

Beyond Choice

Family and Kinship in the Australian lesbian and gay 'baby boom'

Submitted by

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Abbreviations

ABS	Australian Bureau of Statistics
AIFS	Australian Institute of Family Studies
ARCSHS	Australian Research Centre in Sex, Health and Society, La Trobe University
ART	Assisted reproductive technology
FAR	Fertility Access Rights Lobby
FSA	Fertility Society of Australia
ICSI	Intra-cytoplasmic sperm injection
GIFT	Gamete intra-fallopian transfer
HIV/AIDS	Human Immuno-Deficiency Virus/Acquired Immune Deficiency Syndrome
IVF	<i>In-vitro</i> fertilisation
LGBT	Lesbian, gay, bisexual, transgender
NHMRC	National Health and Medical Research Council
PLP	Prospective Lesbian Parents Group
VGLRL	Victorian Gay and Lesbian Rights Lobby
VLRC	Victorian Law Reform Commission
GLRL	Gay and Lesbian Rights Lobby (New South Wales)

Transcript notation

I:	Introduces interviewer's speech in indented quotations
David:	Introduces participant's speech in indented quotations
—	Marks self-interruption or change of tack in sentence
[pause]	Non-verbal cue or words added by author to make context clearer
...	Deleted words
(oh, really?)	Interviewer's interjections

Abstract

Planned parenthood within the lesbian and gay communities attracts considerable attention internationally among researchers, the media, and law and policy-makers. This Australian study situates the phenomenon—also known as the ‘gayby boom’—within the contemporary Australian socio-legal setting and the more international historical and political contexts of Gay and Women’s Liberation. It investigates how beliefs about nature, kinship, the sexed and reproductive body and political ideologies of family intersect in lesbians and gay men’s decision-making and stories of living their lives as parents. Two fields of intellectual enquiry are generative: the interest in *families of choice* and *family practices* within sociology and the post-modern anthropological critique of Western kinship in the era of assisted reproduction.

This is a qualitative study informed by a critical humanist approach. It is based on in-depth and key informant interviews conducted with 20 lesbians and 15 gay men (parents, ‘donor/dads’ and prospective parents) as well as 7 people engaged in legal, health or therapeutic support to prospective and current parents. Also incorporated into the analysis are a range of other primary sources, including a substantial media debate, submissions to an assisted reproduction law reform process and primary documents supplied by participants such as parenting agreements and letters.

The study argues for the need to look beyond unitary concepts such as families of choice when theorising lesbian and gay parenthood. It is important to consider the historical, political and biographical conditions that make some notions of relatedness and decisions about having children seem more feasible, and indeed, natural than others. It explores how various notions of biological relatedness remain important in the formation of parent/child relationships, and the extent to which lesbians and gay men rely on strategic appeals to choice and biology in enacting families. Continuing constraints on who is eligible for clinically assisted reproductive technology in Australia lead to imaginative and harmonious, yet also fraught reproductive relationships.

Statement of Authorship

Except where reference is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis submitted for the award of any other degree or diploma.

No other person's work has been used without due acknowledgment in the main text of the thesis.

This thesis has not been submitted for the award of any degree or diploma in any other tertiary institution.

All research procedures reported in the thesis were approved by the Human Research Ethics Committee, La Trobe University.

Signed:

Date:

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Introduction

WANTED

We are looking for a
Woman who is
interested in having a
child for a gay couple.

Please call 087 766 334

to get together and
discuss further.

**This Ad Could
Change Your Life...**

Long-term lesbian couple are
looking for a man to help them
create a family. Not looking for
a day-to-day Dad, but hoping for
some level of involvement with
the children.

This is a big step, but if it
sounds like it could be you, give
us a call for a coffee and a chat.

2387 390 920

In June 1998, these display advertisements appeared side-by-side in the *Melbourne Star Observer*, one of the lesbian, gay, bisexual and transgender (LGBT) newspapers published in Melbourne, the capital city of the state of Victoria, Australia. Neither ad mentions parenthood; however, the gay couple referred to in the ad on the left want to be parents, as do the lesbian couple in the ad on the right. In both cases, the couples require the practical support of a third party in order to have a child.

The advertisements captured my imagination. I wondered who placed them and whether they had much luck in attracting respondents. Did women really volunteer to have children for gay men? What did the lesbian couple mean by ‘help’? What kinds of parental relationships did the parties negotiate? How did these relationships work over time? In 1998—unlike in 2005—it was common for child-free, Australian, inner-urban lesbians like me not to know personally many lesbian mothers who parented within their lesbian relationship. Gay fathers were an even rarer proposition. However, requests in the LGBT classifieds—particularly by lesbians—for ‘donors’ or ‘donor/dads’ were becoming more of a regular occurrence.

Further investigation revealed similarities between the scenarios suggested by the advertisements. Both gesture towards subversive procreative practices that, to this day, have dubious legal status in the state of Victoria. The gay men's ad, inviting a woman to 'have a child for' a gay couple, appears to propose a surrogacy arrangement. Local legislation places severe restrictions on advertising for a surrogate mother, whether for payment or free of charge. With regard to the advertisement on the right, insemination at home would seem the most likely means to pregnancy. Someone assisting this insemination outside the setting of a registered fertility clinic potentially incurs a legal penalty of up to four years imprisonment in Victoria. The clear illegality of advertising for a surrogate mother and questionable legality of insemination at home indicate the respective practices share a degree of social disapprobation.

Strong asymmetries emerge also when consideration is given to the relationships and practices suggested by the advertisements. I have shown the ads to a number of friends, family members and colleagues over the past few years and invited their responses. Hochschild (2001) would call this a *cultural Rorschach test*: a way of finding out where the perceived boundaries lie between acceptable and transgressive social practices at any given time. Invariably, the men's ad aroused the most controversy and a large degree of scepticism that any woman would ring their number and volunteer. No one accepted that women easily bear children then give them to others to raise, except in situations of extreme emotional hardship or socio-economic disadvantage. The men's advertisement seemed to violate the naturalness of the mother/infant relationship. It raised the spectre of male exploitation of women as 'breeders', particularly among lesbian and heterosexual women. Respondents tended to assume that money would have to change hands for a woman to contemplate this arrangement, which raised the unpalatable idea of treating children as if they were commodities.

Not everyone approved of the lesbian couple's ad. For some men and women—heterosexual, gay and lesbian—it raised an uncomfortable prospect: that of a child being brought up without a proper father. Nonetheless, the women's request was generally believed far more reasonable and achievable than the men's. Several people deemed it 'only natural' that lesbians would want to have children, because, after all,

‘they are women’. This perspective conflated motherhood with womanhood. No one ever doubted that a man—especially a gay man—would eventually ring ‘to help them out’ and several jokes were made about gay men’s sexual voraciousness. Some lesbians commented on the degree to which gay men ‘waste’ their sperm, yet may still be ‘stingy’ when asked to give it to lesbian and single heterosexual women who want to have children.

Responses to those advertisements revealed a host of popular beliefs about very basic differences between the male and female couples’ chances and desires for children, despite sharing a stigmatised sexuality. They exposed the extent to which physiological differences between men and women in reproductive function lead to perceptions of political and emotional differences with regard to reproductive motives, and differing degrees of natural connectedness to children. Even more so than the advertisements themselves, these assumptions captured my attention and interest.

This study investigates connections between beliefs about nature, the sexed and reproductive body, legislative and policy considerations, and political ideologies of family and parenthood in a particular time and place, among a historically recent and somewhat marginalised group of parents. It examines the symbolic and social discourse and practice of family-making from the perspectives of those having children and from those who comment on their decisions. This is with a view to articulating the relational assumptions about parental and familial relationships informing the various positions. The study situates lesbian and gay planned parenthood within the historical context of the Gay and Women’s Liberation Movements and within the contemporary Australian social, legislative and policy context.¹ A strong contention is that it is inappropriate to draw a firm intellectual or

¹ Lesbian and gay is used throughout this study, despite its limitations, in preference to other possible terms such as ‘queer’ or ‘non-heterosexual’. Queer was rejected because very few older adult lesbians, gay men or bisexuals actually self-identify as queer (e.g. VGLRL 2000, 2001). Identifying with a category that conveys sexual fluidity appears much more characteristic of same-sex attracted people under 25 (see Dempsey, Hillier & Harrison 2001). Weeks, Heaphy and Donovan (2001) note also that many of their lesbian, gay and bisexual participants were uncomfortable with queer as a description of their sexuality. ‘Non-heterosexual’ is the term these authors use as the most neutral, while conceding some reservations. I retain usage of lesbian and gay rather than non-heterosexual so as not to reify the category heterosexual by reinstating it as the ‘norm’, keeping in mind there is no ideal solution to this particular linguistic conundrum.

social boundary between lesbian and gay, and heterosexual parenthood or families, for to do so is to obscure the complex interpenetration between the lived experience of straight and gay—the constant flow of psychic and social traffic between homo and hetero experience.

An Australian ‘gayby’ boom

The Australian Bureau of Statistics (hereafter, ABS) 2001 national Census data collection provides some indication of the number of same-sex couples with dependent, resident children. According to these figures, there are 9,840 gay male couples and 8,312 lesbian couples in Australia—less than one per cent of the total population of cohabiting couples.² Close to twenty per cent of lesbian couples and less than five per cent of gay male couples have at least one dependent child living with them. Many of these children are likely to have been born in the context of heterosexual relationships, and the discrepancy between men and women with resident children is indicative of the general tendency for dependent children of divorced or separated parents to live with their mothers (de Vaus 2004).³

The phenomenon known internationally as the lesbian and gay *baby boom* (Weston 1991)—more recently dubbed the *gayby boom*—has only escalated in Australia in the past few years, on the basis of available evidence. Since the late 1990s, support groups for prospective lesbian and gay parents have proliferated in major capital cities. *Rainbow Families* conferences have become yearly, well-attended events. Medical practitioners report seeing increasing numbers of self-identified lesbians seeking information about pregnancy options (see McBain 2000; McNair 2002). An Australian market research company, Significant Others Consulting, has surveyed

² The figures obtained in ABS data are believed to underestimate the proportion of lesbian and gay couples in the population because of the manner in which questions about sexuality were asked (see de Vaus 2004). Smith (personal communication, 2003) estimates the number of lesbian couples in the Australian population at 28,144 and gay male couples at 41,535, a four-fold increase on the census data. These figures were obtained after weighting sample data obtained from the Australian Study of Health and Relationships, a national probability sample of 19,000 Australians aged between 16 and 59. Despite the numeric discrepancy, de Vaus (2004) contends that the underestimates in national census data are unlikely to distort the actual patterns in the data, such as proportions of those with children.

³ According to de Vaus (2004), 87 per cent of Australian children of separated or divorced parents live with their mothers.

readers of a Sydney-based magazine *Lesbians on the Loose* (LOTL) periodically since 1992. Each survey has found around 20% of lesbians have or live with children, with numbers intending to have children or more children increasing from 15% in 1992, to 20% in 1995, and to 22% in 1999 (LOTL 1996, 2000).

The Australian gayby boom is inclusive of a wide array of familial configurations. Lesbians rear their children as single parents, in the context of their couple relationship and with male friends. Some women become pregnant using sperm donated anonymously through reproductive medicine clinics in those states where this is legal. Others negotiate semen transfer with known heterosexual, gay or bisexual men whom they conceptualise variously as ‘sperm donors’, ‘known fathers’ or (more rarely) ‘co-parents’ (see Borthwick & Bloch 1993; Wakeling & Bradstock 1995; McNair et al. 2002).⁴ Although sexual intercourse is well-documented as a means to pregnancy in the older literature on planned lesbian parenthood (see Borthwick & Bloch 1993; Kuijpers & Vlotman 1995), self-insemination at home, using a needle-free syringe, has become the most popular way for Australian lesbians to get pregnant (McNair et al. 2002).⁵ Gay men may have children in the context of a same-sex relationship through a commercially contracted surrogate mother overseas. Single men or gay male couples may also seek the assistance of a female friend or acquaintance who agrees to give birth to a child. Both of these practices remain relatively rare. More frequently, men will negotiate semen transfer, and a varying degree of ensuing involvement with the child, with a lesbian couple or single woman hoping to become pregnant.

⁴ Throughout this study, I utilise the terms ‘semen transfer’ ‘semen provider’ (following Daniels 1998) and ‘biological father’—depending on context—in preference to semen donation or donor because these terms do not impute inevitable social detachment between men giving sperm and the children born. Although provider is not ideal in that it has paternalistic overtones of breadwinning, it does, as Agigian (2004) suggests, leave more open the question of motivation and the status of negotiated paternal relationships with children.

⁵ Self-insemination describes the insertion of semen, using a needle-free syringe, into the vagina of the woman intending to conceive. This phrase is used in preference to its many documented variations (e.g. alternative insemination, alternative fertilisation) in keeping with popular usage among Australian lesbians and the health practitioners supporting them. The political implications of these ways of referring to the insertion of semen are explored in more detail in Chapter Four.

Although having and raising children in unconventional family configurations is becoming more possible and popular in Australia, it remains deeply controversial. A prolonged media debate raged for two entire months in 2000 after Leesa Meldrum, a single heterosexual woman, was awarded the right to join the *in-vitro* fertilisation program in Victoria. Lesbian parents and would-be parents were castigated in this debate for a variety of reasons: from daring to raise children in fatherless families to queue-jumping and wasting taxpayers' money by receiving donor insemination and IVF for social rather than medical reasons. They did, however, have their supporters, as is the case when social surveys pose questions about same-sex relationships and practices. The 2003 Australian Social Attitudes Survey found that 43% of adults regarded a same-sex couple with children as a family, compared with 99% for an unmarried heterosexual couple with children (cited in de Vaus 2004: 86). Kelley (2001) found Australians hold polarised views: people tend to be either 'unambiguously censorious' or 'unambiguously tolerant' of same-sex relationships and practices (p. 15).

