

# Beyond sperm cells: a qualitative study on constructed meanings of the sperm donor in lesbian families

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**STUDY QUESTION:** What meanings do lesbian couples construct regarding their sperm donor?

**SUMMARY ANSWER:** For some parents, the donor was increasingly presented as a person, whereas for other parents, the donor was seen as an instrument from the moment they received the sperm donation.

**WHAT IS KNOWN ALREADY:** Few studies specifically focus on how lesbian couples deal with the issue of third-party anonymous gamete donation. It is often assumed that they have fewer difficulties than heterosexual couples with the involvement of a male procreator, since their status as a donor conception family is 'socially visible' and there is no social father who fears exclusion.

**STUDY DESIGN, SIZE, DURATION:** Semi-structured interviews were conducted with 10 lesbian couples (20 participants), recruited via the Ghent University Hospital. All couples had at least one child, conceived through anonymous donor insemination, between 7 and 10 years old.

**PARTICIPANTS/MATERIALS, SETTING, METHODS:** Within the data corpus, a particular data set was analyzed where couples referred to their donor and his position in their family. Step-by-step inductive thematic analysis was performed resulting in themes that are grounded in the data. All phases of the analysis were followed by team discussion.

**MAIN RESULTS AND THE ROLE OF CHANCE:** This study reveals different donor constructs, indicating different ways of dealing with the third-party involvement in the family. Some parents diminish the role of the donor throughout family life and continue to present him as an instrument: something they needed in order to become parents. Others show an increasing interest in the donor as the children mature, which results in a more personalized account of the donor.

**LIMITATIONS, REASONS FOR CAUTION:** In our qualitative cross-sectional study, we collected retrospectively constructed stories. Longitudinal qualitative and quantitative research is required to allow for an extrapolation of the conclusions made.

**WIDER IMPLICATIONS OF THE FINDINGS:** This study shows how the concept of the donor is constructed within lesbian families and how it is challenged by the child's developing personality and features. When counseling prospective parents, it could therefore be useful to discuss the concept of the anonymous donor beyond the conception phase.

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**Key words:** assisted reproduction / gamete donation / qualitative research

## Introduction

To date, most research about lesbian families has focused on family functioning in order to judge the appropriateness of providing assisted reproduction for lesbian women. Those studies have repeatedly shown that family wellbeing in lesbian families is comparable with heterosexual families

(Brewaeys *et al.*, 1997; Brewaeys, 2001; Bos *et al.*, 2004; Rivers *et al.*, 2008). Although studies on psychosocial outcomes can be of use, little attention has been paid to the way lesbian parents deal with the third party that is involved in the reproduction process. It is often assumed that they have fewer difficulties than heterosexual couples with the involvement of a donor, since they know upfront that they will need donor sperm

to conceive a child. Furthermore, their status as a donor conception family is 'socially visible' and there is no social father who could fear exclusion or competition with the male procreator. Some suggest that disclosing the donor conception is evident in lesbian households, because the absence of a male parent inevitably requires an explanation (Vanfraussen et al., 2001; Jadva et al., 2009). Therefore, studies on parents' views of the donor are mainly focused on heterosexual families (Kirkman, 2004; Grace and Daniels, 2007; Grace et al., 2008; Burr, 2009).

