

Family Communication About the Donor Conception: A Multi-Perspective Qualitative Study With Lesbian Parents and Their Children

Qualitative Health Research
1–11
© The Author(s) 2015
Reprints and permissions:
sagepub.com/journalsPermissions.nav
DOI: 10.1177/1049732315606684
qhr.sagepub.com


H. Van Parys¹, V. Provoost², E. Wyverkens¹, P. De Sutter³,
G. Pennings², and A. Buysse¹

Abstract

In literature, disclosure of donor conception in lesbian families has been considered an obvious and straightforward event. However, little is known about the ways in which donor conception is discussed in planned lesbian co-mother families. This study focuses on the process of parent–child communication about the donor conception on a within-family level. Six families, including 7 children and 12 parents, were interviewed about their family communication with regard to donor conception. A dyadic interview analysis revealed that family members managed the space taken up by the topic of donor conception in their daily conversations. Within these conversations, they also took care of each other and of their family relationships. In addition, children had an active position in the co-construction of the donor conception narrative. Linking these findings to the concepts of relational management and functionality of donor conception narratives, this study informs practitioners in the field of medically assisted reproduction.

Keywords

communication, parenting, gays and lesbians, reproduction, qualitative, dyadic interview analysis, Western Europe

Over the past decades, medically assisted reproduction using donor gametes has become more and more widespread, both for heterosexual and lesbian couples. In the societal debate about these new ways of family building, disclosure of the donor conception (DC) to the children has been discussed extensively. Are parents morally obliged to inform their children about the DC or can they rely on their right to privacy and autonomy and choose not to disclose? Numerous studies on heterosexual parents' disclosure decisions have been conducted (e.g., Blake, Casey, Readings, Jadvá, & Golombok, 2010; Daniels, Grace, & Gillett, 2011; Mac Dougall, Becker, Scheib, & Nachtigall, 2007) showing, for instance, the discrepancy between disclosure intentions and disclosure behavior. Golombok et al. (2006) found that although about half of the parents intended to tell their children at an early age, less than 10% had brought that intention into practice by the time their child turned 3 years old. In these studies, the dichotomy between telling and not telling is central. Only a few studies with heterosexual parents focus on the continuum of disclosure (Daniels, 1995; Readings, Blake, Casey, Jadvá, & Golombok, 2011) and on the ways in which parents communicate about the DC with their children (Mac Dougall et al., 2007).

In contrast to the vast literature on DC disclosure decisions in heterosexual families, this topic has received less attention in the context of lesbian DC families. One reason for this gap in the literature may be that disclosure of DC in lesbian families has been considered an obvious and straightforward event, given the need for an explanation of the absence of a father (Baetens & Brewaeys, 2001; Jadvá, Freeman, Kramer, & Golombok, 2009; Vanfraussen, Ponjaert-Kristoffersen, & Brewaeys, 2001). Studies with lesbian families have mainly focused on psychological functioning of the children and family well-being (e.g., Biblarz & Savci, 2010; Patterson, 2006; Tasker, 2005), the meaning of donor anonymity for parents (e.g., Brewaeys, de Bruyn, Louwe, & Helmerhorst,

¹Faculty of Psychology and Educational Sciences, Ghent University, Belgium

²Bioethics Institute Ghent, Ghent University, Belgium

³Department of Reproductive Medicine, Ghent University Hospital, Belgium

Corresponding Author:

H. Van Parys, Faculty of Psychology and Educational Sciences, Ghent University, Henri Dunantlaan 2, 9000 Ghent, Belgium.
Email: hanna.vanparys@ugent.be

2005) and children (e.g., Vanfraussen et al., 2001), and the type of information children want about the donor (e.g., Vanfraussen, Ponjaert-Kristoffersen, & Brewaeys, 2003). The few findings about the process of family communication in this context indicate that the DC is only rarely discussed in lesbian families (Vanfraussen et al., 2001; Van Parys et al., 2014), that the child's questions play an important role in the initiation and the continuation of this communication process within the family (Stevens, Perry, Burston, Golombok, & Golding, 2003; Van Parys et al., 2014), and that gradual disclosure serves the goal of ensuring that the child perceives his or her conception story as normal and natural (Vanfraussen et al., 2001; Van Parys et al., 2014). In a recent Swedish study, Malmquist, Möllerstrand, Wikström, and Zetterqvist Nelson (2014) analyzed 12 children's parental concepts, including the terminology children used to refer to fathers and donors. The children were aged 5 to 8, and were conceived through either anonymous (11) or known (1) donation. The authors found that none of the children used the term *donor*. References including the word "dad" were not only common but also reflected the tension between the child's donor concept and that of a (relational) father.

This literature shows that (a) in general, there is a lack of studies conceptualizing disclosure on a continuum and (b) even though research on planned lesbian co-mother families is expanding (Biblarz & Savci, 2010), little is known about the ways in which DC is discussed and about how family members experience the disclosure process individually (Goldberg & Allen, 2013). A previous study based on lesbian parents' interviews (Van Parys et al., 2014) pointed to the importance of the relational context to interpret this communication process within the family. The ultimate way to get a clearer perspective on this relational context of the parent-child communication is to include both parents and their children in one study. Related to that, a number of family researchers have called for more dyadic analyses in the field of family studies (e.g., Carr & Springer, 2010; Sharp, Zvonkovic, Humble, & Radina, 2014; Umberson, Thomeer, Kroeger, Lodge, & Xu, 2015; Wittenborn, Dolbin-MacNab, & Keiley, 2013). Conforming to the guidelines for dyadic interview analysis of Eisikovits and Koren (2012), we set up a systemic research design based on data from multiple family members. This implies that interviews with members of one family—the parents and the child(ren)—were analyzed together, before an analysis on group level (all families) was conducted. Our research focus was on the process of and meaning-making about family communication concerning DC. In a societal context that, to a large extent, lacks scripts for lesbian parents to talk about the DC with their children (Hequembourg, 2004; Van Parys et al., 2014), the question arises as to how children

and parents (co-)construct their unique DC narratives. We chose to do this analysis on data from a small number of families, to be able to include enough of the depth and the complexity that is involved in this communication process.