The gayby boom and family changes

As an international Western phenomenon, the gayby boom cannot be viewed in isolation from other change in Western family relationships. In recognition of this, Stacey (1996) has declared intentionally planned parenthood among lesbians and gay men as: 'the pioneer outpost of the post-modern family condition, confronting most directly its features of improvisation, ambiguity, diversity, contradiction and flux' (p. 142). Demographic trends in a number of Western countries, including those of the United Kingdom (UK), the United States (US) and Australia, demonstrate some strong similarities. While the two-parent heterosexual nuclear family is still popular, and most children are born in the context of heterosexual relationships, increasing numbers of children are deliberately planned and raised by single parents, usually mothers. In Australia, this occurs in the presence of gradual increase in social tolerance for, and economic support available to, single parents (de Vaus 2004). De facto relationships among heterosexual couples, often including children, have become popular. Divorce rates are high, and step-parenting and re-marriage increasingly characterise the experience of heterosexual adults and many of their

children. Gay and lesbian parented families have proliferated in tandem with, and as a consequence of, these other changes.

Furthermore, since the 1960s, human reproduction in the developed West has become far more malleable than ever before in history. A more permissive and consumerist (rather than God-fearing) orientation has allowed the technological developments that greatly facilitate control over sexuality and reproduction to flourish (see Melucci 1989). One consequence has been the separation of sexuality from reproduction, the other side of the coin of which is the separation of reproduction from sexuality (Giddens 1991). Two major technological developments have facilitated this latter separation: first, the invention of the female contraceptive pill in the 1960s; and second, the increasing proliferation and public uptake of the New Reproductive Technologies throughout the 1970s.

Now generally referred to as Assisted Reproductive Technologies (ART), these processes include donor insemination, ovum retrieval, *in vitro* fertilisation (IVF), and traditional or gestational surrogacy. Donor insemination is very 'low-tech' on the scale of assisted reproductive procedures and as a practice is known to be at least two hundred years old (Bateman Novaes 1998). It has been performed successfully by doctors since at least the 1930s in the UK (McWhinnie 2001; Haines 1998). However, donor insemination became more widely acceptable and practised during the 1970s when social mores surrounding reproduction and sex became considerably more liberal. The development and uptake from the late 1970s onward of more technologically sophisticated medical procedures such as ovum retrieval, gestational surrogacy, IVF, and intra-cytoplasmic sperm injection or ICSI—in which a single spermatozoon is injected into the nucleus of an ovum—mean that it is now relatively commonplace for fertilisation and embryo formation to occur in the laboratory. About two per cent of births in Australia now occur as a result of an assisted reproductive intervention (de Vaus 2004).

Donor insemination and other ARTs arose as a means of remedying infertility for heterosexual couples (Wikler & Wikler 1991). However, the increasing potential of the conceptive technologies to separate biological parenthood from social parenthood has contributed to what Castells has called a: 'whole new area of social

experimentation' (1997: 241). This has led to a situation where: 'childless heterosexual couples with the ability to pay high medical fees [are becoming] a highly specific historical category' of ART users (Farquhar 2000: 210). Clinicians providing assisted reproductive technology along with legislators and policy makers have, in many parts of the world and some Australian states, responded to single heterosexual women's, lesbians and gay men's political demands for inclusion as users of these technologies. In the process, many of the former givens about pregnancy, reproduction and the family are being reinvented.

The international social research field

Themes in the social research into lesbian and gay parenthood often reflect the political controversies about parenthood and assisted reproduction aired in the media. Existing international social research comes from two main disciplinary traditions, developmental psychology and feminist sociology. One thread in the literature asserts 'no difference' between lesbians and gay men, and heterosexuals with regard to parental suitability and children's development. This is often used to support the case for opening up access to assisted reproduction and parental rights to gay and lesbian couples (see McNair 2004). A newer tendency in the literature has emerged in which the differences observed between heterosexual and lesbian parents are valorised and accentuated.

Normalising tendencies

Bozett (1987) notes that discussions of homosexual parenting are couched generally in a framework of an 'ethical consideration for the well-being of the child' (p. 171). The predominant assumption is that parents who either identify as lesbian or gay or engage in homosexual practices, are potentially harmful to children's development or welfare. The logic underlying much empirical work by family therapists, social workers, psychologists and psychiatrists is that lesbian and gay parents should be researched in order to see if they are fit and their children should be researched in order to find out if they are normal: i.e., heterosexual, emotionally well-adjusted, intellectually able and appropriately masculine or feminine.

This body of research becomes understandable when considering it is loss of child custody that has often been at stake. The disclosure of lesbian or gay identity or practice was implicated in loss of custody in numerous cases in the US and UK throughout the 1970s and 1980s (see Hanscombe & Forster 1981; Bozett 1987; Pollack & Vaughan 1987). As a consequence of this, early studies on (mostly) lesbian mothers but also gay fathers, which began appearing in the North American literature in the mid-1970s, were largely concerned with two issues: first, the legal implications of coming out with regard to custody and access of children; second, the effects on children of disclosure of the newly found homosexual identity. The second stream of research was initiated largely by gay-friendly psychologists in the US in order to establish a body of expert discourse on which to draw for the aforementioned court cases (Bozett 1987).

More recently, psychologists have turned their attention to comparative studies between the donor insemination conceived children of heterosexual and lesbian parents. Numerous studies comparing the two groups have failed to return findings supporting poor developmental outcomes for children of lesbians (e.g. Brewaeys & Van Hall 1997; Golombok, Tasker & Murray 1997; Chan, Raboy & Patterson 1998). These studies have been used by lesbian and gay political lobbies and in the course of law reform consultations to support the cause of gay parents, on the grounds that their children are no different from children raised in heterosexual families (see Millbank 2002, 2003b; McNair 2004). The assumption is that no difference between the homosexual and heterosexual groups is a finding that supports the rights of lesbians and gay men to access assisted reproductive technology (heavily contested in many Western jurisdictions, including Australia) and the rights of gay men and lesbians to have equality with their straight peers within legislation governing parental status. Such comparative research remains controversial within the positivist research paradigms from which it emerges, primarily due to (arguably insurmountable) problems with small sample sizes and disputes over the comparability of the various groups of subjects (see Wardle 1997; Stacey & Biblarz 2001).

However understandable the impulse and need for comparative research, there are epistemological problems with this research approach. Warner (1999) would indeed characterise these comparative studies as engaged in a heterosexist and counter-

productive *pursuit of the normal*: i.e., that no difference is the only acceptable standard towards which lesbian and gay parents should aspire for their children. Stacey and Biblarz (2001) provide a courageous and thought-provoking discussion of normalising tendencies in the lesbian and gay parenting social research field. In the first instance, they find it remarkable that no difference findings invite little discussion or speculation on the part of psychologists when most Western theories of child development emphasise as pivotal parental sexuality and gender relations. In re-analysing twenty-five studies, they found some researchers had failed to discuss interesting—although statistically insignificant—differences, particularly those on the gender and sexual behaviour variables, presumably due to perceived political pressure to support the null hypothesis.

Notably, Stacey and Biblarz found evidence that children of lesbian and gay parents are more likely to explore same-sex sexual experiences even if they do not identify as lesbian or gay. They contend also that studies overall indicate: ‘lesbian parenting may free daughters and sons from a broad but uneven range of traditional gender prescriptions’ (p.169-70). Their claim is that there is no reason why no difference should imply deficits and be construed as the only good outcome, and that to do so is effectively heterosexist and a deterrent to ‘intellectual progress in the field’ (Stacey & Biblarz 2001: 159). Stacey (1997) also warns that empirical research refuting deficit hypotheses is unlikely to sway trenchant critics from their views, given their objections are ideologically driven. Such critics retaliate by claiming faulty methodology (see Cameron & Cameron 1996) or contend the children studied are not sufficiently mature to be showing symptoms of developmental disturbance (e.g. Wardle 1997; Cameron & Cameron 1996).

The pro-difference perspective

Conversely, contemporary feminist sociologists tend to portray lesbian couples who plan and embark on parenthood together as socially progressive exemplars of how heterosexual family relationships should be. A number of studies—implicitly or explicitly informed by feminist critiques of divisions of labour within the heterosexual nuclear family and based on self-report data—have been conducted with lesbian couples who have planned children in the context of their lesbian relationship.

Relative equity in divisions of labour between birth and non-birth mothers is said to be the rule rather than the exception (Dunne 1997, 1999; Sullivan 1998; Dalton & Bielby 2000). For instance, Dunne (1999) emphasises it is the lack of 'gendered scripts' in lesbian relationships that leads to greater egalitarianism in relation to the sharing of economic resources, and domestic duties including child-rearing. This, in turn, for Dunne, is believed to highlight how heterosexuality as an institution has negative effects on the enactment and structure of couple relationships.

While pro-difference studies are important and refreshing to the extent that they do not set out to test deficits in parenting or harms to children from the outset, such work may produce a reactionary discourse of difference that exaggerates distinctions based on a singular category—the heterosexual—versus another singular category—the lesbian. For instance, researchers espousing the value of difference can tend to see gender as something that is only expressed as inequitable difference within heterosexual relationships and assume gender is not also a relevant construct within lesbian relationships and households (see Oerton 1998 for a good discussion of this issue). On the contrary, Carrington (1999), in a study based on observational fieldwork as well as self-report data from lesbian couples, found that many lesbians employed in time-consuming and challenging paid work did far less domestic work than their partners and expressed guilt about this as it deviated from expectations of egalitarianism. The partners, in turn, often tried to conceal the disparity and recuperate the semblance of egalitarianism by giving their work-focused mate credit for household tasks they did not perform.

Assuming lesbian parenting leads to differences among the children of lesbians and that difference is good can also lead to some dubious strategies and claims by lesbian parenting activists/researchers, based on assertions rather than evidence. For example, Saffron (1998), in an article that sets out to demonstrate the advantages children experience growing up with lesbian mothers, asserts that the masculinity and femininity modelled by heterosexual parents is restrictive. She relies on self-report data from the children and their mothers to support this claim. This provides no evidence in itself that some of the advantages her participants discern are not also experienced by their peers with heterosexual parents. Saffron additionally implies that children only learn gender within the households in which they grow up rather than

from peers, the media and any number of other social settings—a very simplistic and sociologically discredited understanding of gendered subjectivity as a fixed *role* that is somehow imposed on children by their parents (see Connell 2002; Davies 1993). Feminist researchers in the burgeoning difference-is-good vein may also ignore the evidence that some heterosexual couples actively try and succeed in dividing labour and doing gender in less conventional ways (e.g. Van Every 1995).

Herein lies a different problem that equally has the potential to hamper intellectual progress in the lesbian and gay parenting field; the *aristocratization* (Ponse 1978) of the difference for children lesbian parenthood represents. Stein (1997) memorably utilises the word she attributes to Ponse with reference to tendencies that developed within US-based lesbian feminist communities during the 1980s. Stein's claim is that lesbian feminism came to be viewed as an inherently superior and egalitarian way of life, which often served to suppress conflict and obscure very real differences between women in their relationships with each other, and in the collectivist workforces and organisations they created. In questioning the burgeoning literature valorising equity and positive differences within lesbian-led families, Gabb (2000) asks why stories of pain and unhappy families have begun to appear in biographical accounts of gayby boom families, whereas they are noticeably absent from recent research generated within universities. For instance, one controversy among lesbian parents in the US centres on the phenomenon of birth mothers denying access to their partners when relationships break up (Schulman 2000; Pepper 2000). Some lesbian mothers are willing to pull rank based on biological relatedness when partner relationships founder, despite research findings supporting more equalised divisions of parenting labour (see also Agigian 2004). Gabb herself (2001) has drawn attention to the flipside of this phenomenon in the UK. She claims birth mothers interviewed for her study were often left—literally and figuratively—holding the baby when relationships between ostensibly co-parenting lesbian couples ended.

Researching beyond normalising and pro-difference

How then can researchers side-step normalising and pro-difference perspectives and avoid entrapment in research parameters set by a reactionary political debate? One possibility, which this study pursues, is to explore lesbian and gay planned parenthood

with a view to articulating various discourses, ideologies and practices of kinship and family, looking for sameness and difference with the status quo. Rather than making claims to the deficits and/or benefits of particular institutional or gendered forms families with children take, this study explores the meanings and implications of various understandings of family and kinship: in effect, it seeks to dismantle *us* and *them*. How do lesbian and gay parents' understandings of family and kinship intersect with and/or reject dominant Australian legal and popular notions of these concepts? How is this reflected in the manner in which lesbians and gay men co-operate and collaborate in having children? What meaning is attached to biological relationships or how does biology continue to be implicated in decision-making about having and raising children? These are the questions that guide this study.

In order to explore these questions, in 2000 and 2001, I conducted in-depth semi-structured interviews with 20 lesbians and 15 gay men (birth mothers and non-birth mothers/co-parents, co-parenting male couples, and semen providers with varying degrees of social contact with their biological children). Prospective parents at various stages of attempting to conceive were also included, with some awaiting the birth of children. Participants' ages ranged from 23 to 58 and their children's ages ranged from newborn to 17. At the time of the interviews, all were resident in Victoria. Interviewees mostly lived in metropolitan Melbourne, although a few were from regional Victorian towns. Although there was some class and ethnic diversity among the group, most came from an Anglo-Australian, middle-class background.

Seven 'key informant' interviews with people engaged in legal, healthcare or therapeutic support to prospective and current lesbian and gay parents were also conducted. These interviews were included in order to obtain some historical detail about the rise and popularisation of planned parenthood among Australian lesbians and gay men in the absence of much published or archival primary source material locally. Interviews were supplemented with primary source material obtained from: biographies; reproductive health and parenting manuals produced for lesbians and gay men; a radio documentary; a legal transcript; a substantial media debate about access to assisted reproduction that occurred in Australia in July/August 2000; parenting agreements and letters supplied by participants; and submissions to a local law reform reference on Assisted Reproduction and Adoption.