A few authors have started to investigate this topic in lesbian families. Haimes and Weiner (2000) have shed light on the broader social context in which the role of the donor is considered. They highlighted that regarding the donor as 'father' or 'not father' is influenced by societal ideas about 'fatherhood' and has an impact on the social mother's position. Vanfraussen et al. (2001) investigated concepts of the anonymous donor held by children (aged 7–17 years) and (their) parents. They found that mothers initially presented the donor as an anonymous sperm cell; later this changed to conceptions of a person who passed on characteristics to the children. Children's images of the donor varied from 'seeds' and 'donor' to 'unknown man/father', but he was consistently placed outside the family. In families that used known donation, young adults described the place of their donor in one of three ways: (i) as a cell provider and not a family member, (ii) as extended family but not a parent and (iii) as a father (Goldberg and Allen, 2013). Nordqvist (2012) interviewed couples using known and unknown donation and explored how genetic origins and parental identities are negotiated. She found that couples defined themselves as the ones who intended to start a family (the 'originators') and the donor as the one who made it possible to conceive a child (the 'origin'). In general, families tended to conceptualize the donor as tertiary to the mothers, even those who had frequent contact with their donor (Nordqvist, 2012; Goldberg and Allen, 2013). Independent of the donor arrangements (known, unknown or involved as father), lesbian couples redefined the meaning of kinship and parenthood by foregrounding the intention to parent whilst downgrading genetic linkages (Goldberg and Allen, 2013).

This paper aims to complement the literature by exploring how lesbian couples give meaning to the donor in their family and their daily life. Our data involve a sample of couples who conceived via a clinic and not via self-insemination. The couples in this study were treated in Belgium, where anonymous donation is practiced and donors are completely unknown to and unidentifiable by the recipients. At the time of treatment, the donor was selected and matched to the candidate parents based on medical criteria (e.g. blood group) and phenotypic matching. The latter was done in consultation with the candidate recipients, as they were allowed to state their preferences for basic phenotypic traits: hair color, eye color, height and weight. In our study, the participants were treated between 2002 and 2004 and at that time it was also possible for patients to choose a Belgian or foreign (generally Danish) sperm donor.

Our study is embedded in an interdisciplinary project, combining bio-ethical, medical and psychological viewpoints. The project was set up to investigate the meanings of genetic and non-genetic parenthood for families using assisted reproductive technologies.

## Methods

### Participants

Between 2002 and 2004, 100 lesbian couples were accepted for treatment with anonymous donor sperm at the Department of Reproductive Medicine

**Table 1** Participant characteristics<sup>a</sup>

| n  | Biological mother (34–47) <sup>b</sup> | Social mother (37–52) | Children (1–9)              |
|----|--|-----------------------|-----------------------------|
| 01 | Sara                                   | Lisa                  | Tim, Lynn                   |
| 02 | Mia and Kim                            | Mia and Kim           | Tom, Eva                    |
| 03 | Rose                                   | Liz                   | Ben, Jessica                |
| 04 | Nicole                                 | Angela                | Travis, Rian, Antonio, Milo |
| 05 | Mary                                   | Monica                | Charlie                     |
| 06 | Lauren                                 | Jill                  | Walter                      |
| 07 | Beth                                   | Lydia                 | Neil, Florence              |
| 08 | Kate                                   | Sandy                 | Kenny, Marilou              |
| 09 | Martha                                 | Lexi                  | Bart, Mathilda              |
| 10 | Ysa                                    | Anni                  | Brenda, Geena, Louise       |

<sup>a</sup>Pseudonyms are given to protect the privacy of the participants.

<sup>b</sup>Years of age, range.

of the Ghent University Hospital. Of these 100 couples, 42 were eligible for the study based on the following inclusion criteria: Belgian nationality, Dutch speaking and having at least one donor-conceived child (aged 7–10 years). Couples were recruited via their counselor (who saw the patients at the time of the fertility treatment), starting with the parents of the eldest children, until 10 couples consented to participate. Of the 16 women contacted, 5 could not be contacted because no correct telephone number could be retrieved and one did not answer after receiving information about the study protocol. The final set of 10 lesbian couples (10 couples, 20 participants) consisted of 9 cohabitating/married couples and 1 couple who had separated three years before the interview. Participants lived in the Flemish part of Belgium and were white and middle class. All couples had one to four children, ranging from 1 to 9 years old (for more information, see Table 1).