This study is informed by a social constructionist perspective (Burr, 2003; Gergen, 2009). According to social constructionism, the external reality is always considered as "subjectively perceived and understood from the perspective of the observer" (Daly, 2007, p. 32). Social constructionism advances that our endeavors to know the world and ourselves are context-specific and dialogically built (Gergen, 2009). Our choice for semi-structured interviews as a data collection method reflects this social constructionist theoretical perspective. These interviews can be seen as the co-construction of meaning by the interviewee(s) and the interviewer (Rosenblatt, 2012).

This study is part of an interdisciplinary research project called "Parenthood Research," combining bio-ethical, medical, and psychological viewpoints. The Parenthood Research project was set up to investigate the meanings of genetic and non-genetic parenthood for families using medically assisted reproduction. This study is situated in Belgium, where lesbian couples can marry and co-parent adoption is allowed since 2006. Recently, non-biological mothers were granted the same legal status as fathers receive in a heterosexual relationship. This means that an adoption procedure is no longer required. However, because the participants in our study gave birth 7 to 10 years ago, the older legislation was still in force.

Method

Participants

Six lesbian couples and seven of their children were recruited via the Department of Reproductive Medicine of the Ghent University Hospital. Between 2002 and 2004, 42 lesbian couples were accepted for treatment with anonymous donor sperm at the Department of Reproductive Medicine and were eligible for the study based on the following criteria: Belgian, Dutch speaking, live birth, and no intra-partner oocyte donation. The counselor of the Department (who saw the participants at the time of the fertility treatment, 7 to 10 years ago) tried to contact 16 couples—ranking the couples with the eldest children first—to be able to include 10. Five couples could not be included due to inadequate contact information or language difficulties. One couple did not call back after receiving information about the study protocol.

Semi-structured interviews with the 10 remaining couples were conducted. After each interview, the parents were asked whether their child (aged 7 to 10 years) would

also want to participate in the study and whether the parents agreed with this interview. As a result, six boys (aged 9 to 10) and one girl (aged 6) were included. For this study, we used the data from the subset of families in which both parents and children participated. As such, qualitative data analysis was performed on six parent interviews and seven child interviews (total of 19 participants). Participants lived in the Flemish part of Belgium and were White and middle-class. Parents' ages ranged from 37 to 47 years old.

Interviews

Semi-structured interviews were conducted by Hanna Van Parys, Elia Wyverkens, and Veerle Provoost. The first two interviewers are both clinical psychologists and are respectively trained as family therapist and sexologist. The third interviewer is a bioethicist and social health scientist. The parent interviews lasted between 90 and 120 minutes and consisted of two parts. The first part included open-ended questions about the parents' treatment and parenthood experiences. The second part included open-ended questions about moral issues such as the parents' opinion on donor anonymity and their thoughts on the rights and obligations of the donor. As part of the interview, the issues of DC disclosure to the child and family communication about the DC were discussed. The parent interviews were conjoint interviews as these allowed us to study couples' shared constructions and their interactions during the interview. Conjoint interviews provide a reflective space for both partners together, which enables them to challenge as well as to reinforce each other's accounts (Bjornholt & Farstad, 2014).

The child interview duration ranged from 20 to 50 minutes. The child interview guide consisted of three main successive themes: the family, the conception story, and the donor. To start, an elicitation technique inspired by the Apple Tree Family, a technique for mapping children's views on family relationships, was used (see Tasker & Granville, 2011). A drawing of a tree and small cards in the shape of apples were offered to the child. The tree was presented as the child's "family." The children were invited to write down their own name on an apple and place it somewhere on the sheet with the drawing. Then they were asked to think about who belonged to their family. They were invited to place an apple for each person on the sheet. At the start of the second half of the interview, an apple for the donor was offered only to children who had mentioned a donor in their conception story. The children's own words were used to refer to the donor. Once more, the children were asked to put the apple somewhere on the sheet (the tree, or any other place). Based on what the children chose to do with this

apple, their conception story, as well as their experience of family communication about the DC, was further explored.

Given that all participants were interviewed at home, in five cases, children were present during (part of) the parent interviews. In two parent interviews, the youngest child was present in the same room playing or watching TV. In two other parent interviews, the oldest child was present during the first part of the interview. In the interview with Nicole and Angela, their baby son (1 year old) was present as well. Six of the seven children were interviewed alone. In the interview with Travis, the parents were present due to practical reasons; because of renovation to the house, there was no separate room available. This context factor was taken into account when interpreting the data by keeping track of the moments when the child was present in relation to what the parents were expressing on one hand and by explicitly coding parent-child interactions that were relevant for the research question on the other hand.

All interviews were audio-taped and transcribed with participants' consent. Transcripts were subsequently checked for accuracy by a team member and by the interviewer. In addition, observation notes were made by the interviewer immediately after each interview. These notes enhanced the interpretation of the data. Pseudonyms were given to protect the anonymity of the participants. Approval by the Ethics Committee of Ghent University Hospital had been obtained. Parents gave their written informed consent at the time of the interview. For the child interviews, written informed consent of both parents and the child was required. These informed consent forms included an explanation of the study adapted to the child's developmental level. In addition, oral explanation of the study, of the possibility to skip questions and of the right to pause or stop the interview at any time was given to each child prior to the interview. We offered parents the possibility to contact their counselor at the fertility clinic in case questions or psychological needs arose during or after the interviews. All participants were recruited at the same hospital and received the same "non directive" counseling. The current legislation in Belgium is based on donor anonymity but also allows non-anonymous donation when both donor and recipients give their prior agreement. Participants in this study all used anonymous donation.

