sexual identity (Goldberg & Smith, 2010), although family support could be a fundamental resource to potentially buffer the effects of stressors associated with this new life stage (DeMino, Appleby, & Fisk, 2007; Sumontha, Farr, & Patterson, 2016).

The purpose of this study is to examine the experiences of lesbian mothers with children via Donor Insemination (DI) after disclosing their motherhood plans to their families of origin. This study is informed by a social constructionist perspective (Bateson, 1972) within a life course framework (Elder, 1998). A social constructionist perspective aids the understanding of how lesbian mothers make sense of their experiences associated with motherhood, and how they define themselves in relation to other family members’ perceived understanding of them. Further, according to life course theory, although having children is a socially expected transition for every adult, this transition can be both supported and constrained by social structure (Amato & Kane, 2011; Elder, 1998). The reactions of family members can potentially shape the experiences of this life transition for lesbian mothers, and particularly the perception of the roles of biological and non-biological mothers within the family. Extended family endorsement and support for parenthood may be particularly important within a familistic society where intergenerational connections are seen as a cornerstone of the social fabric (Smith-Morris, Morales-Campos, Alvarez, & Turner, 2012).

In Gartrell et al.’s (1996) earlier study, lesbian biological mothers reported a strong social support system and maintained regular contact with their families of origin during the transition to parenthood. More recent studies revealed that the arrival of a baby conceived through DI helped strengthened the ties between mothers and their family of origin, especially their parents (e.g., Goldberg, 2006). Nevertheless, the closeness of these relationships may depend upon the perceived role of the mothers, as biological grandparents are suggested to have
more contact with their grandchildren than non-biological grandparents (Patterson, Hurt, & Mason, 1998). Perhaps grandparents are more hesitant about recognizing kinship, and invest less in their relationship with their grandchildren, when they are not biologically related. Thus, some lesbian women could experience rejection by their parents when they announce their parenthood status, as parents and other relatives may presume that having children as a lesbian woman is wrong (Oswald, 2002).

Nevertheless, literature is scarce concerning the detailed response of these families, and the reactions of family of origin members when children arrive. Further, published studies have focused on lesbian motherhood via DI in a U.S. context favoring individualistic family values and nuclear family domesticity, thus neglecting how lesbian mothers experience parenthood within their extended family in a familistic context. In Europe, and particularly within Latino and familistic contexts such as Italy, Spain, and Portugal, very limited research is available about the family relationships of gay and lesbian parented families outside of the nuclear family. Most studies are focused on the adjustment of children with gay or lesbian parents (e.g., Baiocco et al., 2015; Oliva, Arranz, Parra, & Olabarrieta), or the experiences with the donor in lesbian parented families through DI (Lingiardi, Carone, Morelli, & Baiocco, 2016). However, a recent Italian qualitative study with lesbian mothers found some evidence of what the authors called “family of origin’s disengagement” (Zamperini, Testoni, Prandelli, & Monti, 2016). This family disengagement concerned the families of origin’s rejection of non-biological mothers, who felt that their role as a mother was not recognized not only by their own families but also by the sociolegal framework in Italy.

The main goal of the present study is to explore the reactions from both biological and non-biological mothers’ families of origin to the disclosure of lesbian motherhood via DI through a retrospective qualitative study. This study was conducted in Portugal before 2016, when it was not yet legal for single or coupled women to pursue assisted reproduction. Under
Portuguese law women could not request assisted reproduction without a male partner, as both private and public assisted reproduction were not legal for single women or for lesbian couples, even those who could, under Portuguese law, be married (Machado & Brandão, 2013). To achieve motherhood and to circumvent the legal barriers lesbian women in Portugal often performed self-insemination (SI) or accessed DI abroad (Costa, 2012). In Portugal, the number of studies about same-gender parents is very limited. This absence of research also makes it especially hard to estimate the number of same-gender parented families and to characterize their paths to parenthood. However, community studies suggest that the majority of these families in Portugal are headed by gay men and lesbian women with children from previous heterosexual relationships, followed by lesbian women with children through SI or DI (Costa, 2012; Costa & Bidell, 2017).