### Interview

The participants were interviewed at home ( $n = 9$ ) or at the fertility clinic ( $n = 1$ ), according to their own preferences. Half of the interviews were done by E.W. (first author) and the other half were done by H.V.P. (another psychologist of our research team). Interviews were semi-structured and had multiple focuses: couples' decision to use an anonymous donor, their wishes and thoughts about donor information and selection, their perceptions of the donor, their experiences of parenthood, their experiences of talking about their children's conception and their ideas about the moral rights and obligations of parents and donors. Participants were offered the possibility to contact their counselor at the fertility clinic in case questions or psychological needs arose during or after the interview. The interviews lasted ~90–120 min and were audio-taped and transcribed with the consent of the participants. Transcripts were subsequently checked for accuracy by a team member and the interviewer herself. Pseudonyms were given in order to protect the anonymity of the participants. Approval by the Medical Ethics Committee of Ghent University Hospital had been obtained.

### Data analysis

Inductive thematic analysis was performed as presented by Braun and Clarke (2006). Within the data corpus, a particular data set was analyzed where couples referred to their donor and his position in their family. The analysis

itself consisted of a phased process, starting with familiarizing with the data, memo writing, first coding, constructing themes and writing up the analysis report. The researcher constantly moved back and forth through all phases, given the iterative nature of qualitative data analysis. In addition, the research team was engaged in intensive training and collaboration in order to learn from each other, challenge views and findings and to become aware of alternative interpretations. The latter was further guaranteed through auditing by V.P., A.R. and A.B., who independently read the report and parts of the transcripts and gave their suggestions and criticisms. MAXQDA, a software package that aids the storage and analysis of qualitative data, was used to facilitate the analysis.

## Results

Two patterns emerged in the way the mothers talked about their sperm donor through time (from pretreatment to now, 10 years post-treatment). In a first pattern, an instrumental function was constructed for the donor and this construct remained throughout time. This was the case for one couple (Mary and Monica) and two individuals (Sandy, Mia). The second pattern involved increasingly thinking about and presenting the donor as a person. This was found to be the case for seven couples and two individuals. For two couples (Kim and Mia; Kate and Sandy), these two ways of seeing the donor collided: one partner gradually became interested in the person behind the donation, whereas the other kept the donor issue in the background. The degree of interest in the donor was also reflected by the extent to which a parent wanted more information about the donor. This is described in the final theme: wanting and not wanting to know the donor.

### Nothing but a sperm transaction: instrumental presentation of the donor

Around the time of treatment, all participants saw the donor as someone who made it possible to start a family. He was the participants' means for achieving their goal. For four parents, an instrumental presentation of the donor was constructed from this very first moment on.

Interviewer: Do you see an evolution in how you view the donor? Is it different now than before or not?

Mary: No, for me nothing's changed.

Monica: No, no, it was something, it was something that we needed and that was it. I've never really viewed it differently, I have never thought of that. . .

Mary: We also never tried to picture it, or thought, 'who could that be?', or 'how would that be'?

Mary and Monica explained that they never really envisaged their donor as a person. They repeatedly used the words 'it' and 'something' which fits their instrumental discourse.

#### *Mothers emphasizing their own influence*

All mothers who presented the donor as an instrument stressed their own role in the children's development and discounted possible influences of the donor.

Sandy: In the beginning you thought about it [the donor], but now . . . Even with character traits, I don't think 'that's something he's got from the donor'. No, he has those character traits because he sees us and also because he's a bit genetically determined by us. But I've never said 'that's something he got from the donor', I never thought about that, no. Because

children imitate you, I mean, sometimes you see yourself. So he couldn't have gotten that from the donor. Some of these character traits Kenny has are not from that donor, right? Because . . . Or perhaps they are, but we don't know that of course. [laughs] (. . .) But still, that donor, you don't include him. I mean, at least I don't. No, it's not on my mind.