The in-depth interviews were designed to elicit what Plummer (2001) calls *short, topical life stories*. I sought subjective meanings and experiences of family and kinship, given my interest in how women and men conceptualised, understood and negotiated procreative and parenting relationships as a politicised and historically new population of would-be or current parents. Three of the seven key informants were also prospective or current lesbian or gay parents who had co-ordinated self-help networks and forums, or had been involved in activism to achieve legislative and policy reform. This meant there was some overlap between the two types of interview and the kinds of discussion that ensued in each.

The study thus draws on and extends a burgeoning sociological literature on the rise of *post-modern families* or *families of choice*: complex configurations of significant intimate relationships that reveal considerable change from orthodox, Western nuclear family models. Such change can be observed within intimate relationships and family formation among heterosexuals and ‘non-heterosexuals’ alike (e.g. Stacey 1988, 1996; Giddens 1992; Beck 1992; Beck & Beck-Gernsheim 1995, 2001; Plummer 1995; Stein 1997; Weeks, Heaphy & Donovan 2001). It also follows numerous anthropological investigations into how ART exposes hitherto taken-for-granted Western assumptions about the relational bases on which family and parental relationships rest, while at the same time adapting, undermining and transforming these (e.g. Weston 1991; Strathern 1992b; Hayden 1995; Franklin 1997; Dumit & Davis-Floyd 1998; Carsten 2000). This literature avoids normalising and pro-difference assumptions, in examining the meaning and process of choice and change in contemporary Western intimate relationships and reproductive practices.

Concepts of family, kinship, and gendered embodiment, in their more post-modern permutations, become important conceptual tools to think with here. In the following sections I state my assumptions about each of these concepts.

From family units to family practices

Families are ever changing and diverse, and there is little point in talking about 'the' family.

—David de Vaus (2004) *Diversity and change in Australian families*.

Functionalist sociologists working in the post-World War Two era such as Talcott Parsons and George Murdock tended to conceptualise the Western family as a unit or structure fulfilling basic social needs. Murdock's definition of family was as follows:

...a social group characterized by common residence, economic co-operation and reproduction. It includes adults of both sexes, at least two of whom maintain a socially approved sexual relationship and one or more children, own or adopted of the sexually co-habiting adults. (Murdock 1949 cited in Morgan 1975: 20)

This definition of family was criticised extensively throughout the 1970s and 1980s, largely by Western feminists. Feminist scholars from a range of disciplines were keen to expose how this functionalist view of the nuclear family—as a logical unit responding to the labour demands of industrialised capitalism—obscured considerable power differentials between men, women and children. Or, in other words, the nuclear family is as much a site of disunity as it is a functional unit. Feminist critiques of the family were informed by the concept of *patriarchy* which Millett (1970) defined as the universal oppression of women and children by older men. For radical feminists, the problem with nuclear families was the legitimisation and perpetuation of men's power over women, whereas for Marxist feminists the capitalist system had paved the way for the rise of the patriarchal family. The sexual division of labour, which located women primarily as unwaged domestic labourers, in contrast to men's participation in the public sphere of waged labour was a particular target of second-wave feminist interest and critique. Despite their considerable differences, the focus of second-wave feminist family scholars was on how the nuclear family, as a tangible and oppressive social form and institution, established, perpetuated and even naturalised women's social inequality with men.

The Anti-Social Family (Barrett & McIntosh 1982) marked an important transition in feminist critiques of the nuclear family because it emphasised that families need to be considered at the level of the emotional needs they meet, and not just as oppressive patriarchal institutions. Barrett and McIntosh noted that family operates at the level of thinking and talking about how we should live, work and raise children together, as much as it exists as a tangible or thing-like structure. Importantly, appeals to ‘the family’ as the site of care-giving responsibility for children, the sick, the disabled and the elderly lend substance to so-called lean economic policies and the concomitant view that families should be self-sufficient and in need of little support by the state. Another of Barrett’s and McIntosh’s insights lay in their attention to the needs met by families: e.g., economic security, a site for the expression of emotional needs and desires, and a means of having and raising children—which they saw as very valid needs. However, they questioned and critiqued what they saw as the explicit heterosexism of dominant familial ideology and the valorisation of privacy and individualism.

Throughout the 1990s, changing demographic trends alerted Western family scholars to empirically measurable and observable changes in family and household formation, which suggested considerable challenges were occurring to the nuclear family household as a ubiquitous unit or structure. Retaining family as a concept, while moving away from its significance as a specific set of objectively determined ‘blood’ or marriage relationships, characterises much contemporary family sociology. For instance, Morgan (1996) emphasises family is a *topic* to be explored further ‘in all its uses and ramifications’ rather than a *resource* to be drawn on uncritically (p. 11).

For Morgan, a number of ideas are conveyed in focusing empirical enquiry on family practices rather than units. First, there is the notion of movement. Whereas family structures sound quite static and objectively defined, practice conveys a sense of activity. A sense of doing family rather than being in a family is communicated by a notion of practice. A second implication is that of repetition or regularity. The significance and character of family builds over time through ongoing or habitual practice. This idea is not distinctive to family theory. A similar idea of repeated performance or *performativity* has been fundamental to reconfiguring the field of gender studies. In Butler’s extremely influential work (1990, 1993), the sexed body, is

de-naturalised or deconstructed in favour of viewing it as an effect of gendered repetitions or acts. Finally, family practice also suggests a degree of fluidity or open-endedness in that practices have more than one definition or meaning. The significance of a family practice may have meaning outside the realm of family to others or be highly dependent on one's point of view.

Testimony to the increasing relevance of family practice over structure is the extent to which notions of family have become meaningful for those living outside of heterosexual family relationships, as Weston's (1991) usage in her influential study of lesbian and gay kinship—*Families We Choose*—would suggest. Family retains enormous intuitive appeal among gay men and lesbians as a descriptive term for their most valued social relationships. For this reason alone it needs to be respected in this study as a valid category that can no longer be deployed naively. Weeks, Heaphy and Donovan (2001) argue that lesbians and gay men's retention of familial language is an important means of asserting the legitimacy of other than heterosexual relationships and practices. For these authors, it is the continuing stigmatisation of homosexual sex and same-sex relationships in law and social policy that has led to a reclaiming of the word family among lesbians and gay men. The appropriation stakes a claim to the validity of those intimate relationships that fall outside convention.

In accepting a shift away from objective definitions of family, it is important not to lose sight of a manageable focus for empirical enquiry. As Gubrium and Holstein (1990) point out: 'The familial is not so much an undisciplined, unfettered interpretive brainstorm as it is a reasonably ordered and recognisable set of articulations' (p.155). Family, as deployed in conventional and unconventional usage, continues to bring to mind associated terms such as 'belonging', 'household', 'home', 'privacy', 'intimacy', 'connectedness' and 'kinship'. It continues to evoke meaningful, enduring and emotionally significant relationships.

Kinship

This study also draws on the anthropological concept of kinship. This is arguably more subtle than family for exploring symbols and practices of connectedness without assuming the connections take a singular social or institutional form (see Edwards et

al. 1999). Until relatively recently, kinship studies proceeded as a kind of anthropological science; kin configurations in non-Western cultures were presumed predicated on relationships derived from sexual intercourse. However, the post-modern or *reflexive critique* of kinship (Franklin & McKinnon 2001) came to prominence during the 1980s. This exposed how understanding kinship as the social construction of natural or biological facts of life imposes Western notions of belonging and connectedness on non-Western cultures.

Schneider's *A Critique of the Study of Kinship* in 1984 was not the only or the first of its kind (e.g. Needham 1971). However, it was pivotal to disrupting the established anthropological practice of going into non-Western cultures and discerning 'family trees'. Schneider questioned two main assumptions of kinship theory: the 'Doctrine of the Genealogical Unity of Mankind', which would have it that biological relationships based on a genealogical grid are the pre-eminent means of conceptualising relatedness in every cultural setting; and the assumption that 'Blood is Thicker than Water' universally, or that genealogical connections are always considered stronger than other kinds of social bonds. For Schneider, to invoke blood ties became a question of speaking metaphorically, in keeping with a Western *folk model* that privileged biological relatedness.

Schneider's earlier work *American Kinship* (1980), first published in 1968, emphasised sexual intercourse as the key symbol in Euro-American definitions of relatedness.⁶ His critique made the point that the link between coitus and procreation simply did not have the same foundational significance for creating persons and establishing relationships between persons in other cultures. Relationships and body constitution in a variety of non-Western settings could be predicated on substantive connections established through feeding (see Strathern 1988; Carsten 1995; Long 2000), attachments to land (see Mallett 2003) or the influence of ancestral spirits (see

⁶ US and UK based anthropologists writing on kinship in the era of assisted reproduction tend to speak of 'Euro-American' rather than 'Western' kinship. 'Western' is a term that can overly homogenise when the cultures and ethnicities encompassed by Western display great variations (see Bouquet 1993). I have used Western throughout this study due to the absence of viable alternatives. Euro-American cannot geographically encompass Australia, and to speak of Australian kinship is to obscure the European lineage of non-indigenous Australian familial and kinship organisation.

Malinowski 1929; Weiner 1976, 1988). Schneider was highly critical of the assumption that because Western science privileged biogenetics as fundamental to personhood and family, biogenetic kinship was construed as a universal entity that could be found in any given culture as a building block of that culture.

Nature /culture in Western kinship

By critiquing the application of Western kinship models to non-Western locales Schneider effectively reframed Western kinship itself as an empirical question needing to be investigated rather than an immutable set of facts. This provided the momentum for a number of social anthropological investigations into how biology and nature are culturally constructed in Western kinship. Strathern's work on English kinship is exemplary. In *After Nature* (1992a), Strathern (in part) traced the persistent alignment of biology and nature in Western kinship thinking to the mid-19th century. According to Strathern, around that time, kinship, in the Western view became a hybrid institution connecting nature and culture. Nature became understood as a bedrock or grounding force that did not change, against which culture exerted itself. This coincided with the popularisation of Darwin's theory of evolution, which presupposed a fundamental consanguineous connectedness between all life forms on earth:

Perhaps it was...around 1860 or so, when the cultivation of nature was replaced by its own grounding naturalism, that is, by apprehension of nature as a natural system. Given a concern with reproduction ('inheritance') of organisms, one might suggest that evolutionary thinking also facilitated the equation of procreation and biology. The 'natural facts' of life were natural in the sense of belonging to the biology of the species. (Strathern 1992a: 132)

In Strathern's example, the theory of evolution provided the means by which an older understanding of nature, as procreation or bringing forth, was superseded by a newer understanding of nature as reproduction or inheritance of traits. In historicising ideas about nature in Western kinship, Strathern effectively de-naturalised it or exposed nature as itself mutable or subject to cultural process and construction. There are parallels here with work by historians of sexuality (e.g. Foucault 1980; Weeks 1977, 1985), tracing the creation by sexologists of pathologies construing the homosexual as a species. Historians of biological science such as Haraway (1991, 1995) also reveal through various studies in primatology and embryology how Western science is as

much made as it is discovered. Scientists are as dependent on well-entrenched metaphors in fashioning their knowledge as they are on impartial facts or data.

Carsten (2000) speaks of relatedness rather than kinship believing it difficult to escape the historical immersion of kinship studies in notions of universal genealogy and foundational facts of life. Alternatively, Haraway (1991, 1995) has recast an interest in contemporary themes of connectedness between humans, technology, plants and animals conventionally associated with kinship through metaphors such as the cyborg and the vampire, precisely to emphasise this ongoing cultural construction of biology. However, others have retained kinship in a reformulated understanding that focuses attention on how the meanings of biological connections or shared biogenetic substance are multiple rather than singular and may be either privileged or de-emphasised in favour of other ideas about connectedness (see Franklin & McKinnon 2001; Edwards 2000; Thompson 2001). To observe this retains Schneider's (1984) argument that kinship should be primarily a question of empirical investigation rather than an imposition of so-called objectively observable facts.

Edwards (2000: 27) provides one of the more evocative post-modern definitions of kinship:

Kinship embraces connections people trace to each other through notions of shared substance, be it blood, genes, flesh or bone; at the same time it places a greater or lesser emphasis, at different historical moments and in different parts of the world, on the creation and maintenance of social relationships through intimacies of care and effort. This is a potent combination with which to imagine relations of all kinds.

This formulation heralds neither biological determinism nor foundationalism, but what Franklin (1997, 2001) would call a denaturalised view of biology, in which the meanings of biology are varied. It also represents a range of perceptions of connectedness with others that may or may not embrace biology.

Gendered embodiment and reproductive technologies

The use of medical technologies to constrain or facilitate women's reproductive capacities has always been controversial. As Wacjman (1991) argues:

Nowhere is the relationship between gender and technology more vigorously contested than in the sphere of human reproduction. Women are the bearers, and in most societies the primary nurturers of children. This means that reproductive technologies are of particular significance to them. Birth control has been a major issue for all movements of women's equality and much feminist scholarship has been devoted to uncovering women's struggle throughout history against the appropriation of medical knowledge and practice by men. (p. 54)

Early second-wave radical feminist, Shulamith Firestone, believed biological motherhood was the cornerstone of women's oppression. In *The Dialectic of Sex* (1971) Firestone argued for woman-controlled technological solutions such as *ectogenesis*—the gestation of babies in artificial wombs—which she saw as one means to free women from the tyranny of motherhood. Conversely, in the radical feminist critiques of ART that proliferated in the wake of the first *test-tube babies*, surrogacy and IVF are reformulated as oppressive and debilitating patriarchal practices. They serve as a means for the male-dominated medical profession to colonise infertile women's bodies and appropriate natural processes of pregnancy and childbirth (e.g. Hanmer 1987 Corea 1984; Rowland 1984). Some radical feminists were concerned with how ART can fragment women's reproductive capacities into component parts (Rowland 1990). Others asserted such fragmentation ensured women's experience of motherhood was as discontinuous as the male experience of fatherhood (Hanmer 1987). Rowland (1984) suggested ART could be the *final solution* to the woman problem, or result in a means to make women redundant. While radical feminist critiques were valuable in alerting women to the medical dangers of these technologies, in common, they tended to rely on understanding women's bodies/selves as rather passive and powerless in the face of male doctors' endeavours and manipulations.