**Method**

**Participants**

Participants were recruited through Facebook, social network groups, and LGBT associations by invitation to participate in a study about the experiences of same-gender parented families in Portugal. For this study, only lesbian-mother families with children conceived through DI were included, comprising nine mothers from five families (Table 1). Mothers’ ages ranged from 30 to 40 years, all but one mother was White and all but one was in full-time professional employment. All mothers had completed high school and most had a college degree. At the time of study, children’s ages ranged from six months to eight years. In two families, birth mothers had children through DI at reproduction clinics in Spain (unknown donor), and three families had children through SI (known donor).

Table 1. 

*Family information*
<table>
<thead>
<tr>
<th>Family code</th>
<th>Mothers</th>
<th>Pseudonym</th>
<th>Children</th>
<th>Conception</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fam1</td>
<td>Biological mother</td>
<td>Andreia</td>
<td>1 boy &amp; 1 girl</td>
<td>SI</td>
</tr>
<tr>
<td></td>
<td>Non-biological mother</td>
<td>Claudia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fam2</td>
<td>Biological mother</td>
<td>Leonor</td>
<td>1 boy</td>
<td>SI</td>
</tr>
<tr>
<td></td>
<td>Non-biological mother</td>
<td>Joana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fam3</td>
<td>Biological mother</td>
<td>Catarina</td>
<td>1 girl</td>
<td>SI</td>
</tr>
<tr>
<td></td>
<td>Non-biological mother</td>
<td>Anabela</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fam4</td>
<td>Biological mother</td>
<td>Marta</td>
<td>1 girl</td>
<td>DI</td>
</tr>
<tr>
<td></td>
<td>Non-biological mother</td>
<td>Susana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fam5</td>
<td>Biological mother</td>
<td>Julia</td>
<td>1 girl</td>
<td>DI</td>
</tr>
</tbody>
</table>

**Measures and Procedures**

Participants were provided information about the study and informed consent was obtained. An open-ended interview schedule was developed for this study, and included questions about family well-being, parenthood experiences, social experiences, and about the reactions from their family of origin to the disclosure of motherhood. Mothers were interviewed face-to-face by the first author (average length 1.5 hours). Mothers in same-gender couples were interviewed together, with the exception of Fam1.

Each interview was recorded and transcribed verbatim, and subjected to thematic analysis through an inductive or “bottom up” approach, which meant that themes were identified based on the raw data without a prior coding system or theoretical frame (Braun & Clarke, 2006). The first and third authors read, analyzed and performed the initial coding together for two interviews, and the remainder were analyzed by the third author. The final themes and thematic tables for each family were then discussed by the first and third authors, followed by a discussion with the second author about the naming and defining of the final
themes presented in this analysis. Following a social constructionist paradigm, a reflexive engagement with the data was pursued, and differences between coders were discussed and resolved rather than assessing inter-coder reliability (Yardley, 2015). Given the scope of this study, only themes regarding the disclosure of motherhood to family networks are presented and discussed. The study was approved by an Institutional Review Board.

Results

Two main themes were identified with each indicating family networks’ reactions to the disclosure of lesbian motherhood via DI. The first theme “But why do you want to have a child?” seemed mostly to capture reactions from the prospective biological mothers’ family of origin. The second theme “But you weren’t pregnant, how is this your child?” mostly summarized reactions from non-biological mothers’ family of origin. Although the arguments underlying the reactions from family of origin differed, initial reactions in both sets of families were described as a “shock,” or as a “small bomb,” based on the belief that lesbian women could not, or should not, have children.

“But why do you want to have a child?”

For most of the biological mothers, reactions from their own families to the disclosure of motherhood were predominantly negative. This was especially evident from their own mothers:

“I felt some resistance. I think there was a long adaption process from my family to my sexual orientation, an adaptation process to my relationship – which was built, it was a process that took some time – and when things were finally stabilized, and normalized, we told them we were going to have a child. I clearly remember my mother’s words, she said: ‘But why? You already got many problems in your life!’ I told her: ‘But do you think that a child is a problem?’; ‘No.’; ‘But why do you want to have a child?’;
‘Did you ask that to my sister, who is straight, when she decided to have a child?’
(Andreia, Fam1).