For Sandy, the child's traits are mainly determined through imitation of the parents the child lives with and through the genes of the parents, rather than those of the donor. She, as a social mother, included herself as someone who significantly influenced the children. In emphasizing the connection with the mothers, the male genetic procreator was more or less ignored. While the children became individuals with more and more particular traits, this did not initiate new images of the donor. In contrast, they stressed their own impact on the development of their offspring even more. Mary and Monica indicated yet another element:

Mary: You know, Charlie [her son] has a lot of traits from me and you notice few unfamiliar traits. So maybe this also plays a role. Suppose he were to have a completely different character than me, a totally different way of being or different looks, then you might tend to think 'ah, that will come from the other part'. I'm not sure, but maybe. I'm actually never looking for something in Charlie that could be from the other part. And so the donor basically remains . . . that one moment, the moment you need it, but other than that . . .

Monica: Other than that, the child is shaped by his environment and the education he gets. The rest is merely the physical characteristics he received. But I think that the child is brought up and shaped by his parents, and that's us, really.

The perceived similarities between herself and her son implied that there was no need for Mary to search for 'other' origins and it seemed to diminish curiosity toward the donor. Two dynamics were present: mothers were not looking for traits that could be inherited 'from the other side' and at the same time, there were hardly traits of the children that seemed unfamiliar to them. This led the mothers to conclude that their child's development is mainly influenced by the parents that are present, the people the child sees and lives with. Independent of the relationship with the child (be it social or genetic), they tended to emphasize their own influence and discounted possible influences of the donor.

### Growing interest in the link with the donor: the emergent personification of the donor

For seven couples and two individuals we found a significant shift in the donor constructs. At the outset of treatment, all participants saw the donor as an instrumental aid, something they needed to become parents. Martha, for instance, looked back at the insemination procedures and described it as a very technical event, even a financial transaction.

Martha: Yes, for Bart we had three [inseminations] and for Mathilda two; we have one left. So 'we still had one!'. We only had to buy one portion [with six straws of sperm].

Speaking in terms of 'buying', 'a straw', 'seeds', etc., there was no human connection in describing the donor. In the context of conceiving a child, the meaning of the donor seemed to coincide with his seed. However, even during the conception phase, there were times when mothers thought about the donor as a person. This occurred particularly when they talked about using the same donor for future conceptions. All couples stated that it was important for them to use the same donor, since this would reinforce ties between the future children (as full siblings)

and would give them a 'common basis'. For all mothers, this was the first moment they thought about their future children as persons who could inherit traits from the donor. These anticipations temporarily brought the donor into the picture as a person.

When the interview turned to family life after treatment, the construct of the donor seemed to change for 16 participants, as Martha and Lexi further explained:

Martha: In the beginning we just went for the seed. We wanted to have children so we needed sperm, right?

Lexi: Yes.

Martha: But now you have a child and occasionally you think 'Oops, that could be something that he has from the donor'. Or, 'we don't have that in the family or she [the social mother] doesn't have it, so that could be from the donor.

The concept of the 'donor' transformed over the years and obtained an unforeseen significance in the family. Parents initially saw the donor as a means to fulfill their child wish, but along the way their interest in the genetic link between the donor and the children grew. They started wondering about what traits the child would have inherited from the donor. This will be explained further in the next theme.

#### *Development of the children triggers personification of the donor*

The mere development of the children was an important instigator in the process of change in the construct of the donor.

Ysa: ...at the time of the insemination, yes, then I'd say I got cells, nothing more than that, full stop. But afterwards, there was an evolution. When the child is formed, when she is born, then you get 'this' [a child with certain traits and characteristics]. And 'this' has an origin, of course, also from that side [of the donor].

As mothers saw their children develop specific interests and physical characteristics, the origin of these characteristics received more attention, hereby foregrounding the donor. Especially in the context of inexplicable traits, parents started thinking about the donor. They referred to the donor and brought him into their family story as a reference point to better understand their children: he turned into someone who could explain parts of the children's personalities that seemed odd to them. In doing so, the donor became a person instead of the primarily instrumental presentation they had of him in the beginning.

Beth: Florence [her daughter] has a little gap between her teeth [laughs] and I'm so curious, just so, uhm... I've no need for contact, but sometimes I'd really like to see a picture of him. To see whether, or traits, or... Like, Neil just decided to do ballet. Euh, which is a rather bizarre or special choice. And then I think, like, 'Oh [sigh], that donor, maybe he's a ballet dancer or something.'