According to Albury (1999), by the mid-1980s, at least two other feminist positions were vying with radical feminist understandings of ART. Respectively, these constituted:

...wary engagement with attempts at regulation based on socialist feminism and the emerging cultural studies of the way power is mobilised; and support for the technology in terms of feminist

arguments about choice based on personal accounts of the pain of infertility. (Albury 1999: 17)

To take the second position first, liberal feminists began to question whether the radical feminist critique of ART was consistent with appeals elsewhere in the history of reproductive politics to women's reproductive choice. As Kirkman (2001) notes, the radical feminist assertion that women are patriarchal dupes when it comes to subjecting their bodies to IVF sat uneasily with demands for and assertions of the possibility of choice when it comes to abortion. Further, Kirkman observes, radical feminists mostly positioned themselves as speaking on behalf of all women, only rarely basing their accounts on empirically grounded evidence of the complexity with which women's agentic bodies/selves engage with the technologies.

The 'cultural studies' feminist understandings of gendered embodiment and ART are informed by a more post-modern view of the reproductive body, drawing attention to how radical feminist and liberal understandings rely on a rather unproblematic understanding of female reproductive biology as a fixed and unchanging fact. For instance, Farquhar (2000) contends that insisting on the wholeness and unity of the maternal body simplifies the diverse ways in which women experience motherhood, and relies on fixed ideas about what women and mothers are. Farquhar calls for an understanding of ART that acknowledges how technologies construct the reproductive body in ways that may be both liberating and oppressive, rather than act on *a priori* bodies:

Rejecting a characterisation of reproductive technologies as particularly demonic or beneficent, a post-modern appraisal focuses on the historical specificity of the diversity of their uses and shifting of the meanings they generate for and by different constituencies. (Farquhar 2000: 215)

Haraway's metaphor of the cyborg (1991)—despite misuse and overuse—continues to evoke complex and productive ways of thinking about how contemporary Western men and women participate in the gendered social embodiment of assisted reproduction. For Haraway, the 'machine is us, our processes, an aspect of our embodiment' (1991: 180). The cyborg is a complicated psychic and fleshy amalgam of humanity and technology. As such, it challenges the notion that male and female bodies are sexed timelessly, naturally and differently in human reproduction. Rather,

cyborg bodies are profoundly transformed by various biomedical technologies which change how embodied processes such as conception, pregnancy, birth and parenthood are engendered, understood and experienced. Or in other words, sexed bodies are produced by cultural process at the same time as they produce it.

This idea is best understood by way of example. The routine monitoring of pregnancy made possible through ultrasound technology externalises a visual image of the foetus. Petchesky (2000) argues the technology allows doctors to construe women as marginal to foetal development and constitutes the foetus as a person who exists in a free-floating, disembodied space seemingly independent of the mother. Such visualising technology can be thought of as cyborg because it produces what Franklin (1993) calls *bodily permeability* in which the body boundaries between mother and foetus are breached, in favour of deferring to expertise gained through what can be seen from the outside. This may be an alienating experience for the mother, displacing the intimate knowledge and confidence about her baby's development through unseen literal embodiment. Yet women also experience the technology as beneficial. It provides couples with a much desired means to share during the pregnancy in the emotional connection to the baby. Mitchell and Georges (1998) discuss how sonographers now routinely include fathers in heterosexual couples in the ultrasound examination as a means of promoting both paternal and maternal emotional connectedness to the baby prior to birth.

A cyborg perspective on gendered embodiment and ART is assumed in this study not to valorise uncritically medical intervention into pregnancy and childbirth, nor to champion 'high-tech' medical processes such as IVF and gestational surrogacy. It is valuable to the degree it enables scepticism in the face of all claims to 'nature' untrammelled by cultural process in human reproduction. This is what Dumit and Davis-Floyd (1998) refer to as an agnostic view, understanding how the reproductive body is always mediated by cultural process in ways that are *intrinsically* neither good nor bad. It disrupts the idea of timelessly natural sexed bodies in favour of reflecting on how technologies associated with achieving pregnancy and parenthood can transform the reproductive experience in a given time and place. Medical technologies, in this reading, are not necessarily oppressive, or de-humanising by virtue of being man-made as in radical feminist accounts, or contrasted negatively

with more ostensibly natural (i.e. less medically interventionist) processes. For instance, midwifery and obstetrics can both be understood as technologies of birth, albeit at different ends of a biomedical spectrum of intervention, just as sex, self-insemination and *in-vitro* fertilisation can be understood as technologies of conception. Viewing conceptive processes in an agnostic fashion allows attention to how technologies mediate and transform individual experience of pregnancy and parenthood rather than assuming they have a fixed meaning and value independent of such experience.

Critical Humanism and culture(s)

A view which takes the human being as an embodied, emotional, interactive self, striving for meaning in wider historically specific social worlds and an even wider universe is not a bad, even humbling, starting place.

Ken Plummer (2001) *Documents of Life 2: an invitation to a Critical Humanism*

The empirical part of this study was designed and conceived according to the conventions of interpretive sociology, which emphasise the importance of human agency and subjective meaning. The assumptions about human actors that inform this study echo many of those articulated by Plummer (2001). Plummer's *Critical Humanism* engages with post-structuralist and post-modernist views of human subjectivity, in striking a balance between the realist tradition in sociological biographical research and more contemporary concerns with understanding the manner in which stories and lives are textually crafted. Critical humanism retains an assumption that human beings are important in fashioning the conditions of their own lives. Foremost, it emphasises human agency and creativity while still acknowledging individuals can only act within certain constraints of social embodiment and history. It takes as its subject matter real human experiences as expressed in talk, emotions and activity, again with an emphasis on the social organisation of these activities.

Critical humanism incorporates many of the assumptions of the symbolic interactionist perspective on social research. Symbolic interactionism takes it as given that people act according to the meanings they attribute to words, events and other people. As a research perspective, it requires that the researcher attempts to 'see the situation as it is seen by the actor, observing what the actor takes into account'

(Blumer 1969: 56). Rich descriptions of actors' interpretations become a starting point for the researcher's interpretations. In this regard, those working in the symbolic interactionist tradition 'evince a profound respect for the empirical world' (Schwandt 1998).

One significant divide between contemporary social researchers is between those with an interactionist understanding and those with a *discursivist* (Alvesson 2002) understanding of human subjectivity. Interactionists (like Plummer and Weeks) are to some extent critical of discursivists drawing on the work of Foucault and Butler for being ultimately deterministic in their view of human subjectivity. The emotional states and the unique set of biographical circumstances each individual brings to language or discourse are under-emphasised. Discursivists find in interactionists too fixed a view of individual 'identity' and an over-emphasis on individual agency; in other words, too much emphasis on a self that exists somehow prior to language and acculturation. They tend to emphasise the multiplicity of discourse and the capacity for varied subject positions, within the same person at different times (e.g. Weedon 1992). Critical humanism does not resolve this tension but can, to some extent, breach the gap between the classic symbolic interactionist and the more post-modern or discursivist subject, through incorporating a greater self-reflexiveness about language use. For instance, attention is paid to the metaphors people use to articulate and circumscribe their worldview as well as to any objective reality their words gesture towards.

Attention to the material and discursive effects of metaphor also characterises working with a more post-modern anthropological concept of culture. Yanagisako and Delaney (1995) argue strongly for retaining a notion of culture as the context in which discourse and practice connect. For instance, in the arenas of family, kinship and having babies, nature is a widely used metaphor with a great deal of cultural purchase. When people insist on a behaviour, relationship or process being natural, they are making a claim to its strong emotional significance or its perceived non-negotiable and unchanging dimensions. The ubiquity of appeals to nature in the domains of family, kinship, motherhood and fatherhood provide good examples of how people may create and be influenced by enduring and relatively consistent patterns of meaning and behaviour. This is not to say that nature is a stable category that always

has predictable meaning or content (see Strathern 1992a, 1992b; Franklin 1997, 2001). Foremost, in this reading, culture is not a structure or power exerting uniform and predictable pressure. It does not determine beliefs or practice. Nor is it a relativist recombination of ‘fragments of meaning’ whereby individuals make cultural meaning according to personal whim or choice:

The productiveness of the concept depends on our commitment to use it as an incitement to continually rethink what is same and what is different, how they are so and what this means; and to continually reassess the fragmentation or coherence of discourses, domains and institutions—whether they hold together and how. (Yanagisako & Delaney 1995: 19)

Importantly, this conceptualisation encourages a view of cultural phenomena as plural and dynamic rather than unitary, static and singular.

Chapter outline

The study is divided into three sections. This Introduction and three subsequent chapters comprise Section One and outline the intellectual, socio-legal and methodological parameters. Chapters Four to Eight comprise Section Two and are based on analysis of interviews and other primary sources. In Section Three, a concluding chapter draws together the main theoretical, social and policy implications of the study.

Chapter One establishes *families of choice* as a theoretical entry portal to the study. It contextualises the research within sociological and anthropological debates on individualisation and kinship in the era of assisted reproduction, emphasising the limitations in suggesting choice pertains mostly to lesbian and gay kinship and preoccupations with biology more to heterosexual understandings of kinship. It argues for greater attentiveness to the complexity with which notions of choice, love, friendship and biological relatedness are mobilised in parental negotiations and relationships across sexuality and gender divides.

In Chapter Two an outline is given of relevant aspects of Australian legislation, policy and political activity pertaining to lesbian and gay parenting and assisted reproduction, and the principles or assumptions about family and kinship on which these rest. In

keeping with the broader concerns of the study, the aim is to sketch recent developments in law, policy, activism and public debate, insofar as these limit some and facilitate other forms of parental and reproductive relationships.

Reflection and more detail is provided in Chapter Three about epistemological and methodological issues outlined in the Introduction. The procedural, analytic and political challenges this particular study posed are discussed and the research participants are introduced.

Chapter Four is the first chapter of Section Two and provides a historical perspective on lesbian planned parenthood in Australia. Here I explore the stories of several Australian lesbian mothers who started planning or conceived their children during the 1980s, a time when it was far more difficult than it is now to be a lesbian and not be exposed to feminist ideas and activism. I consider how the influential discourse on women's reproductive autonomy women's right-to-choose is implicated in the popularisation of self-insemination pregnancies. Sometimes, but not always, this knowledge converged with more utopian radical feminist visions naturalising families without fathers.

In Chapter Five, the interest lies in how equality as parents is subjectively understood and put into practice by contemporary co-parenting lesbian couples, and how biological relatedness—broadly conceived—is implicated in this process. Biogenetic connections between birth mothers and children remain highly salient. Achieving a sense of equivalence between a biological mother and co-parent requires attention on a number of symbolic and social levels.

The social and symbolic significance of biological fathers to contemporary lesbian parents is discussed in Chapter Six. Where anonymous donor insemination is the means to conception, the radical feminist valorisation of unidentifiable biological fathers has deferred to a tendency towards concerns about children's right-to-know. However, despite the demise in influence of explicitly radical feminist ideologies, the paternity issue remains extremely politicised within lesbian parenting networks.

In Chapter Seven, attention turns to the stories of gay men. The diverse meaning and character of relationships with women and children created through semen transfer and surrogacy is explored. The interest lies in the extent to which men's conceptualisations and performances transform dominant social possibilities for father/child relationships and to what extent they assume more conventional notions of what it means to be a father or a sperm donor. Of particular interest is the difference between a 'donor', a 'father', and a 'parent', from the men's perspective, as a lived relationship to a child.

Chapter Eight brings together the perspectives of men and women. It considers the planning and negotiation processes engaged in when seeking parenthood without clinical intermediaries and the principles or assumptions about family and kinship on which these rest. Strategies such as carefully worded advertisements, written agreements, and prolonged intense discussions about intended family relationships are discussed. These strategies—from risk management, through trusting in friendship and love—have strong precedents in heteronormative clinical and family practice.

In the concluding chapter, I argue for the need to look beyond unitary notions of families of choice in order to consider with more complexity the range of relationships created between adults and children in gayby boom families, and the power relations that characterise these relationships. Also contemplated are the interesting new questions for law and policy-makers about reproductive rights and social justice raised by these arrangements, in the context of directions in existing lesbian and gay activism and what can be learned from participants' stories.

Chapter One

Parenthood, choice and biology

A burgeoning literature on *Families of Choice* (Weston 1991; Weeks, Heaphy & Donovan 2001) emphasises new creative possibilities for family and kinship beyond heterosexual relationships. How this creativity is manifest is the subject of some debate. Weston (1991) suggests that lesbian and gay male communities have fashioned distinctively different kinship ideologies and practices predicated on choice, love and friendship, rather than the conventional Western emphasis on biological relatedness:

Gay or chosen families might incorporate friends, lovers or children in any combination. Organised through ideologies of choice, love and creation, gay families have been defined through a contrast with what many gay men and lesbians in the Bay area [of San Francisco] called 'straight' or 'biological' or 'blood.' (Weston 1991: 27)

Schneider (1997), late in his career, briefly reflected on what might constitute the distinctiveness of lesbian and gay kinship. He remarks it is important to ask 'precisely in what ways gays and lesbians are different' other than in the choice of a same-sex partner. Schneider perceives many points of similarity between North American lesbian and gay, and heterosexual kinship, given similar processes of Euro-American acculturation:

Given homosexuality, in this Euro-American population in this Euro-American culture, it is not surprising that lesbians and gays fall in love as the rest of the population does, that they often form more or less lasting couple relations...and that they often, but not always, want to have kids and form families...the basic point here is that 'culture' is indeed the 'hegemonic discourse'...It is the 'morally' right way, the practically right way, the easiest way; it is what you should do and what most people *do* do. But it is not airtight. For whatever reason, often without reason, some people just do not buy into the hegemonic discourse. But they do not just go off on a toot in any which direction. (Schneider 1997: 273)

Schneider's remarks, in contrast to Weston's, emphasise that if lesbian and gay kinship is distinctive, this will always be in some way with meaningful reference to the status quo.