Some mothers reported that even before the disclosure, their own mothers had struggled with a sense of incomprehension as to why their daughter was lesbian because this was incompatible with future motherhood. Further, anticipating a possible opposition to their motherhood plans, some of the mothers chose not to disclose either their plans to have children or their decision regarding donor conception to their families of origin. This decision was later an important source of disagreements between them:

“And my mother had a kind of a drastic reaction. She is more, more emotional, let’s say. My mother stopped talking with me. For several reasons. First because I did all this without telling her. In spite of her always knowing that I always wanted to have children. Hmm, then, ok, because I told her when it was done. Then because it’s confusing for her that she will never know who the donor is, and in a way that’s difficult for her.”
(Julia, Fam5)

In addition to incomprehension regarding lesbian motherhood, family of origin reactions were based on two related features regarding this particular path to motherhood - the anonymity of the donor and the absence of a father - perceived as being a double subversion of the heteronormative family. One of the mothers explained how she talked openly with her daughter about her conception, and how her daughter’s comfort about her family configuration contrasted with and also enflamed her grandmother’s uneasiness: “T. [her daughter] talking naturally with her grandmother, ‘ah, I don’t have a father’, and my mother panicking ‘what do I say now?’”
(Marta, Fam4).

Notwithstanding the initial predominantly negative reactions from their family of origin, all mothers reported a current supportive and close relationship with their parents and siblings at the time of the interview. The long and complicated process toward acceptance was actively
pursued by the biological mothers but was made possible by the children themselves: “We already made up and she’s in love with her granddaughter, as any good mother, and maybe over time I can help her get through that issue” (Julia, Fam5). Thus, the newborn’s arrival helped the family to overcome the initial shock and repair the relationships within the family network.

“But you weren’t pregnant, how is this your child?”

For most of the non-biological mothers, the reactions from their side of the family to the disclosure of motherhood were predominantly negative and rejecting of the idea of motherhood without a biological connection to the child. The fact that non-biological mothers did not carry the child in their womb was perceived by their own parents as proof that they were not de facto mothers:

“’Do you think they are your children? They are not your children!’ […] ‘No, they are my children! Regardless of what the law states, they are my children and one day the law will have to be changed.’; ‘But you weren’t pregnant, how is he your child?’” (Claudia, Fam1).

In addition to the belief that lesbianism was incompatible with motherhood, the disclosure of motherhood by the non-biological mothers was met with disdain and an initial refusal to recognize the children as part of the wider family because there was no biological connection. This belief echoed the lack of legal recognition of non-biological mothers as parents and set up a fragile recognition of their parenthood status within the wider extended family network. These prejudicial beliefs from society in general, and also conveyed within their own families of origin, are perceived as setting a hierarchy of family relations, in which non-biological mothers are perceived as ‘second mothers’: “When my partner had the first child, and my mother thought I should have another… in my belly, because it wasn’t the same” (Claudia, Fam1). Further, at least one family reported feeling this invalidation of the non-biological mother’s role by the family of origin of the biological mother: “When it’s me setting
a rule I notice that he [the biological mother’s father] finds it normal, and when it is Joana setting the rule he gets a bit defensive” (Leonor, Fam2).

Non-biological mothers described actively working to overcome the initial rejection of motherhood by their families of origin, just as the biological mothers did. Both mothers’ roles were also promoted by the development of grandparent-grandchild relationships: “But now, no, now everything’s ok, and they [my parents] call every day and want to be with him,” further adding that “M. [their son] makes no distinctions, it is perfectly clear that M. loves my father” (Joana, Fam2). It is noteworthy that the arrival of the child repaired, or at least bypassed, the bruised relationships between the mothers and their families. This highlights an important socio-contextual aspect of Familismo: setting aside the older generation’s initial rejection of lesbian motherhood and endorsement of a heteronormative view of family when the everyday concerns of grandparenting take over.