Qualitative Data Analysis

For the data analysis, two qualitative research methods were combined. Dyadic interview analysis (Eisikovits & Koren, 2012) served as the overall framework for the analysis; the ultimate goal was to analyze interview data from two different sources (parents and children) of one

family unit and to “weave together threads of individual accounts” (Harden, Backett-Milburn, Hill, & MacLean, 2010, p. 448) into an integrated systemic perspective. Preceding the phase of comparing and integrating interview data on a family level, an interpretative phenomenological analysis (IPA) of each of the interviews was performed (Smith, Flowers, & Larkin, 2009). IPA is a qualitative research method rooted in phenomenology, with a specific focus on the lived experience and how participants make sense of their experiences. In the first part of the analysis, IPA was used to do a step-by-step analysis of the respective parent and child interviews (Smith et al., 2009). For each interview, descriptive and interpretative notes were made to obtain familiarity with the cases and enhance interpretation of the data. The next stage consisted of a first coding based on the annotated transcript. In this first coding, Hanna Van Parys looked for patterns and connections across the data. Subsequently, the codes were clustered into themes and subthemes according to conceptual similarities and oppositions. MAXQDA, a software package that aids the storage and analysis of qualitative data, was used to facilitate the analysis. In the second part of the analysis (the dyadic interview analysis), themes and subthemes of each family unit were integrated, resulting in new thematic categories. For each family, a comprehensive narrative focusing on the process and the meaning of the family communication about the DC was written. Finally, based on these narratives, cross-family thematic categories were constructed and cross-checked against individual thematic categories.

In qualitative studies, the aim is to maximize the theoretical generalizability (Flick, 2013) and the transferability of the findings. Using information about the study sample and the context of the interviews, readers, academics, and policy-makers can assess the meaning of this study’s findings for other contexts. To enhance the trustworthiness of the study, a team of auditors (Veerle Provoost, Elia Wyverkens, and Ann Buysse) was invited to challenge the way Hanna Van Parys had constructed categories and a conceptual framework at several points in the analysis (Hill, Thompson, & Nutt-Williams, 1997). Based on extensive research reports, these auditors verified whether the analysis had been conducted systematically and transparently, and whether the research report—including a conceptual model of the data—was credible (Smith et al., 2009). Discrepancies as well as gaps in the analysis were identified and adjusted, which significantly improved the depth of the analysis.

Findings

The dyadic interview analysis resulted in three overarching thematic categories: (a) limited conversation about

the donor conception, (b) taking care of family relationships, and (c) dynamic nature of the child’s donor conception narrative.

Limited Conversation About the Donor Conception

For most children, DC was not a salient topic. In the interviews, they preferred talking about their pets, sports, games, and so on, instead of lingering on DC. Similarly, the parents mentioned that they did not think about the donor often and that the DC was not regularly discussed in the family. In general, the DC was perceived and pictured as an event in the past. It did not play an important role in their current lives.

However, some variations across and within families could be perceived. In some families, both parents and children preferred the conversation about DC to be rather limited. For instance, Tom’s parents argued that it was not necessary to talk about the donor too much; Tom himself indicated that it was strange for him to talk about his “daddy” in the interview:

Int: How did you like the interview?

Tom: Uhm, well, uhm, I thought it was a bit strange to talk about daddy and stuff.

Int: Is this something you’d rather not talk about?

Tom: Actually, no.

In other families, parents wanted to disclose basic information to the child without too much elaboration, while children reported more curiosity about the donor. In the first family for instance, the donor was more central in the child interview than in the parent interview; Timothy seemed to enjoy talking about the donor and showed considerable interest in him.

Furthermore, the parent–child communication about the DC reflected a tension between the experience of a lack on the one hand, and a focus on completeness as a family on the other hand. The next quote shows both stances:

Because I asked him, what did I say this week? Oh yes, I literally asked, “Brother, do you miss your daddy?” And he said, “I can’t miss my daddy because I don’t know him, right?” (Nelly, parent)

With her question, Nelly pointed at the possible lack her son might experience. However, her son confirmed that he did not miss “his daddy.” We found this tension in all families, with some families leaving more room for talking about the donor and the experience of a lack, and others focusing more on the idea that they were complete as

a family and did not need another figure to play a role. An example of the latter can be found with Travis, who stressed that the way he was conceived was not important and could be seen as “ordinary”:

Int.: And is there something you would like to know about it, or not, or do you say, this or that . . .

Travis: No, that’s not important.

Int: That’s not important.

Travis: For me that’s not important.

Int: Ok, and why exactly is it not important for you?

Travis: Uhm because, because it’s not special or anything, it’s normal.

It seems that Travis preferred not to give too much attention to this topic. Talking about the DC would make it more special, more important, and that is something he seemed to want to avoid. Right before this sequence in the interview, Travis had emphasized that he did not know anything about his own and his brothers’ conception, which was in contradiction to what his parents conveyed (cfr. *infra*). The emphasis on the normality of his family may have informed his tendency to answer the interviewers’ questions in an evading way. At the same time, he reassured his parents—who were present in the same room—that he was not preoccupied with being donor conceived (cfr. “Taking Care of Family Relationships”). In one family, it seemed that making room for the donor in the DC narrative and linking him to the concept of a “father” (which the child is familiar with because his peers do have fathers) enabled the child to visualize him and possibly even miss him.

Taking Care of Family Relationships

Within conversations about DC, family members seemed to take care of each other and of their family relationships. Above all, this implied a sensitivity to family members’ feelings about the DC. Timothy, for instance, referred to his parents’ uncertainty with regard to the parental position of the non-biological mother:

Every once in a while, I ask “who is my daddy?” . . . And then my Mom says that she doesn’t know. And I think it’s true. I think they are a bit afraid to show him. Like for example, if I were to get attached to this daddy, and leave my Mummy, leave, leave her behind, that is what they are afraid of, I guess.

