

1 **Family communication about donor conception: a qualitative**
2 **study with lesbian parents**

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20

Abstract

21 In this qualitative study of ten lesbian couples who built their families through anonymous
22 donor conception, we explore how lesbian parents experience the communication about the
23 donor conception within the family. While for these families ‘disclosure’ of donor conception
24 is often seen as evident, the way parents and children discuss this subject and how this is
25 experienced by the parents themselves has not received much research attention. In order to
26 meet this gap in the literature, in-depth interviews with lesbian couples were conducted. An
27 Interpretative Phenomenological Analysis showed that this family communication process can
28 be understood within the broader relational context of parent-child relationships. Even though
29 parents handled this family communication in many different ways, these were all inspired by
30 the same motives: acting in the child’s best interest and – on a more implicit level –
31 maintaining the good relations within the family. Furthermore, parents left the initiative for
32 talking about the DC mostly to the child. Overall, parents aimed at constructing a donor
33 conception narrative that they considered acceptable for both the children and themselves.
34 They used different strategies, such as gradual disclosure, limiting the meaning of the donor,
35 and justifying the donor conception. Building an acceptable donor conception narrative was
36 sometimes challenged by influences from the social environment. In the discussion, we relate
37 this qualitative systemic study to the broader issues of selective disclosure and bi-
38 directionality within families.

39

Keywords

41 Parent-Child Relations; Disclosure; Homosexuality, Female; Qualitative Research

42 Currently, assisted reproductive technologies such as treatment with donor sperm are
43 becoming more and more widespread and both heterosexual and homosexual families seem to
44 approach the topic with more openness in their families in recent years (e.g., Beeson,
45 Jennings, & Kramer, 2011; Paul & Berger, 2007; Stevens, Perry, Burston, Golombok, &
46 Golding, 2003). A number of recent empirical studies have focused on the question whether
47 children would like to receive (identifiable) information about the donor and/or contact with
48 the donor and their reasons for that (Blyth, Crawshaw, Frith, & Jones, 2012). However,
49 information is lacking about how families deal with the shared understanding that the children
50 are donor-conceived in their daily life. This study concentrates on lesbian parenthood after
51 Donor Conception (DC) and starts from the question: ‘How do lesbian parents talk about the
52 DC with their school-age children?’

53 **Research Focus on Children’s Well-Being**

54 In recent years, research about lesbian parenthood has focused on the psychological
55 well-being of children growing up in these families. Although Regnerus (2012) found more
56 negative outcomes (on emotional, social, as well as relational outcome variables) for grown-
57 up children of lesbian families compared to grown-up children in families with still-married
58 heterosexual parents, the majority of the studies shows similar developmental outcomes for
59 both groups. In a review article including studies with both convenience samples and
60 representative samples, Patterson (2006) concluded that children parented by lesbian couples
61 have an overall healthy development. Several studies have shown that children of lesbian
62 households have similar developmental outcomes compared to children in heterosexual
63 families, for instance, in terms of psychological adjustment (Tasker, 2005), progress while
64 attending primary school (Rosenfeld, 2010), and academic achievement (Wainright, Russell,
65 & Patterson, 2004). When it comes to peer relationships, Van Gelderen (2012) reported a
66 homophobic stigmatization in half of the 17-year old participants (n=78). However, Tasker

67 (2005) suggested that children raised by lesbian couples were no more likely to be bullied
68 than children in hetero families. According to Tasker (2005), no differences were found
69 between lesbian and heterosexual families with regard to the quality of family relationships.
70 Furthermore, Patterson (2006) in her review stated that for the child's well-being, family
71 interactions and the quality of family relationships are more important than family structure or
72 sexual orientation of the parents.

73 **Family Communication about the DC**

74 Offspring of lesbian parents are thought to find out about their DC origins earlier than
75 offspring of heterosexual parents (Beeson et al., 2011). Many authors have considered the
76 issue of disclosing DC in lesbian families as obvious and straightforward (Baetens &
77 Brewaeys, 2001; Jadva, Freeman, Kramer, & Golombok, 2009; Vanfraussen, Ponjaert-
78 Kristoffersen, & Brewaeys 2001). However, little is known about how the DC is discussed
79 with the children in the family (Goldberg & Allen, 2013). Furthermore, the parents'
80 presuppositions, expectations, or feelings about the disclosure did not receive much research
81 attention. According to Haines and Weiner, however, (2000) the rationale for telling and the
82 choice of what to tell is almost never straightforward as it touches upon the meaning of social
83 and genetic ties.