Discussion

To date, most research has focused upon family processes and the psychological adjustment of children in gay and lesbian parented families (Carneiro, Tasker, Salinas-Quiroz, Leal, & Costa, 2017; Fedewa, Black, & Ahn, 2015). However, family of origin can be an important source of both social endorsement and support for parenthood, and this has not been investigated in familistic societies. For lesbian mothers, who may be subject to societal stigma and prejudice, endorsement of their motherhood within their wider family network can buffer the adverse effects of prejudice from elsewhere (Sumontha et al., 2016). Our data indicated that the initial reactions of both biological and non-biological mothers families of origin were predominantly negative, based upon the belief that lesbian women should not have children (Oswald, 2002). When the two identities – Lesbian and Mother – intersect, prejudices can reemerge that may be felt as an attack on the lesbian mother’s self as a parent. It is a unique challenge for lesbian mothers who must reconcile and integrate both identities and obtain
validation as a lesbian mother from their family networks (Hequembourg & Farrell, 1999). Thus, the biological mothers in this study faced invalidation of their role as a lesbian parent. Likewise, non-biological mothers had to claim their identity as mothers in face of heteronormative views regarding biological intergenerational connection and not having their place in the family socially and legally recognized, similar to accounts reported in an Australian study, in which grandparents equated biological with real motherhood (Perlesz, Brown, Lindsay, McNair, deVaus, & Pitts, 2006). A focus on biologically connected parenthood was also expressed by the biological mothers’ family of origin, which further inculcates an invalidation of not only non-biological motherhood but also of planned two-mother families. Biological arguments have been used to exclude and discriminate non-biological mothers in different contexts such as maternity healthcare settings in the U.K. (Cherguit, Burns, Pettle, & Tasker, 2013). In this study we found that experiences of discrimination based on biological connectedness may also take place within family networks.

Nonetheless, the lesbian mothers in this study felt the need to repair the relationship with their own families, and worked hard to gain recognition as parents in same-gender partnerships. All mothers had actively sought the support from their family networks during the transition to parenthood despite the initial conflicts (Amato & Kane, 2011). Latino and Southern European cultures, such as Portugal, focus on the value of family as an important social unit, and where the family is prioritized over the self (Campos, Ullman, Aguilera, & Schetter, 2014). Familismo means that the family is supposed to stick together through adversity and not abandon family members and is inherent to a cultural value that promotes warm, close and supportive family relationships (Campos et al., 2014; Luna et al., 1996). Thus, intergenerational relationships, which are usually mirrored in biogenetic kinship, are prioritized in social terms.

In our study, the values of familism were maintained even in face of non-conforming sexualities and non-heteronormative family arrangements. Therefore, despite initially rejecting
the idea of lesbian motherhood as disclosed during pregnancy, all families of origin were delighted with baby’s arrival and came to accept lesbian motherhood. While both biological and non-biological mothers could possibly have decided to withdraw from extended family relationships, instead they chose to actively seek the emotional support that they themselves had received previously within their families. Furthermore, these mothers valued their child developing a relationship with grandparents. Reciprocally, the families of origin became open to repairing relationships with the mothers we interviewed because all family members focused on the new generation and the value of family connections. To some extent, these findings are in line with U.S. studies that reported that having a child improved the relationships between mothers and their family networks (e.g., Goldberg, 2006). Nevertheless, in these Portuguese families there was a loud initial clash and a positive resolution, and the processes involved in how family relationships may improve after the disclosure of lesbian motherhood merits further investigation. Thus, the distinct narrative of Latino familism can be seen in the way Portuguese lesbian mothers constructed their stories of family of origin relationships with the birth of the next generation.

This study has had some limitations that warrant acknowledgement. The study’s sample was small and non-randomly recruited, which hinders the generalization of the present findings to the population. It may not be the case that most families react in a similar way to the families of the mothers in this study. Further, these accounts were retrospective and therefore may possibly be biased by the current positive state of the relationships. Nevertheless, the in-depth qualitative analysis conducted was facilitated by the small sample size, and indicated that reactions to the disclosure of motherhood over the transition to parenthood is worthy of further investigation regarding the varied perspectives not only of lesbian mothers themselves but also their family of origin members, namely their own parents.
References