Timothy literally mentioned that his parents were “afraid to show him” and were anxious about Timothy getting attached to the donor, which in turn could lead to loosening the bond with his non-biological mother. Further

interpretation of the data reveals a sensitivity for the vulnerability of family relationships; the presence of a donor could imperil these family relationships. Timothy points at his parents’ sensitivity for this subject and their reluctance to talk about it. Along the same line, Tom may have sensed that his parents preferred not to talk about the donor too much, and as a result, he tried to take care of them by not dwelling on it. In another family, Kate mentioned her reluctance to talk about the subject of DC when she found out that her son did not talk about a class conversation about this topic at home: “Yes, I think it is difficult to start a conversation about that when he himself doesn’t bring it up when he’s with us.” By not mentioning this subject herself, she avoids that her son would feel uncomfortable with the discussion. Taking care of family relationships also seemed to be apparent at a non-verbal level. For instance, one child who was present during the parent interview spontaneously took a videogame with headphones out of the cupboard at the moment when his non-biological mother remarked, “Kenny is now listening huh, he’s a very clever boy.” It seems that he interpreted his mother’s comment as a sign of uneasiness with him being in the same room and being able to hear what they were answering to the interviewers’ questions. Literally shutting his ears could be interpreted as Kenny’s way to make sure his parents could talk freely.

Taking care of the family relationships was not limited to one’s own relationships but included a sensitivity for relationships between other family members. Kenny, for instance, was concerned about how his little sister would react once she found out about the DC:

I really think she [younger sister] shouldn’t know until she’s old enough (. . .). I’m going to ask Mommy when she’s planning on telling her. Because if they were to tell her now, then she would turn everything upside down. Like, uhm, a couple of days ago, I told her a little bit about this [the DC] and she started to mix LEGO blocks from different packages!

Mixing LEGO blocks from different packages was, in Kenny’s opinion, a very weird thing to do. Kenny was concerned not only about his sister but also about the way his parents would manage the communication and his sister’s emotions after she found out.

Parents, at some points, seemed to be looking for confirmation of the strength of the family relationships in the conversation with their children:

Because I asked him, “Does it bother you that you won’t get to know him?” And then he immediately said “No, because, yes, I have Mom (non-biological mother) and uncle M.” (Kate, parent)

In his answer, the child did confirm that he was not preoccupied with knowing the donor and put forward two other

important figures in his life, his non-biological mother and his biological mother's brother, who were able to "replace" the donor. Sometimes the parents found reassurance in the fact that the child did not ask further questions, which was interpreted by the parents as "he is fine with it":

But we explained everything to our son, like uhm, why and how we did it and, uhm, yeah, he understands it well and he also accepts it and it doesn't bother him. (Kim, parent)

Similarly, Kenny's parents mentioned that after he first asked about the way he was conceived, he did not ask any further questions at a later point in time. As these parents were convinced that the children would raise this subject when they had questions about it, they seemed to be reassured by the child's silence. However, Kenny's account reflected a different perspective:

Int: Uhm, and, did you ask any other questions after that? Or did you talk about it afterwards? Or, how did that go?

Kenny: Afterwards, I just, then I knew, and I did not bring it up again.

The phrase "then I knew" points to a—at least temporary—satisfaction with the information he received. However, the next phrase "I did not bring it up again" seems to refer to an active decision not to mention the subject again. Possibly, this action of the child was related to a perceived sensitivity of his parents and can be interpreted as a way of taking care of his parents.

Throughout family members' accounts, we noticed a lot of questions and hesitations that showed an active engagement in a process of searching and constructing a story that fitted with their experience and the context. The children, for instance, frequently used the term *dad* to refer to the donor while they also hinted at the fact that this was not the exact term they wanted to use.

Int: Do you know where, from whom the seed came, where it came from?

Tom: Yes, from my daddy. I mean, not my real dad. Somebody gives his little seed to the doctor. And then, uhm, yeah, that's with a syringe. I think. And that's a bit the same then.

Related to that, parents tried to differentiate the "donor" from a "dad":

Kate: And then I said [to the son]: "There is somebody who has given a sperm cell to the hospital. But that is not your dad. Because we don't know, let's say, that's someone who's anonymous, who we don't know, and you don't know him either."

The use of certain words and phrases furthermore seemed to depend on the specific topic that was discussed. For instance, some parents were very clear in stating to the children that they did not have a father, while at some other point they said, "[This psychological trait], maybe you have that from your dad?" The term *father* was not applicable in the first context, which referred to the positions of the parents and the donor. It seemed important for the parents to clearly delineate the role of the donor (as not a parent) to help the child grasp the meaning of DC. In contrast, the second context (tracing the origin of a trait) did allow for calling the donor a "dad." The use of the term *dad* in this context indicated that parents were looking for functional descriptions. Possibly, they wanted to further their child's understanding of the genetic inheritance of certain physical features.

Dynamic Nature of the Child's Donor Conception Narrative

What prevails from the analysis is that children cannot be seen as passive receivers of their parents' information: They actively deal/work with the information they receive. As a result, the DC narrative that is co-created between parents and children is dynamic in nature. A number of ways in which this co-construction emerges can be discussed.

First of all, children take information into consideration before they believe/reject it:

Every once in a while, I ask "who is my daddy?" . . . And then my Mom says that she doesn't know. And I do think this is true. (Timothy)

Timothy's words "And I do think this is true" imply that he critically looked at the information and then decided for himself to what extent he could believe it.

A second way of handling information is by adding (fantasy) elements to the story and filling in the inevitable gaps. Kenny was creative with the information he got:

I don't really think about him a lot. But sometimes I do. Then I play that this toy (LEGO) is my real dad. It's a forester.