84 Some studies generated findings that inform us about this family communication
85 process to a certain extent. Stevens et al. (2003) found that the birth story for the child was
86 mostly based on the child's questions and that mothers took the child's age into account when
87 informing them about the DC. Furthermore, parents described it as a gradual, spontaneous
88 disclosure process in which they tried to make sure that the child did not find the DC strange
89 or weird (Vanfraussen et al., 2001). The starting point for discussing the DC seemed to be the
90 family structure: having two mothers and no father. In another study on family functioning,
91 Vanfraussen et al. (2003b) made a distinction between general communication (e.g. about

116 The present study is embedded in an interdisciplinary qualitative research project,
117 combining bioethical, medical, and psychological viewpoints. The project was set up to
118 investigate the meaning of genetic and non-genetic parenthood for families using Assisted
119 Reproductive Technologies. This study is situated in Belgium, where lesbian couples can
120 marry and co-parent adoption is allowed since 2006. Recently, social mothers are granted the
121 same legal status as fathers in a heterosexual relationship. This means that no adoption
122 procedure is required anymore. However, since the participants in our study gave birth 7 to 10
123 years ago, the older legislation was still in force.

124 Method

125 Description of the Sample

126 Ten lesbian couples (20 participants) were recruited via the Department of
127 Reproductive Medicine of the Ghent University Hospital. Between 2002 and 2004, 42 lesbian
128 couples were accepted for treatment with anonymous donor sperm at the Department of
129 Reproductive Medicine and were now eligible for the study based on the following criteria:
130 Belgian, Dutch speaking, live birth, and no intra-partner oocyte donation. The counselor of
131 the Department (who saw the participants at the time of the fertility treatment, 7 to 10 years
132 ago) contacted sixteen couples based on the child's age (the couples with the eldest child were
133 contacted first) in order to be able to include ten. Five couples could not be included due to
134 inadequate contact information or language difficulties. One couple did not call back after
135 receiving info about the study protocol. The other 26 couples were not contacted. All couples
136 gave birth for the first time between 2002 and 2005, which means that the oldest child was
137 between seven and ten years old. The women had no children from previous relationships.
138 Participants lived in the Flemish part of Belgium and identified as female, lesbian and white.
139 Table 1 provides information on the participants' characteristics, including the children's
140 pseudonyms and age range. Approval by the Ethics Committee of Ghent University Hospital

141 was obtained. Participants gave their written informed consent at the time of the interview.
142 All participants were recruited at the same hospital and received the same ‘non directive’
143 counseling. The current legislation in Belgium is based on donor anonymity but also allows
144 non-anonymous donation when both donor and recipients give their prior agreement.
145 Participants in this study all used anonymous donation.

146 **Procedure**

147 Participants were recruited in October 2012 and couple interviews were performed
148 between October and December 2012 at the location of their preference: the Department of
149 Reproductive Medicine of the Ghent University Hospital (1) or their homes (9). The first and
150 the second author each performed five interviews based on the same semi-structured
151 interview guide, which included predominantly open questions about participants’ thoughts
152 on and experiences with different aspects of parenthood after DC treatment. As part of the
153 interview, the issues of family communication and DC disclosure to the child were discussed.
154 In six families one or more children were present during a part of the interview. This context
155 factor was taken into account when interpreting the data by keeping track of the moments
156 when the child was present in relation to what the parents were expressing on the one hand
157 and by explicitly coding parent-child interactions that were relevant for the research question
158 on the other hand. The in-depth semi-structured interviews lasted on average 90 minutes. The
159 interviews were audiotaped and transcribed verbatim using pseudonyms. We offered
160 participants the possibility to contact their counselor at the fertility clinic in case questions or
161 psychological needs arose during or after the interview.

162 **Data Analysis Process**

163 Qualitative analysis was performed using Interpretative Phenomenological Analysis
164 (IPA), involving a detailed step-by-step analysis of each case before turning to the level of
165 comparison across cases. First, reading through the transcript, descriptive and interpretative

166 notes were made in order to obtain familiarity with the cases and enhance interpretation of the
167 data (Smith et al., 2009). The next stage consisted of a first coding based on the annotated
168 transcript. In this first coding, the first author looked for patterns and connections across the
169 data. Subsequently, the codes were clustered into themes and subthemes according to
170 conceptual similarities and oppositions. This case-by-case analysis was supported by
171 MAXQDA qualitative data analysis software. Software programs like this do not offer
172 analysis tools. Rather, they are used to organize the data according to the analysis of the
173 researchers. Using the MAXQDA outputs, a comparison across cases was performed,
174 identifying overarching themes and higher-order themes. In the next phase, each theme was
175 described and illustrated using appropriate quotes from the interviews. This way, we held on
176 to the idiographic focus of IPA while formulating ideas that apply to the whole (or parts of)
177 the sample.