This chapter seeks to redress a lack of enmeshment to date between anthropological and sociological perspectives on lesbian and gay kinship and family practice. Bringing these perspectives together is advantageous in exploring the complex interrelationship between preoccupations with biological relatedness *and* various permutations of choice, love and friendship in lesbian and gay planned parenthood. This discussion provides an introduction to the conceptual parameters and themes within which participants' stories and documents are explored in Section Two. While sociological perspectives engage more with how lesbian and gay kinship is inseparable from the way choice and romantic love increasingly defines heterosexual intimacy and family life, the contribution of anthropology is to elucidate the increasingly complicated interrelationship between choice and biology in the era of ART. Such complexity is evident across a gay/straight divide of parental relationships and possibilities. Three main avenues of intellectual enquiry are pivotal: the shifting characteristics of the Western nuclear family; the changing meanings of biological relatedness in the era of assisted reproduction; and the political discourses of women's reproductive choice characteristic of Women's and Gay Liberation era activist writing.

Families We Choose and Euro-American kinship

In *Families We Choose* (1991), the influential and important pioneering study of the lesbian and gay kinship ideologies, Weston proposes the 1970s Gay Liberation movement paved the way for decisive challenges to the hegemony of the Euro-American heterosexual nuclear family. During the 1980s, according to Weston, gay and family changed from mutually exclusive to complementary categories. An emergent discourse on gay families challenged cultural representations and practices that had earlier denied lesbians and gay men access to kinship, or construed them as *exiles from kinship*. A notion of kinship exclusively based on biology or blood, is said to have given way to a notion of kinship based on choice. Weston's families of choice thesis draws on Schneider's *American Kinship* (1980/1968). In order to understand Weston's work, Schneider's main ideas are first sketched.

Schneider depicts Euro-American kinship as a culturally specific system, predicated on a particular symbolic logic in which procreation is pivotal. For Schneider, there are two primary means of establishing kinship in Euro-American culture. Relatives or kinsmen (sic) are people to whom one is connected through blood or marriage. Kinship comprises relationships established by biology (relationships of *natural substance* or *status* or the *order of nature*) or through legal means (*code for conduct* or *order of law*). All relatives are said to derive from either the order of nature or the order of law or the coming together of the two elements.

Schneider makes an important distinction between relatives derived from order of nature alone, those derived from order of law alone, and those derived from the combination of both orders. Historically, in Euro-American kinship, relatives in nature alone include the birth children of relinquishing married parents, as well as children born outside of marriage. The blood connection in such instances has only resulted rarely in a socially or legally affirmed parent/child relationship. Relatives derived from the order of law include husbands and wives, adoptive and step-parents, and in-law relatives: i.e., those with whom one shares a socially recognised familial relationship despite the fact that this is not grounded in a blood connection of any kind. Finally, there are the family members derived from the coming together of both elements: those who are addressed as father, mother, brother, sister, grandfather etc., without any modifications or qualifying words.

Sexual intercourse differentiates Euro-American kinship from other types of relationships in Schneider's schema:

Sexual intercourse (the act of procreation) is the symbol which provides the distinctive features in terms of which both the members of the family as relatives and the family as a unit are defined and differentiated. (Schneider 1980: 31)

For Schneider, sexual intercourse between a man and a woman has the status of being natural in Euro-American kinship. This is because its outcome can be conception, which in turn may be followed by another natural outcome—birth. Sexual intercourse is also said to stand for unity, in that it makes the procreative couple 'as one' and the child as the outcome of this union is seen as bringing together in one person the

‘different biogenetic substances of both parents’ (1980: 39). The family is therefore defined as a kind of natural unit based on the facts of nature. Schneider concedes that anyone who is a relative can also be considered one of the family; however, family generally refers to a smaller unit comprising the spouses (husband and wife) and their children.

In Schneider’s schema, love is the unifying force that binds Euro-American families. The love expressed within families is conjugal and cognatic. Conjugal love is the erotic love endorsed by law that is shared between spouses; whereas cognatic love is the non-sexual love parents have for their children and siblings have for each other. Sexual intercourse is a powerful symbol of love as well as nature. It is often referred to as ‘making love’. Children are bound by the blood relationships created through the love their parents express for each other and, in turn, come to love each other as the products of that conjugal love.

A fourth important element of Schneider’s conceptualisation of Euro-American kinship symbology is the differentiation of friendship from kinship. Friendship is distinguished from kinship because it is chosen and terminable in comparison with the ties of love, blood and law that define kinship. As such, friendship represents a liminal or ‘interstitial domain’ (Schneider 1980: 108), whereas kinship is said to represent ‘diffuse, enduring solidarity’ (1980: 49). By diffuse, Schneider means that kinship is not an instrumental relationship, but encompasses many dimensions of social life; enduring refers to the unlimited lasting power of the relationships; solidarity means the relationships are seen as providing assistance, support and co-operation. Friendship is said to differ from kinship primarily on the grounds that it may be diffuse and solid but cannot be considered enduring.

These four elements of Schneider’s schema are important in making sense of Weston’s anthropological argument in *Families We Choose*. According to Weston, there were two strands to the popular beliefs that circulated before the gay families discourse emerged: first, the belief that gay men and lesbians do not have children nor establish lasting relationships; and second, the belief that for those who claim it, homosexual identity inevitably alienates them from biological kin. While Weston acknowledges that these two beliefs are realities for some, she asserts that both

suppositions reduce gay men and lesbians to the sexual in the popular imagination or a *wild card* outside of the socially sanctioned domain of heterosexual monogamy:

If heterosexual intercourse can bring people into enduring association via the creation of kinship ties, lesbian and gay sexuality in these depictions isolates individuals from one another rather than weaving them into a social fabric. To assert that straight people 'naturally' have access to family, while gay people are destined to move toward a future of solitude and loneliness is not only to tie kinship closely to procreation, but also to treat gay men and lesbians as members of a non-procreative species set apart from the rest of humanity. (Weston 1991: 22)

The self-exclusion of lesbians and gay men from one of the key symbols of Euro-American kinship—vaginal intercourse in the context of procreative monogamy—is seen by Weston as pivotal in establishing perceptions of lesbians and gay men as exiles from kinship. Here, she addresses the claim often made by fundamentalist Christians in the US: gay men and (to a lesser degree) lesbians cannot reproduce and therefore need to recruit the young and the vulnerable to their ranks. Such positioning of the homosexual as an exclusively sexually motivated outsider has facilitated the popular formulation of gay men and lesbians as a menace to family and society.

Coming out (see Altman 1972; Weeks 1977; Plummer 1995), the post-Gay Liberation practice of disclosing one's gay or lesbian identity to others and living a life substantially defined by this identity is central to Weston's analysis of the emergence of families of choice. Weston argues the generic protagonist in the coming out story is intent on demonstrating continuity of self in order to secure continuity of kinship. That is, stories of coming out often contain words to the effect of: 'I am still the same son or daughter you have always known, even though I am gay', in a bid to prevent being outcast socially from family-of-origin. This goal is not always attained (see Plummer 1995). For instance, some of the gay men and lesbians who participated in Weston's study report being disowned by their families of origin after disclosure of gay identity, and the possibility of this repudiation of the parent/child connection is said to have led to a widespread questioning of the permanence of family-of-origin ties within gay and lesbian communities:

Only after coming out to blood relatives emerged as a historical possibility could the element of selection in kinship become isolated in gay experience and subsequently elevated to a constitutive feature of gay families. (Weston 1991: 111)

For Weston, the prospect that kinship ties could be socially severed as a result of coming out was to highlight the element of choice in the type of kinship relations that tend to be defined as permanent in Euro-American culture by virtue of law and/or nature, as in Schneider's characterisation. This set the historical scene for *families we choose*, whereby notions of choice became allied with kinship and gay identity. Weston observes that the lesbian and gay participants in her study tended to perceive their families as having fluid boundaries subject to individual intention, without the cultural guideposts of kinship configurations legitimised legally or genealogically. In the lives of her participants, friendship and love beyond heterosexual relationships could assume kinship status and prove more authentic grounds for social connectedness. Weston concludes that if the dominant familial ideology maintains that friendships are tenuous because they are chosen, while biogenetic ties are lasting and solid, the gay and lesbian kinship ideologies reverse this idea. Friendships may be the relationships that endure where blood ties prove grounds for ephemeral social relationships.

Weston incorporates a substantial discussion of parenting into her study, conceding the increasing popularisation of donor insemination pregnancies among lesbians in the US throughout the 1980s introduced 'a subtle reincorporation of biology' into families of choice (1991: 168). Yet, the claim to distinctiveness persists because of the manner in which this was done. For Weston, the 1980s lesbian baby boom challenged the Euro-American association of parenting and reproduction with the type of gendered difference symbolised by heterosexual procreative sex, again as in Schneider's characterisation. For instance, self- or clinically assisted insemination, rather than vaginal intercourse, became the preferred means to get pregnant among lesbians. The man who provided the sperm and the woman who gave birth to the child rarely parented the child together within the families with children Weston observed among her participants in the Bay Area of San Francisco. Further to this, a non-biological, 'mother, father or co-parent [was considered] no less a parent in the absence of legal or physiological connection to a child'. Rather, biological relatedness poses an 'option within the dominant framework of choice' (1991: 189).

Families We Choose represents one of the first complex discussions of post-Gay Liberation lesbian and gay relationality. The strength of the study lies in its sensitive

portrayal of the varied and complex ways in which lesbian and gay identities can be familial identities despite disruption of the conventional certainty and security invested in blood ties. Written and researched during the Reagan era in the US, at a time when various religious fundamentalists openly began to attack challenges to the heterosexual nuclear family as immoral, destructive of children's well-being and 'anti-family', Weston's work must be viewed in a political as well as an anthropological context. Foremost, it mounts a challenge to the traditional family advocates who would assert lesbian and gay lives are mono-dimensional, immoral, or bereft of intimacy and not characterised by enduring relationships predicated on love and care.

Strathern (1993), in her review of *Families We Choose*, applauds Weston's work for making apparent the centrality of choice in all Western kinship ties believed genealogically determined. For Strathern, the very existence of the gay and lesbian kinship ideologies emphasises that the ties considered the most enduring in Euro-American culture have always been negotiable as the basis for social relationships. In this reading, if coming out as discourse and practice accentuates that gay men and lesbians' ties with family-of-origin can be severed or negotiated, this is to some extent consistent with, rather than a departure from, how Western kinship works conventionally. Strathern does not frame her comments as a critique of Weston's claim to the distinctiveness of choice in lesbian and gay kinship. Nonetheless, a critique is implicit in her observation and elaboration of how choice is fundamental to notions of individuality in the folk models of kinship characteristic of the English middle-classes since at least the mid-19th century:

We might discern within the domain of kinship both what could not be changed (a natural element) and what could be (an artificial one). The English could draw on the family as a metaphor for thinking about change and continuity alike. For families might either appear as autonomous entities with their own traditions...based on a line of natural ancestry; or they might appear as constellations of individuals who worked together or moved away from one another, and who in any case diversified their interests, renegotiated their obligations and chose with whom they associated...For what was not open to change (the given ties of blood) could be either valued or ignored in the choice people had to conduct their own lives. (Strathern 1995: 429)

In reading Strathern, it becomes apparent that Weston (and many of her participants), predicate their understandings on a conventional binary logic in which blood ties are

naturalised as given but may be rejected as foundational for relationships of social solidarity. Or in other words, one choice that presents in lesbian and gay kinship, just as in heterosexual kinship, is whether or not to accept blood ties are also the basis for active social relationships.

Notably, Weston's substantive argument overlooks how choice is also a defining feature of Schneider's schema of Euro-American kinship symbology, where the order of law represents the possibility of choice in heterosexual kinship. Schneider plausibly maintains that relatives by blood alone are often constituted as more authentic than relatives in law alone, as the former are seen as unquestionable whereas a choice can be made to terminate the latter. In other words, legal relationships can be severed, but it is not possible to sever blood ties. As Schneider puts it, while it is quite feasible to speak of ex-husbands, ex-wives and ex-in-laws, we never hear of ex-fathers, ex-mothers or ex-sisters. Furthermore, where legal relationships rather than blood relationships determine parent/child relationships, as they do in the well-established Western practice of adoption, the relinquishing biological parents tend to be referred to by many as the child's real parents. For Schneider, this division occurs in the Euro-American consciousness because kin relationships are believed to be grounded in the facts of nature:

The relationship which is 'real' or 'true' or 'blood' or 'by birth' can never be severed, whatever its legal position. Legal rights may be lost but the blood relationship cannot be lost. It is culturally defined as being an objective fact of nature...and its nature cannot be terminated or changed. (1980: 24)

Weston's emphasis on how choice shapes the meaning of biological relatedness in lesbian and gay parenthood also comes at the expense of considering in more detail how friendship and love inform the parental arrangements struck by lesbians and gay men utilising self- or clinically assisted insemination. For instance, lesbian parenthood may challenge the gendered difference symbolised by heterosexual intercourse and apply choice to biology, in insisting a sperm donor is not a father (see also Dunne 1999 on this point). Despite this, another strong tendency, Weston observes, for the lesbian biological mother's lover to be considered the child's other parent could be construed as consistent with some heteronormative symbolic implications of conjugal or sexual love. That is, families with children have two parents and are founded on

romantic love. Children are produced by people who love each other and are, in turn, an expression of, and focus for, their parents' conjugal love. The emotional sentiments or assumptions underlying choice in lesbian and gay planned parenthood deserve a good deal more scrutiny for their similarities as well as differences from convention. The proliferation of empirical research studies by psychologists into lesbian-led families since *Families We Choose*, emphasising the preference many lesbian couples internationally demonstrate for forming nuclear family households with their donor insemination conceived children (e.g. Gabb 2001; Mitchell 1998; Gartrell et al. 1996; Golombok, Tasker & Murray 1997; Golombok & Tasker 1998; Vanfraussen, Ponjaert-Kristoffersen & Brewaeys 2001), suggests the continuing power of conjugal lesbian love as the meaningful context in which children are conceived and parenthood is enacted.