Children also sometimes added elements to their own conception story based on what they had heard from peers in similar family situations:

But I think, some things I added myself, like with other children, like there are other children at my basketball club who have two moms. And I asked them and they all knew about it. And so I thought that in my case, it must have been the same. (Kenny)

More generally, interactions with the outside world played an important role in the construction of the family's DC narrative. Both Kenny and his parents, for instance, indicated that a conversation at school was a cue to ask questions about the DC at home.

Third, it seemed that, to a certain extent, some children adopted elements of the parents' story and reproduced the story they received from their parents. Ben, for instance, was convinced that the donor should not be identified because his privacy had to be protected:

Because, I would, for example, when somebody used the seeds, that's for, then they know where you live, who you are and so on, and then they were to call you on the phone: "Yeah, thank you for the seeds," and I really wouldn't like that because, then we could visit him, then he would also be a part of the sort of family, and then, I also wouldn't like it if strangers who you don't know were to stop by.

Somehow the voice of the parents (favoring donor anonymity) can be heard here: Although the sperm donation is a necessary part of their family building, tracking the identity of the donor is not desirable. The way one boy and his parents described the donor as "a dad who lives in another country" was very similar. The parents also made it explicit that their child took over a lot of what he heard them say:

Nelly: And he [son] said, "I can't miss my Daddy because I don't know him, right?"

Rita: Yes, that's right.

Nelly: But yeah, maybe he heard that from us, he hears a lot, his ears are like antennas.

Fourth, children sometimes picked up information from the family indirectly. Although Tom explicitly said that he did not ask any questions, he also mentioned the fact that he received information through his younger sister's questions (which were answered by the parents in his presence). Thus, Tom was reluctant to ask questions himself, but he seemed to listen carefully to what his parents told his sister.

Finally, some children seemed not to engage with the information they received. Travis—even though he was informed about the DC by his parents—indicated that he did not know the answer to the interviewer's questions about the way he was conceived:

Int: So a long time ago, there was only your Mum and Mummy, and after a while you came, and then your brothers, you were the first, huh? How did that go, how did you get here? Can you [say something about that]?

Travis: Uhm, no we haven't, I don't know.

Mummy and Mom: But you do know! You came with us to the hospital for your brother [s DC procedure].

Travis: But I don't know!

For practical reasons, the parents were present during this interview. This may have had an influence on Travis' sense of being able to talk freely. At this point in the interview, the parents' presence seemed to have created a dynamic in which the child responded to the interviewers' questions stating he did not know the answer, and the parents convincing their son that he *did* know the answer. Another interpretation is that, even though the parents had the clear intention to inform the child and to be open about the conception method, they did that in a way that did not yet result in the construction of a (verbal) story for the child, which he in turn could reproduce. Travis' parents made a scrap book documenting the conception of each child, with the intention to inform them about it in a transparent and detailed way. Even though Travis had browsed through the books several times, the parents mentioned that he had not *read* them yet. This reading may be crucial to grasp the meaning of what is represented in the scrap books. More generally, it seems that some information at this point was not absorbed or was easily forgotten by the children. This may be related to the developmental stage of the child.

Discussion

Although Perlesz et al. (Perlesz, Brown, Lindsay, et al., 2006; Perlesz, Brown, McNair, et al., 2006) already presented findings of different generations in one study, this is the first study in which the parents' and the child's perspectives are related to each other and integrated in a systemic view on parent-child communication about DC in planned lesbian families. In what follows, we link our findings to contemporary systemic notions and theories.

Talking and Not Talking About the Donor Conception: Relational Management

Although the relational meaning of the way family members handle family communication about DC was touched upon in a previous study (Van Parys et al., 2014), the current study opened up a deeper exploration of the meaning of talking and not talking for all family members—including children—and the way they "managed" their family relationships. First, family members seemed to manage the extent to which there is "room" for discussing the DC and/or the donor in the family. In most families, the donor gets a rather "limited position" in the family communication, keeping his contribution at an acceptable level, which makes the topic of DC more manageable to

the family members. This can be related to the issue of “systemic emotion management” (Rober & Rosenblatt, 2013): In a family conversation—especially when it is related to sensitive issues—people typically try to monitor the emotional state of all family members, including their own emotional state. Some family members will “manage” the emotionality within the family to a certain extent by deciding what to disclose in a given context. Second, not only did parents report their uncertainty with regard to managing this subject, children also seemed to sense this uncertainty and tried to act responsively. Third, considering the relational context also referred to reflections on other family members’ relationships with each other.

Our findings can be related to broader communication and relational theories in which a dialectical tension between openness and closedness in relationships has been described (e.g., Baxter & Montgomery, 1996; Petronio, 2002). People who generally value openness may be reluctant to talk about certain issues. Caughlin and Afifi (2004) situated this reluctance in people’s “risk assessment”; discussing the topic can hold risks for themselves (while they aim for self-protection) and for their relationships (while they aim for relationship protection). Maintaining the strength of the parent–child relationship and preventing relational deterioration might be important motives for not talking about certain issues such as the DC. For the parents in our study, the relative silence about the DC entailed a confirmation of the strength of their family relationships, of the fact that they were complete as a family, and did not experience any “lack.” In addition, related to the fact that, in many families, lesbian parenthood is a “non-issue” (Perlesz, Brown, Lindsay, et al., 2006), it may be perceived as unnecessary or even alienating to talk about the way they reached parenthood.