178 In order to put the parents' narrative accounts into perspective and to discuss deeper
179 layers of the parents' experiences, 'hermeneutics of faith' and 'hermeneutics of suspicion'
180 (Josselson, 2004) were alternated. Hermeneutics of faith can be seen as 'giving voice' to the
181 participants and using their own words, while hermeneutics of suspicion imply that some
182 layers of the interpretation do not refer to what parents literally told us but are a reflection of a
183 careful comparison of various accounts (Josselson, 2004). To improve the validity and the
184 trustworthiness of our research, an auditing process was conducted. At several points in the
185 analysis, a team of auditors (second, third and last author) was called upon, inviting them to
186 challenge the way the first author had constructed categories and a conceptual framework
187 (Hill, Thompson & Nutt-Williams, 1997). Based on extensive research reports, these auditors
188 questioned whether the analysis had been conducted systematically and transparently, and
189 whether the research report - including a conceptual model of the data - was credible (Smith

190 et al., 2009). Discrepancies as well as gaps in the analysis were identified and adjusted, which
191 significantly promoted the depth of the analysis.

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Results

194 The IPA analysis resulted in four themes. The relational context is presented as the
195 framework in which the other three themes can be situated and understood. The second theme
196 describes how parents perceive the child's questions on the topic of DC and how they
197 sometimes handle them in an ambiguous way. A third theme involves the strategies the
198 parents used to install an acceptable DC narrative. A last common theme for which we
199 provide evidence is the connection between family communication and communication with
200 the wider social context.

201 **The Relational Context: Trying to be a Good Parent**

202 When we asked parents how they experienced family communication about the DC,
203 they made it clear that 'the DC' in their opinion was not the heart of the matter. Rather, their
204 main concern was building the family and creating close relationships between parents and
205 children. Family communication about the DC could be seen within this broader relational
206 context; it is embedded in a process of monitoring the family relationships. Parents tried to
207 talk about the DC in such a way that it would not impede their relationship with the children.

208 Kate: I prefer that they [the children] start to talk about it, because that way you know
209 it's on their mind. Now I have no clue. If you start talking about it yourself, you
210 wonder if they like it or if they think: 'What is she going on about?'

211 Whereas Kate feared talking about the DC too soon or at an inappropriate moment, and the
212 harm this could cause her child, Rose thought it was important to anticipate these questions:
213 "Because by the time the child poses the question, a lot of things already went through his or
214 her mind." Rose' opinion can be situated within her attempts to facilitate a trusting

215 relationship in which everything can be discussed openly. She wanted to avoid that the child
216 created his/her own (unfavorable) story about the DC, which in turn could endanger their
217 solid relational base. Even though these two visions reveal two completely different
218 strategies, both couples referred to their child's best interest.

219 In line with this focus on good relational bonds, parents expressed certain fears and
220 sensitivities. In general, parents presented themselves as open and reliable towards the child.

221 Monica: When something's wrong, no matter what, he can come to us. And I think
222 that's really important for a child, that when something's wrong, or if you have certain
223 questions, that you can talk to your parents. That you're not held back...

224 At the same time, parents expressed their uncertainty about whether they would succeed in
225 creating this openness overall, for instance with regard to communication about the DC.

226 Sara: I'm convinced that we'll be able to talk about it. That it's not going to be like they
227 have concerns which they don't dare mention. Uhm, I really don't want that. I would
228 love to be the kind of parent that's open to all our children's questions.

229 Feelings of uncertainty seemed to be related to the concern that the children would not accept
230 their choice of building a family through DC. Even when their children seemed fine with it at
231 the moment, the parents feared future conflicts with their children because they might
232 experience it as an injustice that they cannot know their biological father. In this respect, they
233 were also afraid that the child would end up questioning the co-parent's authority as a parent.
234 Apart from feelings of uncertainty, parents also emphasized their responsibility with regard to
235 the child's well-being and anticipated future difficulties:

236 Sara: While another child in puberty may be angry with his parents because he doesn't
237 get enough pocket money, our children might get all the more angry because we've
238 put them in a situation where they have no father.

239 In order to cope with this uncertainty, parents sometimes sought reassurance from
240 their child(ren).

241 Kate: And then I said [to the son]: ‘There is somebody who has given a sperm cell to
242 the hospital. But that is not your dad. Because we don’t know, let’s say, that’s
243 someone who’s anonymous, who we don’t know, and you don’t know him either.’ ‘So
244 I won’t know him?’ I said: ‘No you won’t know him’. I said: ‘Does that bother you?’ I
245 had asked him that before. He said: ‘No, because I have Mummy.’

246 The question ‘Does that bother you?’ can be perceived as an attempt to seek reassurance from
247 the child. According to the parent’s account, the child gave his mother the reassurance she
248 was looking for by confirming the relational bond with the co-parent and by indicating that he
249 was not preoccupied with getting to know the donor. Similarly, another couple asked their
250 child whether he “missed his father at times.” Throughout the interview (during which the
251 child was present), there were some indications that the child was thinking about the donor
252 and that he was curious about who this person was. This question was somewhat directive in
253 so far as the parent not only expected but also hoped that the child would come to deny it. On
254 a content level, the question shows the parents’ concerns about whether their child thinks
255 about the donor and how often. However, it can also have the more relational dimension of
256 seeking confirmation that their relationship was strong enough without the presence of a
257 father. In this way, parents partly made room to discuss the DC while they also sought to
258 strengthen the perspective that they were doing fine as a family and that the DC did not
259 endanger that. These feelings of uncertainty and responsibility and the more general attempt
260 to maintain good relational bonds serve as the context to interpret and understand the three
261 remaining themes.