Sara and Lisa also started wondering about their donor:

Lisa: Lynn [their daughter] has lots of curls and then we wonder...

Sara: Yeah, actually we really would like to know, it's probably someone with curly hair.

Lisa: And he's probably got ash blond hair, because her hair is very white, probably because of her Danish roots.

These quotes show how the donor gradually became more personalized, for instance as a ballet dancer, or, in the case of Sara and Lisa, as

someone with curly blond hair. In the latter case, one can read how they made a donor construct based on observations and interpretations of the child's features. From parents' stories it seemed that the influence of the donor on their children became more and more visible as their children were growing up.

The subject of the donor came up not only when wondering what he passed on to the children, but also when parents observed, what they considered to be, bad habits or traits in their children.

Lauren: And when he has a bad trait then we say 'you will have inherited this from your father'.

Participants mentioned this in a rather playful manner and often started laughing about the idea. Although they were very grateful to the donor, they also 'used' the donor to ascribe to him what they perceived to be 'bad' and 'undesired' features. This was a very functional strategy in order to contextualize the more difficult features of the children or the ones that were untraceable to either of the parents.

### **Partners with different donor constructs**

For two couples in our study, there was one partner who became increasingly interested in the person behind the donor (Kim, Kate), while the other partner had given the donor no thought since the sperm donation (Mia, Sandy). It should be noted that the different views on the donor were unrelated to being a biological or a social mother. For Kim and Mia, the different views often led to discussions.

Mia: No, for me, it's just a donor.

Kim: But yeah, I know.

Mia: It's not, it's not a person to me...

Kim: Yes I know, but it interests me...

Mia: To me it is not a person, it is just a donor. You experience it differently, don't you?

Kim: Uhm, yes.

Over the years, Mia had come to think less often about the donor, but through her participation in the interview, she was again confronted with this third party. While Kim showed an interest in the donor, Mia stated that she did not want to know him: she wanted the donor to remain 'impersonal'. Their different views and attempts to convince each other caused tension during the interview. At the end of the interview, Mia stated that this would keep lingering between them.

Mia: I think I will have some questions again. Those [issues about the donor] are things you don't think about any more, especially at this point, but now [while speaking about it during the interview] it flares up again. These discussions between the two of us: 'I'd like to know the donor and I wouldn't', I think they will linger for a few more days... We will have some more discussions about it.

Kate and Sandy also held different opinions about the role of the donor in their family life. Kate sometimes started wondering about the donor, while for Sandy the involvement of the donor had gradually faded into the background.

Kate: Actually, we used to think about it less often. Now that Kenny [their son] asks questions, I sometimes think about him [the donor]; what kind

of person he may be. It's more of an issue than before, at least for me it is. But not for you, I suppose?

Sandy: No, not for me.. No, but I think that, it's weird, but like with organ donation. I think that the people who get an organ – depending on which organ they receive, like a kidney or so – that in the beginning they do think of it as something that belonged to someone else. But in the long term it becomes a part of their life. (...) They don't think about it every day. (...) It [the organ donation] helped them, they feel better and their life goes on.

Kate experienced a shift in her thinking, she wondered about the donor more often than before and this was triggered by her child's questions about his origin. While Kate mentioned terms as 'person' and 'him', her partner spoke about 'it'. Sandy made the analogy with organ donation, in which she conceptualized the donation as an instrumental gift that helps you go on with your life. At first it felt alienating to receive something of vital importance from someone else, but along the way it became a part of them. The child belonged to them and the donor ceased to exist in their experience. Both Mia and Sandy referred to the donor as something that helped them in the beginning, but did not play a significant role in their current family, since the practicalities of family life and their roles as mothers take the upper hand.