In another dimension to the critique of families of choice, Lewin (1993), writing in a comparable historical and cultural context to Weston, found biological motherhood among lesbians confounded claims to the distinctiveness of choice and friendship in lesbian kinship. The lesbian biological mothers and single heterosexual mothers she interviewed expressed perspectives on family and kinship more co-extensive with dominant Euro-American parental practice, which emphasises considerable interdependency between mothers, children and grandparents, and naturalises the mother/child relationship. Following reasoning similar to Weston, Lewin expected to find substantial differences between the heterosexual women and lesbians in her study in terms of how they conceptualised their parenting relationships with children and their kinship ties with family-of-origin. However, the lesbian parents Lewin interviewed did not offer narratives of motherhood substantially different from those of their single heterosexual counterparts.

Both groups were heavily reliant on families of origin for support, and turned to families of origin rather than friends, particularly during difficult financial or emotional times. Lesbian mothers explained that although parents did not always embrace their lesbian sexuality, the ties perceived with grandchildren were too strong to sustain a permanent breach. Also, both groups of women consistently embraced 'mother' as the characteristic that defined them. Overall, Lewin's study emphasised that lesbian mothers largely understood their motherhood as consistent with

conventional understandings of motherhood as instinct or alternatively, the achieving of a satisfying sense of womanly identity. Notably, this was found to be 'heavily influenced by relatively conventional gender expectations centred on women's special vocation for nurturance and altruism and men's relative disinterest in parental responsibilities' (1993: 11).

Lewin's findings suggest biological motherhood, for lesbians, may be as naturalised and non-negotiable a social relationship as it is for heterosexual biological mothers, while there is a greater degree of perceived flexibility regarding other parental and/or significant relationships in children's lives. However, it should be pointed out that the majority of women in her study had children from previous heterosexual relationships. The extent to which the sentiments of Lewin's participants are echoed among intentionally single lesbian mothers, lesbian couples conceiving in the context of their relationship, and lesbians becoming pregnant in the context of other familial configurations is one area of interest in this study.

Individualisation and lesbian and gay kinship

Within only a decade or two after Schneider so forcefully described the shape of the American family at mid-century, people in almost every walk of life became increasingly self-conscious about the meaning of familial relationships and about alternatives for creating and living in families.

—Janet Dolgin (1997) *Defining the family: law, technology and reproduction in an uneasy age*

Theorising lesbian and gay planned parenthood within a notion of families of choice also fails to engage sufficiently with how the possibilities for choice in heterosexual family and kinship have escalated over the past thirty or so years. Sociological deliberations on the late 20th century social phenomenon variously referred to as *reflexive modernization* (Lash 1990; Giddens, 1991, 1992), *de-traditionalization* (Giddens 1990; Beck 1995) and *individualization* (Beck 1992; Beck and Beck-Gernsheim 1995, 2002) have proliferated in the past decade. Lash and Urry (1994) have described this phenomenon as characterised by 'structurally necessitated decision-taking' or the necessity for all individuals in industrialised Western countries to 'reflect upon one's social conditions of existence' (p. 37). One dimension of this phenomenon is that family has become a contested concept that is in a state of flux

and change, and whose meaning and character is increasingly subject to choice. Such change is characteristic of an era of in which increasingly self-reflexive and subjective resources, rather than objective givens or duties, fashion the meaning and practice of familial life.

According to Beck and Beck-Gernsheim (1995), *individualization* is a historical process discernible in the developed West from the second half of the 20th century, in which the *normal biography* or traditional routine of men's and women's lives is increasingly questioned. Key factors in the acceleration of this process have been the gradual development of a welfare state in industrialised Western countries, which enables the meeting of basic material needs beyond dependence on one's family-of-origin, together with great increases (since the 1970s Women's Liberation Movement) in women's education and career prospects. The consequences of individualisation include a trend towards less interdependence between family members who were previously bound together through obligatory solidarity, as well as changing expectations and interests of men and women regarding the manner in which they participate in family and paid working life:

The character of everyday family life is gradually changing. People used to be able to rely upon well-functioning rules and models, but now an ever-increasing number of decisions need to be taken. More and more things must be negotiated, planned, personally brought about. (1995: 91)

Giddens (1992) argues *transformations of intimacy* are an inevitable factor in processes of de-traditionalisation. In contemporary family and household life, the focus is said to be on the fulfillment of individualised needs and desires, and chosen rather than ascribed commitments and responsibilities. To Giddens, 'How shall I live?' is a question fundamental to daily existence in late modernity. Every person increasingly has no choice but to make decisions about how to conduct oneself in terms of whom to love, to commit, to spend time with and care for. Such decisions are no longer as clearly scripted as a consequence of gender, family circumstances or class position. As widespread prioritisation of romantic love and personal satisfaction within intimate relationships becomes commonplace, attitudes to the family commitments that used to arise from a notion of genealogical descent and marriage become increasingly flexible. Gay and lesbian-parented families are characteristic of a

wider social shift toward a plethora of family forms that also include single-parent households, and blended families comprised of re-partnered parents and their respective offspring. Relationships between members of these reconfigured families and households are not exclusively based on biogenetic ties or legally recognised relationships.

For instance, separation and divorce generate a diversity of new family connections that are subject to negotiation. In post-divorce situations, the various family members must weigh up what Beck and Beck-Gernsheim call *elective affinities*: 'Maintenance of the family link is no longer a matter of course but a freely chosen act' (Beck and Beck-Gernsheim 2002: 96). Furstenberg and Cherlin (1991) found that adults have considerable leeway post-divorce in deciding which extended family relationships from the first marriage to maintain and which to let go in the event of second marriage. These authors observed it was increasingly common for different individuals within families to have their own ideas about who belongs to the family, and for children growing up in the same family to have different ideas about who is inside and outside a bounded universe of kin connections.

With a different slant on how choice factors into contemporary heterosexual family relationships, other sociologists have challenged the supposition that socially enacted parent/adult child relationships are inevitably enduringly solid. Finch (1989) and Finch and Mason (1993) found there is considerable complexity and variation within and between adult members of families when it comes to assuming social responsibilities for each other's care and material welfare. The family obligations between adult parents and children were found to be highly conditional on the material capacities of both parties and the quality of the interpersonal relationships. Obligations and commitments were seen as arising as much from a previously demonstrated capacity to care and an affinity for the caring role rather than a prescriptive concept of duty. Neither gender nor genealogy determined who did what for whom and why. Although there were constraints, most people these authors interviewed saw themselves as having some measure or control in 'actively constructing their commitments' to kin (1993: 94).

Weeks, Heaphy and Donovan (2001) in their recent sociological exploration of various dimensions of same-sex intimacies and families of choice are more explicitly attentive to this broader context for choice and change in heterosexual family relationships. These authors accept Weston's thesis as to the historical importance of Gay Liberation's coming out discourse in establishing friendship as a variant of kinship. However, they integrate this more thoroughly with processes of familial and kinship change among the heterosexual population in developed Western countries:

In many ways the development of non-heterosexual patterns of relating is paralleled by changes in the wider heterosexual world as traditional frameworks and constraints, especially those embodied in the idea and ideal of family life radically change under the impact of long-term social, cultural and economic shifts. (2001: 4)

For Weeks, Heaphy and Donovan, family in the conventional sense of the word is still relevant to most lesbian and gay people, and a sense of meaningful connection is felt with family-of-origin. However, the relationships need to be negotiated and worked at. These connections are not taken for granted. They observe that among participants in their study, the same rules are applied to family-of-origin relationships as to those with friends who attain the status of chosen kin; there is a similar 'language of commitment' and notion that family is 'done' or performed rather than assumed (2001: 39) (see also Nardi 1992).

Writing a decade after Weston, these authors similarly contend that lesbians' and gay men's mutual focus has shifted in this post-Gay Liberation generation from: 'asserting identity around sexuality to affirming a new relationship ethos' (2001: 180). The transformations of intimacy discernible in heterosexual relationships have gradually fostered a social climate more tolerant of same-sex relationships and practices, including parenthood. Relationships and parental practices beyond heterosexuality bring with them reformulated ideas about living ethically and well with others, as well as new claims to social recognition and rights, in keeping with Plummer's (1995) notion of *intimate citizenship*. Claims to intimate citizenship implicate choice, but are not necessarily predicated on an individualistic notion of choice. The idea that chosen relationships represent 'the triumph of individual need over collective responsibility' (Weeks, Heaphy & Donovan 2001: 46) is rejected in favour of a freedom to choose based on standards and principles deemed ethical precisely because they are

negotiated. Sexual relationships, couple relationships, parental and childcare commitments all become subject to this negotiated ethic based more on the sentiments associated with friendship rather than with notions of duty or obligation.

Weeks, Heaphy and Donovan are attentive to tracing the inter-connectedness of straight and gay processes of relational choice and change, notably the rise of a negotiated relationship ethic in the era of individualisation. However, they fail to elaborate the discernible gender and biological asymmetry that characterises how procreation and parenthood are incorporated into newer claims for relational rights and responsibilities within the lesbian and gay communities. Arguably, it is their privileging of 'lesbian and gay' as a point of contrast to 'heterosexual' that leads to this concomitant under-theorisation of reproductive choice. For instance, they establish there are new *stories of choice* available to lesbians and gay men who want to have children, largely through donor insemination and (less frequently) surrogacy, that were barely imaginable in recent history. Yet, they do not venture an explanation for the observable tendency in their participants' stories for biological fatherhood and non-birth motherhood to give rise to more negotiable social relationships with children than those between biological mothers and children. Nor do they venture an explanation for the continuing stigmatisation of surrogacy as opposed to the more and more commonplace usage of donor insemination. With regard to how parental relationships are negotiated and expressed within the lesbian and gay male communities, apart from the assertion of choice, there is little accounting for either change from or continuity with the idioms of kinship, gender and biology that characterise 'straight' procreation and parenthood. Such change and continuity is another focal point in this study.

In the next section I turn to the anthropological literature on kinship in the era of assisted reproduction, in exploring how choice increasingly influences and extends biology: a process Strathern (1992b) characterises as *enterprising kinship*. This tendency and its associated dilemmas confront all users of assisted reproductive technology, no matter what their sexuality. First, choice is increasingly deemed preferable to chance, as biomedical control over procreation and parenthood flourishes, and consumerist or market analogies increasingly come into play in the

reproductive arena. Second, the meanings of biological connections tend to be more negotiable and subject to choice in the era of assisted reproduction, as a by-product of the intervention of third parties in reproductive processes. In a third and somewhat paradoxical tendency, increasing biomedical knowledge of human genetics is further reducing notions of connectedness between parents and children to inherited substance.

Kinship and choice in the era of assisted reproduction

However one looks at it procreation can now be thought about as subject to personal preference and choice in a way that has never before been conceivable. The child is literally...the embodiment of the act of choice.

—Marilyn Strathern (1992b) *Reproducing the Future*

Developments in reproductive technology are an extension of the desire to have and to take control of human reproduction. As such, they sit generally with a worldview predicated on choice rather than chance. Choice here is not in the sense of having the capacity to select exactly what is wanted, but a particular orientation to having children predicated on: ‘standing in the world, as it were, as choosers’ (Marshall 1995: 108). Examples of this abound. The widespread use of contraception presupposes that children are the products of deliberation and planning rather than perceiving them as ‘coming along’ as an inevitable consequence of regular intercourse (see Beck and Beck-Gernsheim 1995). For heterosexual couples who cannot conceive through intercourse, infertility is no longer a fate to be endured; there is the possibility of taking rational action to circumvent it through use of medical procedures such as donor insemination or IVF.

Strathern (1992b) contends the ARTs have developed as part of an *enterprise culture*, in which the commodification of human reproductive capacities is taken for granted. For Strathern, prospective participants in assisted reproduction are construed as customers seeking services. This is evident in the language of voluntarism or desire characteristic of some government reports on ART policy and practice, and indeed many biographical accounts written by those using the technologies. Strathern notes:

Hence discussion of donor anonymity turns on what the donating man ‘wants’ and whether or not the social parents will ‘want’ their family complicated by a relationship with the biological

father...the question of surrogacy contracts turns on the couple 'wanting' their child to be healthy and 'wanting' to end the relationship with the surrogate mother. (1992b: 32)

This imbrication of assisted reproduction with the language and practice of a market economy may be veiled because other culturally dominant beliefs deem such commoditisation of human reproduction undesirable. Edwards (2000) found, in ethnographic work conducted in the UK, that human gametes are widely believed not to be completely alienable; i.e., able to be given away or separated from the person who gives them. She attributes this to the fact that these substances are believed: 'packed with the potential for kinship' or creating connections between persons. This position is consistent with Judeo-Christian beliefs about the sanctity of human life; as life-giving and God-given substances, gametes should not be considered the property of individuals to be given away at will (see Neville 2005; Hirschman 1991). This tension between market analogies and cultural ideals of the sacred qualities of human reproductive capacities often results in what Strathern calls *rearguard action* on the part of legislators and policy-makers to reconceive transactions in gametes or reproductive services 'as altruistic or acts of love or as real gifts between persons' (1992b: 37). For Strathern, however, this does not change the fact that the market analogy is already in play and can make notions of gift or donation sound somewhat 'hollow' or 'off-key' in these transactions (1992b: 38).