262 **Giving the Child’s Questions a Central Position**

263 All couples explicitly mentioned the child's questions as a cue to start talking about
264 the DC and to adjust the story to the dialogue that unfolds. Some couples waited for the
265 child's queries about the way they were conceived to initiate talk about this issue.
266 Retrospective questioning of the counseling revealed that participants thought the counselor
267 had advised 'to postpone talking about the DC until the child starts to ask questions about it'
268 (which presumably would happen around the age of four). Some couples referred to this
269 advice when explaining how they handled the child's questions:

270 Sara: They [at the hospital] just told us that there is one thing you should be careful
271 about and that is that you never answer more than what they [the children] are asking
272 for. The moment there is a question, we'll answer them. But we'll just give them the
273 information they ask.

274 Lisa: Not elaborate on it.

275 Sara: If they ask: "Do I have a dad?", we'll answer: "No, you don't have a dad." We
276 won't say: "Do you know how come?" or "No, you don't have a dad because...." If
277 they want to know, they will ask.

278 Lisa: And then we will answer them, of course.

279 These parents were rather strict in the way they held on to their recollection of the counselor's
280 advice. Also, it seemed that in their experience, they shifted a part of the responsibility for
281 'doing a good job as a parent' to the counselor. When the child asked questions, parents were
282 very careful in answering them, aiming at 'giving the correct answer.' Also, parents seemed to
283 be careful not to tell too much to the child. The next quote shows how certain terms were
284 brought up by the parents (for instance 'sperm'), and while being fully aware that the children
285 did not know these terms, they did not explain the term but left it to the child to ask for
286 clarification:

287 Nicole: Well, they know they don't have a dad, they have a friendly man who
288 delivered sperm. We talk about sperm even though they don't know what it is. As long
289 as they don't go into further detail, we don't talk about it. But the moment they ask
290 something, we respond. When they look in the booklet and they ask 'What's this?', we
291 say 'Well, that's a sperm tube.' Apart from that, they haven't asked anything else.

292 Waiting for the child's questions to talk about it and giving only restricted answers seems to
293 constrain the parent-child communication about this topic.

294 While the child's questions got a prominent place, some parents held rather strict
295 views about what could be considered a proper question. For instance, with one couple, when
296 the child asked about the parents' choice in who would be the biological parent, the parents
297 regarded this as a 'silly question', and not a starting point to talk about the DC. During the
298 interview, the parents realized that their son did ask several questions, although they had
299 mentioned previously that he had not.

300 Martha: Yes, well, if you look at it that way, he did ask a couple of questions now and
301 then, like 'Why?' and uhm.

302 Lexi: Yes, but you don't realize it, you see?

303 In addition, parents seemed to look for cues from their children that validated their disclosure
304 decisions: that, for now, their answers were sufficient and their children's needs for
305 information were met. Finally, some parents saw no need to talk about it: "We don't raise the
306 subject all the time. I find it difficult to say to the children: 'Let's talk.' That's not necessary,
307 you know?" (Ysa)

308 Overall, parents stated that, against their expectations, they did not receive many
309 questions from their children. In addition, they had also expected these questions earlier.
310 These expectations were partly raised by their recollection of the counselor's message that the
311 child would start asking questions at a certain point. For some parents, the child's questions

312 could be alienating or confusing. They did not always feel ready to give an appropriate
313 answer right away: “At first there's a bit of chaos in your head. Like, how are we gonna
314 handle this?” (Monica). Lisa explained that the questions can come unexpectedly:

315 We never had that with Tim, and then all of a sudden she [younger daughter] - even
316 though she's so much younger - comes to us with these questions. And then we look at
317 each other and think: 'Oops, what's going on?'

318 Starting from the experience with their oldest child, the youngest child’s questions came out
319 of nowhere and left them feeling confused. The last quote illustrates the child’s influence and
320 the bi-directionality of this communication process. Not only their parental intentions, but
321 also the child’s characteristics seem to determine how the interactions about the DC were
322 shaped.

323 In sum, parents seemed to have a rather ambiguous attitude towards the child’s
324 questions: they saw the questions as a cue to talk; however, when confronted with the
325 questions, they handled them in a rather restricted way or struggled to find a good answer.
326 The communication about the DC can be seen as a complex interplay between: a) the parents’
327 perception of the child’s need for information; b) the perceived risks of harm to the child due
328 to the disclosure (strategy); and c) the extent to which parents feel comfortable talking about it
329 and consider it to be necessary.