Dynamic Nature of the Donor Conception Narrative Construction

This dyadic interview analysis gives insight into how DC narratives are co-constructed between parents and children. Bidirectional theory of parent–child relationships (Kuczynski, 2003; Kuczynski & Parkin, 2007) explains that there is a power asymmetry in parent–child relationships, with parents having more “resources” than children. In this case, the child is dependent on the parents for information about the DC. At the same time, both parents and children are agent actors in the formation and construction of the family DC narrative. They sculpt the story based on elements presented by the parents, questions posed by the children, and stories heard in the outside world. The social context seems to be a trigger to start or continue thinking about the DC and may urge family members to reconstruct the DC narrative continuously. As Perlesz, Brown, McNair,

et al. (2006) stated, “It is when they step outside into the public domain that they are confronted with having to explain their family structure and children’s relationships particularly with the non-birth parents, but also the donor and extended non-biological family” (p. 56). The process of co-constructing the DC narrative is characterized by a “seeking” attitude in both parents and children. This can be related to the study of Hequembourg (2004) who found that parents were careful not to use expressions that stressed the difference in terms of the genetic link with the parents. In another article (Raes et al., 2015), we argued that children use more generally known concepts to build an image/story/comprehension of their own family situation. Whereas the concept of “father” was useful to get some understanding of the role of the donor, at the same time, some difficulties emerged when donors were referred to as fathers. More specifically, although the biological relationship between donor and child was apparent, the social relationship was lacking, and this again made it difficult to make sense of the DC (Raes et al., 2015). In accordance to Malmquist et al. (2014), we found that the heteronormative nature of our language puts constraints on family members’ ability to describe their family relationships in a way that fits their actual experiences.

Furthermore, families seemed to need a functional DC narrative. This “functionality” refers to the extent to which the narrative enabled family members to think about the DC in a meaningful yet not threatening way. The story had to be a “manageable” story that could eventually function as a way of coping (Crossley, 2007; Polkinghorne, 2004). To create a functional DC narrative in a societal context in which these narratives are not standardly available, one needs to be flexible and creative. In this respect, family members did not have one consistent story about the DC. Parents and children adapted the story according to the needs of the moment: information needs, emotional needs of family members, relational needs, and the need to present themselves in a certain way to the outside world. Thus, making room for the donor and the DC is a dynamic process; in a specific context, certain elements were included in the stories, while in another context these elements were left out. In a way, these stories may come across as “incongruent.” However, our findings primarily imply that these stories are changeable in nature and always “under construction.”

Implications for Practice and Future Research

Parents often ask what they should tell their children to appropriately inform them about the DC. This study does not answer that question. However, it does shed some light on the process aspects of this family communication. In contrast to the assumption that parents should find the “right way” to present the information about the

DC so that the children gradually adopt this knowledge, we found that the DC narratives varied depending on the context in which they were constructed. Furthermore, parents were not simply “conveying” knowledge to their children or offering them a conception story for them to adopt. Family communication about the DC entailed much more than performing a linear or step-by-step “disclosure plan.” The information offered by the parents was interpreted/translated/used by the children in their own conception stories. The child’s creativity and agency played a crucial role and gave rise to a considerable diversity when it came to managing this topic in the family communication. As a consequence, we can state that the idea of performing a disclosure plan is clearly at odds with the experiential descriptions of the complex and phased process of the DC narrative co-construction within the family. Instead of answering the “How to inform the children” question, counselors can highlight this process of co-construction within the family. With this study, we aim to offer practitioners a new perspective on the diversity and the complexity that is involved when communicating about the DC. This, in turn, may help them to be sensitive for these complexities in their work with lesbian donor-conceived families.

It was our deliberate choice to include the child’s voice in this study. Whereas the child’s voice is generally underrepresented in the field of DC studies (Perlesz, Brown, Lindsay, et al., 2006), we tried to make sufficient room for children’s perspectives and saw them as “full” research participants, rather than objects of research (Mason & Hood, 2011; Prout, 2001). However, the interpretation of data from child interviews requires some caution. In a one-to-one interview with an adult interviewer whom the child met for the first time or only once before, it is possible that the child was selective with regard to what he or she wanted to say. The presence of an interviewer who asked a lot of questions about a matter that is only scarcely discussed in daily communication might be a meaningful context factor.

Another challenge was the implementation of the particular method of analysis; we conducted a dyadic interview analysis based on IPA case studies. This means that in the dyadic interview analysis, experiential findings of parents and children were linked to each other, resulting in an overarching analysis focusing on processes and dynamics between parents and children. A possible pitfall is that the experiential aspects of the data are expressed to a lesser degree in the “Findings” section. Furthermore, the number of participants was limited due to the fact that both child’s and parents’ data were required to include a family in the study. At the same time, this qualitative research method holds promise for future systemic research, including research topics such as bidirectionality and co-construction of family narratives. It offers a

systematic approach of conducting research on one of the most challenging units of analysis: the couple and the family.

In terms of transferability of the findings, it should be noted that this study speaks to the practice of anonymous sperm donation mostly. Although known sperm donation to obtain parenthood is practiced outside the clinics, most of the Belgian fertility centers have the policy to offer anonymous sperm donation to lesbian couples. Family communication about DC when a known donor was used may differ significantly (see also the study of Goldberg & Allen, 2013). Future research could help clarify this difference. In addition, a follow-up study with adolescents could shed some light on the developmental issues that are involved; would teenagers conceptualize the story in different ways and would the process of family communication about the DC change when children get older?

Conclusion

This dyadic interview analysis is the first investigation of parent–child communication about DC in lesbian families on a systemic within-family level. It offers a new perspective on the dynamics that play a role in family communication about DC. In that way, our findings can be valuable for both parents and practitioners in the field of medically assisted reproduction. DC narrative construction can be seen as creating a patchwork built on a relational framework. Both children and parents seemed to take into account the emotional implications of talking about this subject. Throughout this process, parents seemed to strive for a shared understanding of the DC, a story that unifies rather than divides the family members.