### Wanting and not wanting to know the donor

The different attitudes toward the donor, as described above, were linked to different attitudes with regard to information about the donor. For the majority of the mothers, their curiosity in the donor increased and this often caused a wish for more information. The type of information the participants wanted varied: some were interested in non-identifying information (e.g. his profession, his studies, his interests, his talents) and some couples talked about obtaining identifying information (e.g. a picture of him). In contrast, four mothers preferred to know nothing about the donor.

Elly: Now we're probably missing a lot, things like 'oh, look, that's something that he has from the donor'. Yeah, we will never know. When they make choices, like a career choice or a choice for a hobby, who knows whether there might be something typical from the donor's side? So yeah, I would have liked to know more. (...) For example, Neil is really not into sports, we always call him 'the nerd'. And then I think: maybe the donor is like him.

Elly states that more information about the donor would make the choices that the children make more comprehensible. It could be a reference frame to help explain and understand the behavior and traits of the children. The wish for more information was limited to that purpose. Couples in this study were not keen on meeting the donor. As Kim explains, she wants to know more *about* him but she did not actually want to *know* him:

Kim: You cannot see the person and you cannot know him. Actually, that's something that makes me really curious: 'what does he look like?' Not that I want to know him, absolutely not. I absolutely would not want contact with him, surely not. But what he looks like and what his life is like, yes. Actually, that does interest me. Yes.

Seven couples and two individuals expressed this dialectic tension between wanting to picture or know more about the donor and refusing to have contact with him. This tension was also noticeable in the fact that some women often mentioned that the donor was not on their mind. On the one hand, they rarely thought about the donor in their daily lives and

they did not want to engage in any contact with him, but on the other hand, however, some were curious and longing for more information.

One couple and two individuals would refuse to know more about the donor (if the latter were possible). These mothers feared that it would make the donor too real as they thought that information would turn the donor into a person, also for the children.

Mia: I think it's good the way it is now. I wouldn't want... I think, the more information they get as a child, especially at a younger age, the more they will fantasize about it and the more they will see it as a person instead of a donation of a cell and then this person eventually becomes a father and that's, that's not it, right? So I think it's not bad the way it is now. I wouldn't mind if it stayed like this, because in the end you'd get a picture and then you might come across someone and start wondering 'could it be him?'

For Mia (as opposed to her partner Kim), the donation should be viewed as an impersonal provision of cells. Discovering information about the donor entails the risk that it will become a big issue for the children, as she uses the term 'father'. She claims that the construct of the donor will change from 'cell' to 'person' to 'father' as soon as the children know more about him. Therefore, she clearly states her preference for the anonymous system and sees no value in having more information.

In general, parents who were curious wanted to know more about the donor, albeit from a distance. For all participants, the idea of having contact with the donor was threatening. They saw this as a potential disruption of their family life and a violation of their privacy. Due to his genetic link with the child, the donor would intrude in their family life and threaten the position of the social parent. Additionally, four mothers feared that information about the donor would cause the children to picture him and they wanted to avoid the personalization of the donor.

## Discussion

This study contributes to the limited knowledge about lesbian couples' views on the donor. Our findings illustrate that donor constructs are challenged throughout time. Some families change their image of the donor from 'an instrumental aid' to 'the origin of children's features'; other families keep thinking of the donor as nothing more than a means to have children. Our analysis did not reveal clear explanations for these different patterns. For instance, the construct of the donor did not depend on whether the participant was a biological or social mother.

One way of interpreting the findings is through a bidirectional framework. This means that attention is paid to the influence of parents on children *and* children on parents. In our culture, the idea prevails that parents influence their children through the intentional process of parenting (unidirectional). However, systemic theory has brought to light the intentional as well as non-intentional mutual influence between parents and children (De Mol and Buysse, 2008a,b). Non-intentional influence is the process by which people affect one another without particular goal-directed intentions, but by merely 'being' a partner in the relationship and by being fully recognized as such.