330 **Installing an Acceptable DC Narrative**

331 Parents tried to create a DC narrative that was both plausible and satisfactory for the
332 child(ren) and themselves. In this respect, some parents initiated the dialogue about the DC
333 with their child(ren) proactively. They anticipated on the child’s questions and started to
334 explain the DC. This ‘openness’ was motivated by the wish to prevent secrets (and feelings of
335 betrayal) and to install an ‘always-knowing’ in the child. Talking about the DC from an early

336 age seemed to be an important strategy to sculpture the child's perspective on the DC ('they
337 grew up with it') and his/her acceptance of this procedure:

338 Rose: I think it's important that you guide them a little bit. They're allowed to ask
339 questions, but you say: 'Look, this is how it is. It's a bit different, but that doesn't mean
340 it's bad.'

341 Some parents also argued that a general openness (in the social environment) about the child
342 being donor conceived was a reason to be open towards the child as well.

343 In order to meet the goal of 'installing an acceptable DC narrative' different strategies
344 were described: 1) gradual disclosure, 2) differentiating between the donor and a dad, and 3)
345 justifying the DC.

346 **Choosing gradual disclosure.** Parents were careful both with regard to what they said to
347 their children as to when they said it. First of all, there was some 'gradation' in what was told;
348 the conception narrative was built through the use of different words and emphases. Eight
349 couples mentioned the donor at some point in the narrative, whereas two couples deliberately
350 chose to wait until a later moment to include talk about the donor. For instance, one couple
351 only mentioned that 'an injection' was administered to the biological mother, without stating
352 the content of the injection, let alone its origin. Consequently, in these narratives, the donor
353 was (temporarily) not mentioned.

354 Mary: Actually he [the son] hasn't made that connection yet, and we also haven't yet
355 explained to him that the syringe came from a certain someone. That someone isn't in
356 the picture yet, as far as he is concerned. So, in fact he hasn't been able to ask
357 questions about that so far.

358 As stated in the previous theme, parents seemed to leave the initiative for talking about the
359 donor (conception) to the child. However, in this quote, Mary simultaneously acknowledged
360 that it was impossible for the child to ask questions about it when they had not introduced the

361 subject in the first place. Mary said she wished to postpone talking about the donor until their
362 child was mature enough to understand, both on a cognitive and on an emotional level. In this
363 respect, these parents wanted to carefully monitor the child's reception of the story and his
364 maturity to handle it.

365 Mary: The moment you start talking about it, you have a sense of whether or not your
366 child is with you - whether he understands, listens and goes along with the story. (...)

367 When you feel that he's with you, you can go on, but if you feel he doesn't know what
368 you're talking about, then you better stop there.

369 These parents were sensitive to the child's reactions and aimed at following his pace so they
370 would not 'lose him' nor have the impression that their relational bond was hampered (cfr.
371 theme 1). In addition, they also waited to inform their son until he was capable of respecting
372 family boundaries with regard to this sensitive information, as they expected him not to share
373 the details with people outside the family. One couple mentioned a box containing written
374 messages that close relatives wrote when the child was baptized. They planned to give this
375 box to the child when he/she reached the age of 12. They perceived this as a moment to
376 explain the child more about the DC because at that moment a strong parent-child connection
377 would be guaranteed. This was viewed as a buffer against potential negative reactions of the
378 child when he/she became more aware of the DC and the existence of a donor.

379 Some parents appeared to be very inventive and looked for alternative ways to make
380 the DC more 'conceivable' for the child. For instance, in two families where they knew the
381 donor was Danish, a trip to Denmark was planned as a way to give the child the opportunity
382 to get to know his/her so-called 'roots'. Furthermore, one couple made scrapbooks for each of
383 the children to support their conception story. Lastly, one couple took their children to a farm
384 to witness an insemination of cows.

385 **Limiting the meaning of the donor.** Some couples clearly differentiated between a donor
386 and a 'father' in order to make sure that the donor did not come to play an important role in
387 their child's conception narrative.

388 Mary: That it's somebody who was just a little part of the process, only in the very
389 beginning, but who doesn't feature in the rest of the story. Not in the upbringing, not in
390 the guidance, not in 'being there'. So that, in the end, he had no further role in Charlie's
391 life story.

392
393 Kim: We always tell him: 'It's a donor, not a dad'. Because he... he has the tendency
394 to say: 'I wonder what my daddy looks like.' But I tell him: 'It's not a dad, really. It's a
395 man who gave his sperm cells, he's a donor, so that we could become pregnant.'

396 By limiting his meaning, they aimed at managing how their child thinks about the donor. In
397 this way, they avoided threats to the family cohesion and their sense of 'being a family'. In
398 addition, parents sometimes referred to the anonymity of the donor as a reason to not
399 elaborate on the donor.

400 Mia: But apart from that [selection criteria for the donor], we don't know anything
401 about him. And we should keep it like that. And if they ask: 'Why aren't we allowed to
402 know that?', then I say: 'That's, that's how it is, that's the condition'. But he [their son]
403 does understand, really.

404 **Justifying DC.** Anticipated feelings of guilt and (fear of) the possible reproach from the
405 child played a role in some parents' decision to talk about the DC early on.