Acknowledgments

We thank all the families for participating in this study. All the other members of the research team are acknowledged for their efforts in recruitment, interviewing, transcribing, and team discussions: An Ravelingien, Inez Raes, Isabelle Stuyver, and Sara Somers.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The project is funded by the Research Fund of Ghent University, Belgium. Petra De Sutter is holder of a fundamental clinical research mandate by the Flemish Fund for scientific research (FWO-Vlaanderen).

References

- Baetens, P., & Brewaeys, A. (2001). Lesbian couples requesting donor insemination: An update of the knowledge with regard to lesbian mother families. *Human Reproduction Update*, 7, 512–519. doi:10.1093/humupd/7.5.512
- Baxter, L. A., & Montgomery, B. M. (1996). *Relating: Dialogues & dialectics*. New York: Guilford Press.
- Biblarz, T. J., & Savci, E. (2010). Lesbian, gay, bisexual, and transgender families. *Journal of Marriage and Family*, 72, 480–497. doi:10.1111/j.1741-3737.2010.00714.x
- Bjornholt, M., & Farstad, G. R. (2014). “Am I rambling?” on the advantages of interviewing couples together. *Qualitative Research*, 14, 3–19. doi:10.1177/1468794112459671
- Blake, L., Casey, P., Readings, C. J., Jadva, V., & Golombok, S. (2010). “Daddy ran out of tadpoles”: How parents tell their children that they are donor conceived, and what their 7-year-olds understand. *Human Reproduction*, 25, 2527–2534. doi:10.1093/humrep/deq208
- Brewaeys, A., de Bruyn, J. K., Louwe, L. A., & Helmerhorst, F. M. (2005). Anonymous or identity-registered sperm donors? A study of Dutch recipients’ choices. *Human Reproduction*, 20, 820–824. doi:10.1093/humrep/deh708
- Burr, V. (2003). *Social constructionism* (2nd ed.). London: Routledge.
- Carr, D., & Springer, K. W. (2010). Advances in families and health research in the 21st century. *Journal of Marriage and Family*, 72, 743–761. doi:10.1111/j.1741-3737.2010.00728.x
- Caughlin, J. P., & Afifi, W. A. (2004). When is topic avoidance unsatisfying? Examining moderators of the association between avoidance and dissatisfaction. *Human Communication Research*, 30, 479–513. doi:10.1111/j.1468-2958.2004.tb00742.x
- Crossley, M. L. (2007). Narrative analysis. In E. Lyons & A. Coyle (Eds.), *Analysing qualitative data in psychology* (pp. 131–144). London: Sage.
- Daly, K. J. (2007). *Qualitative methods for family studies and human development*. London: Sage.
- Daniels, K. R. (1995). Telling donor insemination offspring about their conception: The nature of couples’ decision-making. *Social Science & Medicine*, 40, 1213–1220. doi:10.1016/0277-9536(94)00251-N
- Daniels, K. R., Grace, V. M., & Gillett, W. R. (2011). Factors associated with parents’ decisions to tell their adult offspring about the offspring’s donor conception. *Human Reproduction*, 26, 2783–2790. doi:10.1093/humrep/der247
- Eisikovits, Z., & Koren, C. (2012). Approaches to and outcomes of dyadic interview analysis. *Qualitative Health Research*, 20, 1642–1655.
- Flick, U. (2013). *The SAGE handbook of qualitative data analysis*. London: Sage.
- Gergen, K. J. (2009). *An invitation to social construction* (2nd ed.). London: Sage.
- Goldberg, A. E., & Allen, K. (2013). Donor, dad, or . . . ? Young adults with lesbian parents’ experiences with known donors. *Family Process*, 52, 338–350.
- Golombok, S., Murray, C., Jadva, V., Lycett, E., MacCallum, F., & Rust, J. (2006). Non-genetic and non-gestational parenthood: Consequences for parent-child relationships and the psychological well-being of mothers, fathers and children at age 3. *Human Reproduction*, 21, 1918–1924. doi:10.1093/humrep/del039
- Harden, J., Backett-Milburn, K., Hill, M., & MacLean, A. (2010). Oh, what a tangled web we weave: Experiences of doing “multiple perspectives” research in families. *International Journal of Social Research Methodology*, 13, 441–452. doi:10.1080/13645571003650979
- Hequembourg, A. (2004). Unscripted motherhood: Lesbian mothers negotiating incompletely institutionalized family relationships. *Journal of Social and Personal Relationships*, 21, 739–762.
- Hill, C. E., Thompson, B. J., & Nutt-Williams, E. (1997). A guide to conducting consensual qualitative research. *Counseling Psychologist*, 25, 517–572. doi:10.1177/0011000097254001
- Jadva, V., Freeman, T., Kramer, W., & Golombok, S. (2009). The experiences of adolescents and adults conceived by sperm donation: Comparisons by age of disclosure and family type. *Human Reproduction*, 24, 1909–1919.
- Kuczynski, L. (2003). *Handbook of dynamics in parent-child relations*. Thousand Oaks, CA: Sage.
- Kuczynski, L., & Parkin, M. (2007). Agency and bidirectionality in socialization: Interactions, transactions, and relational dialectics. In J. E. Grusec & P. Hastings (Eds.), *Handbook of socialization* (pp. 259–283). New York: Guilford Press.
- Mac Dougall, K., Becker, G., Scheib, J. E., & Nachtigall, R. D. (2007). Strategies for disclosure: How parents approach telling their children that they were conceived with donor gametes. *Fertility and Sterility*, 87, 524–533. doi:10.1016/j.fertnstert.2006.07.1514
- Malmquist, A., Möllerstrand, A., Wikström, M., & Zetterqvist Nelson, K. (2014). “A daddy is the same as a mummy”: Swedish children in lesbian households talk about fathers and donors. *Childhood*, 21, 119–133. doi:10.1177/0907568213484342
- Mason, J., & Hood, S. (2011). Exploring issues of children as actors in social research. *Children and Youth Services Review*, 33, 490–495. doi:10.1016/j.childyouth.2010.05.011
- Patterson, C. J. (2006). Children of lesbians and gay men. *Current Directions in Psychological Science*, 15, 241–244.
- Perlesz, A., Brown, R., Lindsay, J., McNair, R., de Vaus, D., & Pitts, M. (2006). Family in transition: Parents, children and grandparents in lesbian families give meaning to “doing family.” *Journal of Family Therapy*, 28, 175–199. doi:10.1111/j.1467-6427.2006.00345.x
- Perlesz, A., Brown, R., McNair, R., Lindsay, J., Pitts, M., & de Vaus, D. (2006). Lesbian family disclosure: Authenticity and safety within private and public domains. *Lesbian & Gay Psychology Review*, 7, 53–64.
- Petronio, S. (2002). *Boundaries of privacy: Dialectics of disclosure*. Albany: State University of New York Press.
- Polkinghorne, D. E. (2004). Narrative therapy and postmodernism. In L. E. Angus & J. McLeod (Eds.), *The handbook of narrative and psychotherapy: Practice, theory,*