Such non-intentional bidirectional influences came to the fore in our analysis. The mere fact that the children were developing as individuals provoked parents' curiosity about the donor. The characteristics, talents and preferences that mothers found difficult to explain or understand evoked fantasies and thoughts about the unknown party. Thus, as they grew up, children exerted a non-intentional influence on their

parents and this initiated a change in parents' constructs of the donor. Children's questions about the way they were conceived also triggered thoughts about the donor. Even within couples, we saw that some partners challenged each other's views about the donor. In addition, parents attributed 'bad' characteristics to the genetic origin (the donor), hereby de-blaming themselves and their parenting, but also foregrounding the involvement of the donor. In some families, these processes gradually created a significant role for the donor in the family construct, as opposed to the 'non-existing' construct at the outset of treatment.

In contrast, for other women, the role of the third party was purely instrumental and this continued throughout family life. Overall, these parents tended to stress their own resemblances with the children and were less interested in information about the donor because it would make him too real. The sperm provider was presented as a 'syringe' and this construct was passed on to the children.

These findings are in accordance with other studies. In the studies of Nordqvist (2010, 2012), the sperm donor was downgraded as a means to conceive a child and physically 'erased' in order to locate the child in the lesbian love relationship. Ehensaft (2000) interprets this process from a psychodynamic lens and talks about the destruction of the sperm donor and the disembodiment of the vial of sperm from the 'whole object' of the man. Also for heterosexual couples, Grace et al. (2008) found that they depersonalized the donor during fertility treatments. One can expect that talking about the conception phase as 'a technical event' is the best coping strategy to continue with treatments, a construct that is further reinforced by the medicalization of donor insemination and technical language used in medical practice. However, besides the negation, the donor also appeared as a person in parents' accounts (Grace et al., 2008). Vanfraussen et al. (2001) revealed different donor concepts among lesbian mothers: some hardly thought about the donor and instrumentalized him as they made the analogy with blood donation. Others occasionally wondered about the donor's appearance or personality. A parallel can be drawn with single mothers, as Hertz (2002) found that the sperm donor became the source of the children's unexplained traits. According to Stuart-Smith et al. (2012), who interviewed women opting for unknown oocyte donation (in heterosexual couples), curiosity about the donor intensified once the baby was born, suggesting that the process of giving birth is transformative. However, our analysis here complements the literature as it addresses how the constructs of the donor develop over life for lesbian couples and how this is triggered by the development of the children.

Some limitations need to be addressed. As we report on a small-scale qualitative study of lesbian parents, we do not intend or claim to be representative for lesbian parent families. Rather, we tried to understand processes for a specific sample in a specific context, which could help uncover some of the strategies and concepts underlying ways of dealing with the donor. Secondly, although we found patterns that suggest changes over time, we interviewed the mothers only once and let them think back and forth about their experiences. A longitudinal design is needed to fully understand how the concept of the donor develops. Thirdly, by using thematic analysis, we paid less attention to the participants' terminology than we would have had we used other methods such as conversation or discourse analysis. Finally, studies incorporating children's perspective are needed to further investigate bidirectional influences in donor gamete conceived families.

Reflecting on the implications for practice, it is important to fully understand the lesbian context and not to simply assume that: (i)

lesbian women have no trouble with the donor involvement; (ii) that they talk to their children about the donor anyway and (iii) that by using an anonymous donor this person is never (and will never become) present in family life. In addition, this study shows that it is difficult to predict how parents will relate to the donor and how they will eventually discuss the donor conception with their children, since their position toward the anonymous donor is likely to change. Therefore, it could be useful to provide counseling after the conception phase, doing justice to constantly changing family contexts and giving families the possibility to turn to counselors when experiencing difficulties later on in family life.

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## Authors' roles

The main researcher was E.W. who carried out half of the interviews and conducted the analysis. V.P., A.R. and A.B. provided feedback during all phases of the analysis. G.P., A.B. and P.D.S. are the supervisors of this research project and were involved in the design of the study. P.D.S. was also involved in the organization of the recruitment at the University Hospital of Ghent.

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## Conflict of interest

None declared.

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