406 Nicole: The kids will never be in a position to say: 'How come you didn't tell us?'.
407 They will never be in a position to reproach us, because they will have always known.
408 In order to cope with their feelings of responsibility, the parents thought of ways to justify
409 their choice for DC. For instance, one couple kept a diary before and during the process of the

410 DC treatment. This diary could then serve as a means to inform as well as explain their choice
411 for creating a family if the child were to question this choice or the parental authority of the
412 co-parent. In one interview where the son was present, a parent tried to convince her son of
413 the value of this technique:

414 Lauren: It's someone who lives in Denmark, from the Danish [sperm] bank, you know.
415 And we say: "Mummy and Mom both have eggs, we didn't have any seed, so we went
416 to the hospital to get a seed, right?" And the man from Denmark delivers the seeds to
417 the hospital. It's good that there are people like that, huh, sweetie? So then we bought a
418 seed.

419 Walter: But I do think it sounds strange!

420 Lauren: It does sound a bit strange, but it's good that it exists, isn't it?

421 **Social Context as Stimulus and Challenge**

422 Parents explained that communication about the DC was not limited to the context of the
423 family. Rather, the social context 'entered' the family communication in different ways, both
424 via the child and via the parents. Parents indicated that their children sometimes came home
425 with questions either informed by interactions with peers or through events at school (such as
426 Father's Day).

427 Kim: He once asked: "How come I have two mummies and no dad?"

428 Mia: That was around Father's Day (...). They were making things for Father's Day at
429 school and they don't have a father, right, they don't have a dad (...). They have a
430 Mom and a Mummy. And well, then they start raising questions, see?

431 They remembered that at the time of treatment, the counselor urged them to think about the
432 way they would handle the family communication about the DC. Parents still felt challenged
433 at times when friends and colleagues asked questions that were in some cases invoked by the
434 media.

435 Liz: And at work? It's not really an issue, but some think it's just logical that there is a
436 mummy and a dad. (...) There was an article in the newspaper, about someone who
437 was a single mother and she didn't mention 'father' but used the word 'donor' instead.
438 They [the colleagues] said: 'How can you ...? You can't say that!'. While I said: 'Uhm,
439 well, that's actually what we do at home'.

440 Finally, also the interview itself seemed to challenge the parents in the sense that it
441 brought the DC 'under attention' while this topic usually did not come to the surface. To
442 Sandy, realizing that the family was built through DC was somehow not compatible with her
443 daily experience of having a harmonious, complete family.

444 Sandy: We don't think of the child as a part of someone else [laughs] but as a part of
445 our family. I am thinking about it now [the DC], and maybe tomorrow and next week I
446 will too. But once you're back in your normal family life, it's no longer on you mind.

447

448

Discussion

449 In contrast to the idea that disclosure in lesbian families is 'evident', the current study
450 illustrates the depth and complexity that is involved when parents discuss this subject with
451 their children. In their daily family life, the DC did not seem to have a prominent meaning. At
452 the same time, parents presented themselves as open towards the children with regard to their
453 origins. This openness was mainly conceived as 'being willing to answer the child's
454 questions' and entailed certain restrictions: questions were defined in a strict way, they were
455 not stimulated, and answers seemed to fit with the belief that information should be given at
456 the right moment. In general, parents left the initiative for (a sometimes rather restricted form
457 of) talking about the DC to the child. Feelings of uncertainty and responsibility with regard to
458 the DC sometimes made it hard to be sensitive to the child's cues pointing at his or her
459 interest in the subject (even when there were no straightforward questions from the child).

460 Furthermore, parents tried to structure the conception narrative in such a way that it was an
461 acceptable narrative (“a tale they can live with”; Rober, Walravens, & Versteijnen, 2012) for
462 both the children and themselves. Parents tried to ‘install’ this narrative by stressing certain
463 elements (e.g., ‘we are different but equally good’, ‘donor is not a dad’), by monitoring the
464 child’s reception of the conception narrative, and by adjusting it when deemed necessary. The
465 tendency to differentiate between the donor and a father was also found in the literature (e.g.,
466 Haines & Weiner, 2000; Perlesz et al., 2006). Furthermore, the influence of the social context
467 on the family communication was recognized. This context was an extra challenge in the
468 gradual building of the family conception narrative.

469 **Gradual Disclosure and Restricted Dialogue**

470 The first theme suggests that family communication about the DC cannot be pictured
471 outside the context of managing family relationships. The data revealed that there was gradual
472 disclosure of the conception story within the lesbian families. Gradual disclosure means that
473 parents build up the conception narrative gradually with their children and reveal more
474 information as the child grows older. This implies that, while talking about this subject,
475 parents monitored their child’s reactions. Moreover, it also entails a cyclical process in which
476 things can be told and retold and gradually obtain their meaning within the family.