Choice also becomes a more pragmatic outcome of the collective element introduced into the reproductive process, when conception occurs through the use of third parties' gametes or gestational capabilities. In the setting of reproductive medicine clinics, depending on the method of conception and gestation, the source of the genetic material and the intentions of the parties, different permutations of applying choice to biological relationships are brought into play. This is to ensure that the people who intend to be the social parents will become the social parents, despite potentially competing biological claims to this status. Thompson (2001) contends, in a study conducted in a US-based reproductive medicine clinic, keeping biological and social accounts of parenthood and family aligned becomes an exercise in *practical metaphysics* when donor gametes or gestational services are utilised. Those involved in these technological interventions must consciously mobilise various substantive and

processural idioms of relatedness in order to establish precisely how biology will arbitrate between potentially competing claims to social parenthood.

For example, biological maternity can be now potentially separated into a biogenetic and a gestational component, which allows for a diffusion of the hitherto singular character of biological motherhood. Since technologies facilitating ovum retrieval and IVF became available during the 1970s, it has been possible for a woman to supply her ovum to enable another woman to gestate and give birth to a child she wants to raise, without the genetic mother being legally or socially positioned as the child's parent. In a reversal of this configuration, a gestational mother may have a legally and socially ambiguous relationship to social parenthood vis-a-vis the genetic mother, when the genetic mother is the intended parent of the child. In the setting of commercial surrogacy agencies in the US, there is a third possibility in which neither the genetic nor the gestational mother is the intended female parent (see Thompson 2001).

Hayden (1995) proposes lesbian planned parenthood is co-extensive with these kinds of innovative possibilities for applying choice to the meaning of biological relatedness in the era of ART. In doing so, she effectively disrupts a clear distinction between straight and gay families with children who utilise ART:

As the symbol of the blood tie is both embraced and dispersed within certain lesbian families, so too does the dichotomy between straight biological families and gay chosen families become muddled. (Hayden 1995: 56)

Hayden contends biological connectedness is no less significant to the creation and maintenance of kinship between lesbian couples and their children than it is in the heterosexual context. She observes, for instance, that lesbian couples in which both women want to get pregnant and give birth, may express a preference for utilising sperm from the same man, in order that their children will be biogenetic siblings. In this fashion 'genetic continuity, whether literal or implied, becomes an integral resource' in the formation of lesbian-led families (1995: 53). Hayden's argument destabilises biology as a singular category with a foundational meaning. In the lesbian, as in the heterosexual context, biological connections may be of immense social and symbolic importance vis-à-vis questions of how to put family into practice, even when

they are rejected as the basis for parental relationships. How they remain important, however, is more difficult to predict.

Inherited substance, identity and destiny

Whether or not the relationships are consequently activated, for Euro-Americans there is no getting around the tie that exists with those persons whose genetic substances combined at the child's conception. This is taken as a fact of life. (Strathern 1999: 23)

Although personal choice may to some extent adjudicate how biology is relevant, the vertical transmission of substance from one generation to another remains a fundamental metaphor of relatedness in the developed West (Strathern 1992a). Through notions of shared biological substance—whether blood or genes—a cultural logic of inheritance is perpetuated, one feature of which is the transmission of identity through descent. Western descent is a bilateral concept. The contribution of the biogenetic substances egg and sperm constitute the child as a hybrid of his or her biological mother and father. The facts about how a person came to be are held to inhere in biology and have enormous significance in and of themselves. Knowledge of these facts is generally believed to be extremely relevant no matter what the circumstances of a child's social parenthood.

Since Mendelian understandings of genetic inheritance became dominant in the early twentieth century, genes have (to some extent) replaced blood as the most influential Western idiom of inherited substance (Strathern 1992b). Sometimes, genes continue to do similar work to the older idiom of blood ties. However, genes as inherited substances have also taken on a distinctively different character to blood. The contemporary biomedical quest to map the human genome reinforces the notion that biogenetic constitution is inherited identity *and* destiny. As Cussins notes (1998: 57), genes now serve as the 'definitive mark of individuality (the DNA fingerprint) which is passed down...from a mother's and father's individual contribution'. Diagnosing or determining the probability that a baby will be born with a genetic defect is now made possible through procedures such as ovum and sperm analysis, pre-implantation embryo diagnosis, gene therapy and amniocentesis. Biomedical science continues to propose and provide the public with evidence that genetic histories hold the key to predicting an individual's future health and well-being. With this, it becomes harder to

ignore that knowing as much as possible about a child's biogenetic constitution is a responsible decision made in the interests of that child's future health.

Finkler (2000) contends this hegemony of the gene is changing the way all Westerners think about connectedness because it is leading to the medicalisation or geneticisation of kinship. This sits uneasily with the equally strong contemporary notion that families are increasingly based on principles of choice or affinity. Finkler's argument is supported by preoccupations evident in a recently published story by a young adult conceived through anonymous donor insemination:

At the optician or general practitioner, I am asked about my family history, yet I know only half of it...in my more paranoid moments I ruminate over those rare familial conditions I might have inherited. Am I safe taking the pill? Should I have my cholesterol measured? Should I be screened for colonic polyps? (Anonymous 2002: 2)

As Franklin (2003) points out, the mapping of the human genome has equally shown that there are fewer genes than anticipated and that humans only have twice as many genes as fruit flies. Furthermore, 60% of human genetic sequences are said to be similar to those of worms. However, these less widely publicised scientific facts, which challenge the notion that genes determine human distinctiveness, do not seem as compelling in the face of the predictive power genes are purported to have for geneticists and non-experts alike.

Reflecting the power of this discourse on genetic inheritance, Saffron (1994) and Martin (1993) in their respective self-help resources for lesbian and gay male parents are at pains to discuss the potentially detrimental effects on lesbians' or gay men's children of anonymous semen or ovum transfer and outlining the alternatives to these practices:

Whether the desire to know one's genetic roots is socially induced or not, it is true that the desire is there in many children conceived by donor insemination...It may conflict with what the mother wants but for many, if not most children, there is a desire to know who their biological father is. (Saffron 1994: 21)

That biogenetic parenthood has relevance for a child's identity, no matter what the social circumstances of parenthood, is likely to be relevant no less in the gay and

lesbian communities than in the wider public arena of policy-making, media debate and legislation. This is consistent with, rather than a departure from, commonly expressed social fears about assisted reproduction and follows in the wake of considerable mainstream concern about the relationship between inherited biogenetic substance, identity and destiny.

Feminist discourse and choice

As Albury (1999) observes, the Women's Liberation Movement advanced and popularised the idea that women have a right to self-ownership and autonomy, and reproductive choice is central to such notions. In the final section of this chapter, I consider feminism as a crucial lens through which to consider the distinctiveness of a discourse of choice in lesbian rather than gay male planned parenthood.

The privacy, simplicity and woman-controlled practice of inseminating at home tends to be contrasted in Women's Liberation era publications with the interventionism of the more sophisticated reproductive technologies. For instance, Klein (1984) depicts self-insemination as a relatively straightforward procedure requiring only sperm, a syringe, and a woman's own knowledge of her peak periods of fertility. Resources advocating lesbian motherhood or teaching women how to inseminate projected an image of the woman as an autonomous agent in charge of her fertility with the right to choose children without the necessity of a husband or any man in her life. In the words of Hanscombe and Forster (1982: 92): 'AID [artificial insemination by donor] offers...the ultimate independence...a woman's right to choose for herself, and in deference to no man or woman, what she will do with her own fertility'.

Writings on lesbian motherhood produced at the tail end of the Women's Liberation era also make it clear that lesbian parenting can incorporate a self-conscious critique of the power inequities inevitably seen to characterise parental and gender relationships within heterosexual families. This is consistent with the rigorous critique of women's place in the Western nuclear family so central to activist and academic discourse within 1970s and early 1980s Women's Liberation era feminism. Socialist feminists protested against the exchange or 'traffic' in women represented by marriage (Rubin 1975) or the 'anti-social' confining of women to the domestic sphere

(Barrett & Macintosh 1982). Some radical lesbian feminists saw a call to reformulating the family in the new possibilities donor insemination pregnancies provided.

For instance, Hanscombe and Forster (1982) propose lesbian motherhood challenges the patriarchal fabric of Western culture. In advocating lesbians and single heterosexual women utilise Artificial Insemination by Donor (AID) (as it was called within medical circles pre-HIV/AIDS), these authors considered the nuclear family comprising mum, dad and the kids as pivotal in the maintenance of the ‘patriarchal order’ which is described as the ‘social assurance of a wife’s fidelity, a father’s paternity and a child’s legitimate right to inherit’ (p.160). Lesbian motherhood, in their formulation, is clearly understood as an important political act because it has the potential—consciously or unconsciously—to challenge and unsettle the dominance of the patriarchal family.

Given the overt politicisation of lesbians’ reproductive choice in women’s health publications and Women’s Liberation era biographies of lesbian motherhood, it is intriguing that little sociological or anthropological attention to date has been paid to how feminist politics and values influence notions of choice in lesbian planned parenthood. Hayden (1995) and more recently Agigian (2004) are notable exceptions. Weston (1991) and Weeks, Heaphy and Donovan (2001), in electing to view family practice through the lens of sexuality rather than gender, only hint at what could be underpinnings of choice given impetus by feminist rather than sexuality politics. Even writers such as Stein (1997), who focus on lesbian rather than gay male social history, view the proliferation of donor insemination pregnancies among lesbians as consistent with a retreat from lesbian feminist politics and values. The influence of feminist discourses of reproductive choice on the rise, popularisation and contemporary practice of lesbian planned parenthood is of particular interest in this study.

Conclusion

As Weston noted in *Families We Choose*, to emphasise the distinctiveness of choice in lesbian and gay kinship raises the prospect of divorcing human agency from its historical context. Hence the importance in her work of tracing the influence of the

coming out discourse on the lived experience of family in lesbian and gay men's lives. However, there is a need to tread warily when declaring choice to be a key feature of lesbian and gay kinship, particularly in the case of parenthood, without looking in more detail at precisely how choice as discourse or practice is mobilised. This is what Schneider's engagement with the question of distinctiveness in lesbian and gay kinship suggests, in the opening paragraphs of this discussion. To assume choice based on sexuality from the outset is perhaps to obscure considerable similarities of sentiment and concern that may exist between the lesbian, the gay and the heterosexual experience of assisted reproduction or parenthood. This is not to claim that lesbians and gay men are 'just the same' as heterosexuals, nor to argue, as Schneider seems to, that the influence of dominant cultural practice is singular, predictable and inescapable. Rather, it is to suggest that some dominant cultural meanings of love, family, inherited substance and reproductive choice will continue to be in play among lesbians and gay men and, to some extent, influence how lesbians and gay men understand themselves in respect of parenthood.

In the case of choices pertaining to parenthood, several questions are begged. For instance, is choice being distinguished from chance and defined as reproductive intent? Or are notions of choice that invoke women as the controllers and owners of their bodies and pregnancies in play? Similarly when parents draw on biology as a resource crucial to reproductive or parental decision-making, are questions of maternal instinct, health, identity or familial unity at stake for themselves or their children? Perhaps the most important and to date less explored question remains: how do love and friendship inform choice in lesbian and gay kinship when it comes to parenthood? The conceptual terrain marked out in this chapter invites a closer look at how sexuality, gender, kinship and political considerations intersect in the stories of parental choice told by Australian lesbians and gay men.

Beyond the notions of choice explored above, legislation, policy and local political controversies surrounding assisted reproduction have bearing on the conceptualisation, constraint and enactment of lesbians and gay men's reproductive decision-making. In the next chapter, I consider how Australian law, policy and social mores form a distinctive and meaningful context in which parental decision-making occurs.

Chapter Two

The Australian context

From June to August 2000, Australia was in the thrall of a media controversy about access to assisted reproduction for lesbians and single heterosexual women. The public debate commenced in earnest after Melbourne gynaecologist, Dr John McBain, won a court case against the State of Victoria.⁷ Dr McBain took legal action on behalf of his client, Leesa Meldrum, a single heterosexual woman prevented because of her relationship status from eligibility for clinical donor insemination or IVF in her home state. In what became a highly controversial legal ruling, Justice Sundberg of the Federal Court found that the Victorian legislation, the *Infertility Treatment Act 1995* (Vic), contravened the federal *Sex Discrimination Act 1984* (Cth), in denying some women access to assisted reproduction on the grounds of their relationship status.

This ruling may have faded into public obscurity, as had a similar decision brought down in South Australia several years earlier⁸, were it not for the timely intervention of the Australian Prime Minister, John Howard. The day after the McBain decision became public, Howard declared his intention to repeal the relevant sections of the *Sex Discrimination Act 1984* (Cth) in order to give those Australian states limiting assisted reproduction to heterosexual couples the legal right to discriminate. He was quoted in bold print on the front page of every major newspaper in the country: ‘This issue involves overwhelmingly the right of children to have the reasonable expectation of the affection and care of both a mother and a father’. Melbourne’s daily tabloid newspaper, the *Herald Sun* published a poll claiming that 90% of the readership supported the Prime Minister (Taylor & Probyn 2000).

⁷ *McBain v the State of Victoria & Ors* (2000) 99 FCR 116.

⁸ *Pearce v South Australian Health Commission and Others* (1996), South Australian Supreme Court SASR 486.

In this chapter, I outline relevant aspects of Australian legislation, policy and political activity pertaining to lesbian and gay parenting and assisted reproduction and—where possible—the principles or assumptions about family and kinship on which these rest. The McBain decision and the prolonged debate it incited demonstrated Australian lesbians and gay men have children at a time and in a place where their pursuit of parenthood remains highly controversial, and is neither endorsed nor repressed wholeheartedly. The Australian legal system is idiosyncratic. It allows federal initiatives aimed at ensuring only heterosexual nuclear families are facilitated by the state to occur simultaneously with gains in lesbian and gay parental rights in state and territory legislative and policy jurisdictions.