- and research (pp. 53–67). Thousand Oaks, CA: Sage. doi:10.4135/9781412973496.d5
- Prout, A. (2001). Representing children: Reflections on the children 5-16 programme. *Children & Society, 15*, 193–201. doi:10.1002/chi.667
- Raes, I., Van Parys, H., Provoost, V., Buysse, A., De Sutter, P., & Pennings, G. (2015). Two mothers and a donor: Exploration of children's family concepts in lesbian households. *Facts, Views & Vision in Obgyn, 7*, 83–90.
- Readings, J., Blake, L., Casey, P., Jadva, V., & Golombok, S. (2011). Secrecy, disclosure and everything in-between: Decisions of parents of children conceived by donor insemination, egg donation and surrogacy. *Reproductive BioMedicine Online, 22*, 485–495. doi:10.1016/j.rbmo.2011.01.014
- Rober, P., & Rosenblatt, P. C. (2013). Selective disclosure in a first conversation about a family death in James Agee's novel a death in the family. *Death Studies, 37*, 172–194. doi:10.1080/07481187.2011.628555
- Rosenblatt, P. C. (2012). One interviewer versus several: Modernist and postmodernist perspectives in qualitative family interviewing. *Journal of Family Theory & Review, 4*, 96–104. doi:10.1111/j.1756-2589.2012.00120.x
- Sharp, E., Zvonkovic, A., Humble, Á. M., & Radina, M. E. (2014). Cultivating the family studies terrain: A synthesis of qualitative conceptual articles. *Journal of Family Theory & Review, 6*, 139–168. doi:10.1111/jftr.12037
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage.
- Stevens, M., Perry, B., Burston, A., Golombok, S., & Golding, J. (2003). Openness in lesbian-mother families regarding mother's sexual orientation and child's conception by donor insemination. *Journal of Reproductive and Infant Psychology, 21*, 347–362. doi:10.1080/02646830310001622141
- Tasker, F. (2005). Lesbian mothers, gay fathers, and their children: A review. *Journal of Developmental & Behavioral Pediatrics, 26*, 224–240. doi:10.1097/00004703-200506000-00012
- Tasker, F., & Granville, J. (2011). Children's views of family relationships in lesbian-led families. *Journal of GLBT Family Studies, 7*, 182–199. doi:10.1080/1550428X.2011.540201
- Umberson, D., Thomeer, M. B., Kroeger, R. A., Lodge, A. C., & Xu, M. (2015). Challenges and opportunities for research on same-sex relationships. *Journal of Marriage and Family, 77*, 96–111. doi:10.1111/jomf.12155
- Vanfraussen, K., Ponjaert-Kristoffersen, I., & Brewaeys, A. (2001). An attempt to reconstruct children's donor concept: A comparison between children's and lesbian parents' attitudes towards donor anonymity. *Human Reproduction, 16*, 2019–2025.
- Vanfraussen, K., Ponjaert-Kristoffersen, I., & Brewaeys, A. (2003). Why do children want to know more about the donor? The experience of youngsters raised in lesbian families. *Journal of Psychosomatic Obstetrics & Gynecology, 24*, 31–38. doi:10.3109/01674820309042798
- Van Parys, H., Wyverkens, E., Provoost, V., De Sutter, P., Pennings, G., & Buysse, A. (2014). Family communication about donor conception: A qualitative study with lesbian parents. *Family Process*. Advance online publication. doi:10.1111/famp.12112
- Wittenborn, A. K., Dolbin-MacNab, M. L., & Keiley, M. K. (2013). Dyadic research in marriage and family therapy: Methodological considerations. *Journal of Marital & Family Therapy, 39*, 5–16.

Author Biographies

H. Van Parys, PhD, is a postdoctoral researcher at the Department of Experimental Clinical and Health Psychology, Faculty of Psychology and Educational Sciences at Ghent University, Belgium. She is also a family therapist at the Psychiatric Unit of the University Hospital Ghent, Belgium.

V. Provoost, PhD, is (parttime) professor of Empirical Research Methods for Ethics and Bioethics and a postdoctoral researcher at Ghent University, Belgium.

E. Wyverkens, PhD, is a researcher at the Department of Experimental Clinical and Health Psychology, Faculty of Psychology and Educational Sciences at Ghent University, Belgium.

P. De Sutter, PhD, is full professor at Ghent University and Head of the Department of Reproductive Medicine at the University Hospital Ghent, Belgium.

G. Pennings, PhD, is professor of Ethics and Bioethics at Ghent University (Belgium) where he is also the director of the Bioethics Institute Ghent.

A. Buysse, PhD, is full professor in Family Psychology at the Department of Experimental Clinical and Health Psychology, Faculty of Psychology and Educational Sciences at Ghent University, Belgium.