477 The idea of gradual disclosure is opposed to the research tendency to classify
478 disclosure decisions as ‘disclosure’ or ‘non-disclosure’, a distinction that is generally made in
479 the literature about heterosexual parents using donor gametes to conceive (e.g., Daniels,
480 Grace, & Gillett, 2011; Hahn & Rosenberg, 2002; Shehab et al., 2008). Only a few studies
481 with heterosexual parents focus on the continuum of disclosure (Daniels, 1995; Readings,
482 Blake, Casey, Jadv, & Golombok, 2011) and on the ways in which parents communicate
483 about the DC with their children (Mac Dougall, Becker, Scheib, & Nachtigall, 2007). The
484 concept of selective disclosure can help us further understand this communication process in

485 lesbian families. Selective disclosure means that people disclose (sensitive) information to
486 others close to them in a selective way (Rober et al., 2012; Rober & Rosenblatt, 2013), for
487 instance, by means of topic avoidance. Topic avoidance refers to dealing with topics such as
488 negative experiences, deviant choices, or failures in one's life by avoiding them in daily
489 conversation (Caughlin & Afifi, 2004). Even though parenthood after DC was not at all
490 perceived as a negative experience or a failure by the parents, some parents considered it as a
491 'deviant choice' in comparison to societal norms and felt responsible for this particular family
492 context. Uncertainty stemming from this feeling of responsibility might have incited parents
493 to choose not to talk about the DC until the child reached a certain age or started asking
494 questions.

495 We found a tension between the general idea of being open towards the children and
496 the practice of handling the subject in a rather restricted way. In the cases where a dialogue
497 was started, this often appeared to be a restricted dialogue, in which there were subtle
498 limitations on what could be asked or told and the extent to which there was 'dialogical
499 meaning making' (Gergen, 1999) about the donor and the DC. Furthermore, when parents'
500 experiences were different from their expectation (that their children would start asking
501 questions at a certain point), this did not serve as a cue for them to change their strategy. They
502 rather perceived the absence of questions from the child as a confirmation of the wait-and-see
503 strategy. *'If they want to know, they will ask'*. This 'caution' or 'reluctance' can be related to
504 the first theme again. It is possible that these parents aimed at building strong family ties and
505 consolidating these bonds before giving explanation about the involvement of the donor, as
506 they did not have control over the meaning the child will give to this donor. In addition, some
507 parents preferred not to be confronted with the donor themselves. As a result they might try to
508 limit, control, or at least monitor the communication around this subject in a first stage.

509 **Bidirectionality of Disclosure**

510 Overall, talking about the DC is not a one-directional process that starts from the
511 parents and is directed towards the children. Parents felt challenged by their children's
512 questions and at the same time they adapted their communication strategy to the child's
513 response to the story to a certain extent. Theories of bidirectional influences in parent-child
514 relationships (Kuczynski, 2003; Kuczynski & Parkin, 2007) indicate that maintaining a
515 positive long term relationship with the child is considered in managing this subject in the
516 family at present (De Mol & Buysse, 2008). Our analysis supported the mutual influence of
517 parents and children when it came to disclosure: first of all, the child's silence was often
518 responded with silence from the parents' side. Second, the child's questions were responded
519 with a (rather limited) answer of the parents. Third, sometimes the child's silence was
520 responded by parents' explanations as they hoped to avoid the possible future reproach for not
521 telling them. In that case, parents installed the DC narrative proactively. Anticipated guilt
522 could play a role here. Parents may have acted in certain ways in order to avoid feelings of
523 guilt in the future, for instance, for putting their child in an 'alternative' family situation and
524 as such transgressing a general accepted moral norm (Wang, 2011). Fourth, parents reported
525 differences between their children, which gave rise to different approaches to handling the
526 subject of the DC. These findings add to the literature on disclosure strategies (e.g., Mac
527 Dougall et al., 2007). It seems that when parents opt for the 'right time' disclosure strategy in
528 the context of lesbian parenthood, they not only rely on the child's age and cognitive abilities
529 but also (or even especially) on their questions. In a way, the child holds the key to disclosure.
530 While Stevens et al. (2003) already pointed this out, our study adds complexity to the finding
531 given that the inconsistency between allocating a key role to the child's questions and not
532 creating a dialogical space where these questions can be raised, is also addressed.

533 Even when parents have a 'functional' narrative about the DC in their family, this
534 narrative can be challenged when confronted with the world outside. Parents described how

535 the family communication was inspired, influenced, and challenged by the social context. In
536 this respect, it is noteworthy that Vanfraussen et al. (2002) studied how children in lesbian
537 families handled questions from peers and how they actively presented their families to
538 people in the outside world. While Vanfraussen et al. (2002) did not mention the mutual
539 influence of extra- and intra-familial communication, the results of the current study point at
540 this interrelation. Congruent with Haimes and Weiner (2000) we conclude that social
541 relationships are shaping the family communication, especially when it comes to issues
542 related to the family identity.

543 **Implications for Clinicians and Future Research**

544 In the literature on counseling, talking about DC has been regarded as an isolated issue
545 and little attention has been given to the broader family communication and the managing of
546 parent-child relationships. The findings of this exploratory study suggest that we should
547 broaden our perspective and also include this relational focus in the counseling sessions at the
548 fertility clinic. While parents usually experience a certain level of self-confidence when it
549 comes to explaining things to their children (Jensen, Gulbrandsen, Mossige, Reichelt, &
550 Tjersland, 2005), here it seems that parents experienced more uncertainty and that they were
551 eager to find advice or guidance to hold on to, especially from a professional in the field. On a
552 societal level, there seems to be a lack of ‘scripts’ to talk about the DC with the children.
553 Jensen (2005) noted that when topics are rarely addressed, families lack ‘already practiced
554 rules or habits for conversation’ to lean on to (p. 1408). Counselors can play a role here and
555 support parents in their search for a script, especially by recognizing and normalizing their
556 feelings of uncertainty and helping them to recognize the child’s cues, while respecting
557 choices with regard to gradations of telling and of representing the donor in the family
558 narrative.

559 One of the strengths of this study is that the recruitment did not occur via donor
560 families networks so a possible bias could be prevented. The rigorous analysis of rich data can
561 be considered as another asset in comparison to the literature on this topic. However, this
562 study also has some limitations. First, we have to take into account that the participants were
563 counseled 7-10 years ago. The counseling session is a conversation with the psychologist of
564 the Department of Reproductive Medicine, prior to treatment (mandatory at Ghent University
565 Hospital). The counseling discourse now (which is more focused on openness) may differ
566 from the guidelines counselors followed back then. At that time the counselors' guidelines
567 were 'non directive' which means that neither openness, nor secrecy was advanced.

568 Secondly, by interviewing these parents we posed the underlying question of 'how do
569 you manage as parents?' This might give rise to parents trying to prove themselves as good
570 parents. While parents' positive self-presentations might reflect their benign intentions as
571 parents, it can also be an expression of their need to construct a consistent self-image as 'a
572 good parent'. Related to this, it is important to note that we gathered recollections of
573 conversations and not the conversations themselves. Some level of selection bias in what the
574 parents chose to present in the interview may be present. In this respect, gaining the
575 perspectives of the children of these parents would further contribute to our understanding of
576 this family communication process. A future study including both parents' and children's
577 voices, using dyadic interview analysis methodology, will inform us about the way the family
578 communication is actually perceived by the child and will further explore the bidirectional
579 influences that are involved.

580 Third, as this is a qualitative study, statistical generalizability of the findings of this
581 study is not applicable. Rather, we aim at maximizing the transferability and the theoretical
582 generalizability (Flick, 2014) of the findings. Using the current information on the context of

583 the interviews and the sample, readers, academics and policy-makers can assess whether the
584 findings of this study could possibly be meaningful to other contexts.

585 Finally, conducting a study on communication about DC holds the risk that this
586 communication is unnecessarily problematized. In a way, similar mechanisms can be
587 observed with communication about other ‘sensitive’ subjects in the family, such as for
588 instance sexuality. According to Rober et al. (2012), there is a bias towards openness in our
589 Western society. We can ask whether openness is always required in the current context.
590 However, most importantly, we should acknowledge the complexity of family communication
591 on these sensitive issues in full (Rober & Rosenblatt, 2013).

592 **Conclusion**

593 Overall, DC and the donor were not regularly talked about in these families. By talking about
594 the DC in a ‘restricted’ way, the donor was also kept at a distance. This seems to be functional
595 as family life revolves around creating connections together rather than representing an
596 unknown donor figure. When family communication about the DC did occur, it seems that
597 this could take many different forms and was a complex interplay of extra-familial influences,
598 the child’s agency and perceived needs, the parent’s preferences and emotions, societal
599 discourse, etc. Often the strategy parents chose was motivated by the wish to act in the child’s
600 best interest and to maintain good relations within the family. By exploring previously
601 unknown family communication processes, this research adds to our general understanding of
602 lesbian led families and lesbian relationships (Gotta et al., 2011). Both qualitative and
603 quantitative studies are needed to investigate, for instance, the bidirectional aspects of this
604 parent-child communication process.

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725

726 *Table 1: Participant Characteristics*

N	Biological mother	Social mother	Children (years of age, range)
01	Sarah	Lisa	Tim, Lynn (6 - 9)
02	Mia and Kim	Mia and Kim	Tom, Eva (4 - 9)
03	Rose	Liz	Ben, Jessica (7 - 9)
04	Nicole	Angela	Travis, Rian, Antonio, Milo (1-9)
05	Mary	Monica	Charlie (9)
06	Lauren	Jill	Walter (9)
07	Beth	Lydia	Neil, Florence (6 – 9)
08	Kate	Sandy	Kenny, Marilou (7 - 8)
09	Martha	Lexi	Bart, Mathilda (8 - 9)
10	Ysa	Anni	Brenda, Geena, Louise (5 - 9)

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