The aim here is to sketch recent developments in law, policy, activism and public debate, insofar as these limit some and facilitate other forms of parental and reproductive relationships. Establishing Australian political, legislative and policy parameters in which to contextualise local biographies of parenthood is important. It cannot be assumed that seemingly similar Western cultural contexts, such as those to found in Australia, the UK and the US, produce identical debates, legislative solutions or personal challenges for those seeking parenthood. This point is amply illustrated in a recent issue of the journal *Sexualities*, in which the diverse European and US legislative and policy contexts for assisted reproduction are shown to generate a range of different constraints and opportunities for lesbian and gay parents (see Donovan & Wilson 2005; Ryan-Flood 2005). More theoretical and empirically grounded detail pertaining to the themes and issues introduced in this chapter will be provided in subsequent chapters through the stories of prospective and current parents.

The chapter is divided into two parts. In the first section, an overview and some background is given to relevant Australian laws and policies pertaining to assisted reproduction, and lesbian and gay parenting relationships. As part of this discussion, I consider briefly three main themes in recent Australian media and policy debate—children's right to a father, social and medical infertility, and children's right-to-know their biological origins—on the grounds that these illuminate some dominant ideas about kinship and family formation in contemporary Australia. Second, I discuss recent claims and successes in Australian lesbian and gay activism pertaining to relationship recognition, eligibility for assisted reproduction and parenting law reform.

Here attention turns to what the direction of activism suggests about dominant tendencies within lesbian and gay parenting relationships.

Assisted reproduction and parenting laws in Australia

Australia is a world leader in the development of assisted reproductive technology and home to the world's fifth IVF baby, Candice Reed, born in Melbourne in 1980. Candice Reed's birth state—Victoria—was the first jurisdiction in the world to develop comprehensive legislation pertaining to the use and development of ART (Waller 2000). In 1984, the Parliament of Victoria enacted the *Infertility (Medical Procedures) Act 1984*, based on the findings of a committee convened to investigate the social, legal and ethical consequences of reproductive technologies (see Government of Victoria 1983). This committee became known world-wide as the Waller Committee. The legislation informed by the Waller Committee's deliberations regulated the emergent technologies IVF and embryo experimentation, in addition to the already well-established practice of donor insemination. Donor insemination had, at that time, already been practised in Australia for at least 30 years as a means of circumventing male infertility in married couples (Kovacs 2003). Daniels et al. (2000) contend donor insemination managed to escape centralised regulation for a long time because unlike more technologically sophisticated procedures 'it masqueraded as conventional conception' (p. 40) and was considered a private matter between couples and their doctors.

Although Australia is a federation comprised of six states and two territories, the Commonwealth Government does not have the power to pass legislation on assisted reproduction. As Szoke (2001) notes, this is because assisted reproduction is considered a health service and the Australian Constitution deems the states responsible for many aspects of the delivery and regulation of health services. Only three—Victoria, South Australia and Western Australia—have legislation. New South Wales, Queensland, Tasmania, the Australian Capital Territory and the Northern Territory rely on ethical guidelines established by the Fertility Society of Australia, hereafter FSA, and the National Health and Medical Research Council, hereafter NHMRC, (Fertility Society of Australia [FSA] 2002; National Health & Medical Research Council [NHMRC] 1996). While clinicians are encouraged to use these

guidelines, they do not have the force of law (Victorian Law Reform Commission [VLRC] 2004).

All Australian legislation and policy has in common at least two broad principles. First, in all regulations and legislation, the best interests of children are deemed either paramount or important in the guiding principles (VLRC 2004). Clinicians, legislators and the judiciary are bound to consider the interests of children born from procedures such as IVF, donor insemination or surrogacy rather than the interests of the adults who use the technologies. Second, all legislation and clinical guidelines prohibit the explicit application of a market economy to the transfer of body substances or any kind of assisted reproduction. Although the principles on which this prohibition rests are not articulated in legislation or policy, they are consistent with what Rose (2001: 15) calls the classical distinction in Western moral philosophy between ‘that which is not human—ownable, tradeable, commodifiable—and that which is human—not legitimate material for such commodification’. While some payment for out-of-pocket expenses is allowed to gamete donors to clinics, paying a man for his sperm or a woman for her ova or to gestate a child is illegal. Here, Australia follows the UK legislative model rather than that of the US, where a market economy is more explicitly applied to assisted reproduction (see Blank 1990; Adamson 2001; Seymour & Magri 2004).

Eligibility for ART in Australia

Legislative and policy regimes in the different states and territories diverge with regard to how inclusive they are of lesbians as recipients of IVF and donor insemination. The various regulatory frameworks rest on a continuum from permissive to restrictive. There is relative ease of access to clinical services, including donor insemination, for lesbians in New South Wales, Western Australia, Tasmania and the Australian Capital Territory. Access is more restricted in South Australia, Queensland and the Northern Territory. The most restrictive legislative regime of all is found in Victoria, the state where fieldwork for this study was conducted.

New South Wales—home of the Sydney Gay and Lesbian Mardi Gras and Australia’s largest LGBT population—is, historically, the most liberal jurisdiction with regard to

clinical eligibility criteria for donor insemination. Lesbians and unpartnered heterosexual women have been an acceptable client group to some Sydney-based and regional New South Wales clinics since at least the mid-1980s (see Borthwick & Bloch 1993). At least on paper, most Sydney-based clinics do not discriminate between heterosexual women whose male partners are infertile and women who do not have a heterosexual relationship. For instance, one clinic describes donor insemination as ‘a service available to fertile women who wish to conceive a child but are unable to do so because their male partner is infertile or because they do not have a male partner’ (King George V Memorial Hospital for Mothers and Babies 1999). Lesbians from other states (notably Victoria) are known to travel to Sydney and a clinic in the regional New South Wales town of Albury (just over the Victorian border) in order to obtain donor insemination, due to more restrictive legislation or policies in their own states (McBain 2000; McNair et al. 2002).

Despite the lack of legislative constraints, some New South Wales based clinicians have made their disapproval of lesbian motherhood clear over the years. One woman describes her experiences of requesting donor insemination from a reproductive medicine clinician in a large regional town in New South Wales in the early 1990s:

He told me about the program and then pointed out the pre-requisites for being accepted...From all the points, one and only one kept going through my mind. ‘Your partner is unable to get you pregnant’. I told him that I would qualify in that regard and that my girlfriend and I were not successful. ‘Try as we might, she is not getting me pregnant,’ I said half-jokingly. He was totally unimpressed and hastened a quick finale to the long-awaited appointment. ‘Morally, I cannot allow this!’ he said. (Kuijpers & Vlotman 1995: 50)

More contemporary sources report that some clinics do not openly embrace the prospect of lesbian clients and operate on a ‘don’t ask, don’t tell’ attitude to lesbian sexuality (see Millbank 2003b).

In Victoria, in the late 1970s and early 1980s, there was a very small window of opportunity for Victorian lesbians to obtain clinical donor insemination. A report in Australian magazine *Gay Community News* (GCN), stated that the Melbourne Family Medical Centre—located in the (now demolished) Queen Victoria Hospital—was

considering and would most likely grant access to donor insemination to four lesbians who had requested it (GCN 1980). Another source indicates both the Queen Victoria and Royal Women's Hospital in Melbourne allowed several lesbians to have inseminations from 1980 onwards on the proviso they be assessed by a psychologist, although, according to one source, the Royal Women's Hospital changed its policies to exclude lesbians in late 1981 (*Gay Information* 1982). The *Infertility (Medical Procedures) Act 1984* (Vic) restricted ART clinical services to married couples only.

The *Infertility Treatment Act 1995* (Vic) superseded the 1984 legislation and extended its restrictive eligibility criteria. The wording and guiding principles of the *Infertility Treatment Act* presume users of assisted reproduction are infertile heterosexual couples requiring medical intervention or donor sperm in order to conceive. The best interests of the child are of paramount consideration and the most important of the principles guiding the Act. The implication is also that being born to a heterosexual couple is in the child's best interests (VLRC 2004). Donor insemination, along with the more medically complex procedures *in-vitro* fertilisation (IVF), gamete intra-fallopian transfer (GIFT), and intra-cytoplasmic sperm injection (ICSI), are defined in the Act as *treatment procedures* that can be implemented only by approved doctors at licensed premises. Only married couples were eligible to receive *treatment procedures* until a December 1997 amendment extended eligibility to heterosexual couples in *de facto* relationships. The law was changed after several discrimination complaints were brought before the Victorian Human Rights and Equal Opportunity Tribunal (McBain 2000).

As far as lesbians are concerned, one of the most controversial features of the *Infertility Treatment Act 1995* (Vic) is that it potentially criminalises performing inseminations beyond registered reproductive medicine clinics. At Section 7, the Act is prescriptive about eligibility to give as well as receive *treatment procedures*, which means inseminations can only be provided by a 'registered fertility specialist'. Inseminators other than registered fertility specialists could incur a legal penalty of up to four years imprisonment or a fine of up to AUD\$60,000. No one has ever been prosecuted or convicted for this misdemeanour. Anecdotally, it is believed an unintentional outcome of regulation and an unenforceable law. However, a legal opinion obtained by the Victorian statutory body, the Infertility Treatment Authority

(hereafter ITA) states that although it is lawful for a woman to inseminate herself, someone assisting with an insemination—such as a woman’s same-sex partner or regular GP—would be in breach of the law as it stands and potentially subject to prosecution (see VLRC 2004).

The July 2000 Federal Court ruling in the case of *McBain v Victoria* made redundant the heterosexual relationship status requirement in the *Infertility Treatment Act 1995* (Vic) on the grounds that it contravened the federal *Sex Discrimination Act 1984* (Cth). Since that time, lesbians and single heterosexual women in Victoria assessed as ‘clinically infertile’ have been eligible to obtain IVF, however, women with no medically discernible reproductive disorders remain ineligible for donor insemination (ITA 2000). Lesbians and single heterosexual women considered medically fertile who want to get pregnant must either utilise self-insemination with sperm obtained from men through negotiations beyond the clinical setting, or travel interstate to use clinical donor insemination. Research by McNair et al. (2002) found that more lesbians favoured self-insemination in preference to interstate travel to a sperm bank.

At the time of writing (July 2005) a number of Victorian laws governing children’s parentage and assisted reproduction are under review. In 2002, the Victorian State Government referred assisted reproduction, adoption and some related legislation (including aspects of surrogacy legislation) to the Victorian Law Reform Commission (see VLRC 2004), a statutory body with the authority to make recommendations to the Government for law reform on the basis of legal research and community consultations. Eligibility criteria could well change as a result of this.

Controversy in the wake in *McBain v Victoria*

Few subjects have caused more public debate in Australia in recent years than the prospect of extending to lesbians or single heterosexual women clinically assisted reproductive technologies such as donor insemination and IVF. The *McBain v Victoria* decision drew unprecedented public attention to lesbian parenthood despite the fact that the woman on whose behalf the case was fought, Leesa Meldrum, identifies as heterosexual. The Prime Minister certainly helped. The leader of the most socially conservative of the two major Australian political parties, the Liberal Party,

John Howard is known for his strong beliefs in what are often called traditional family values. Soon after the McBain decision became public he endeavoured to undermine it in two ways.

First was the aforementioned attempt to repeal the relevant sections of the *Sex Discrimination Act 1984* (Cth). The amended legislation passed through the Government-controlled lower house of Parliament, the House of Representatives, but was blocked by the upper house Senate after a bi-partisan committee convened to assess the amended bill found that it would contravene the Convention on the Elimination of All forms of Discrimination against Women and other human rights treaties to which Australia is signatory.⁹ Second, the Catholic Church was given special leave by the federal Attorney-General (at Howard's behest) to challenge the McBain decision in the Australian High Court. In April 2002, this High Court challenge failed also after it was dismissed on a legal technicality (see Rabsch 2002).¹⁰

The Prime Minister's conviction that children have a right to a social father as well as a mother is echoed in debates about lesbian motherhood in the US and UK (e.g. see Stacey 2004; Donovan 2000). Evidently, many Australian newspaper columnists and concerned members of the public support the Prime Minister's views. A vast array of feature articles and opinion pieces on the importance of contemporary father/child relationships appeared in Melbourne newspapers *The Age* and the *Herald-Sun*, and national broadsheet *The Australian*, for several weeks after the McBain decision was reported. Some commentators proposed the lack of a social father inevitably harms children's development, making them more susceptible to delinquency and emotional problems (see Arndt 2000; Stapleton 2000). Others were more concerned with accentuating the specific care-giving benefits to children of live-in fathers. 'Active' fathering—resident, attentive and responsible caring at each stage of a growing child's life—garnered considerable attention at this time (e.g. Gray 2000; Baskett 2000; Grose 2000). The attention given to active fathering in this debate revealed fears

⁹ The results of the inquiry are published in Senate Legal and Constitutional Legislative Committee, *Inquiry into the provisions of the Sex Discrimination Amendment Bill (No 1) 2000*, SPU, Canberra.

¹⁰ The judgment is documented in (2002) 188 Australian Law Reports 1.

among some heterosexual men about losing valued relationships with children, at a time when over 40% of Australian marriages end in divorce and most divorced men become non-custodial parents (see de Vaus 2004). To take a more generous view, it also reflected the extent to which ideals—if not practices—of contemporary Australian heterosexual parenthood are egalitarian, and constitute fathers as more like mothers (see Lupton & Barclay 1997).

The political will to undermine *McBain v Victoria* displayed by the Prime Minister was remarkable and attests to the strength of his ethical commitment to the idea that children should begin life where possible in a heterosexual nuclear family. However, such *will* has to date been unsupported by equivalent *might* and the Commonwealth Government has proved limited in its power to reverse Sex Discrimination legislation, which is predicated on legally and ethically influential understandings of women's and human rights. Commonwealth Government initiatives are also undermined by the fact that many states are, of their own volition, moving towards legal recognition of same-sex relationships, including parenting relationships, and extended eligibility criteria for assisted reproduction.

Social and medical infertility

In addition to the high levels of public concern expressed about children being raised in fatherless families, a heated and complex policy debate at the Victorian state level ensued in the wake of *McBain v Victoria*. The policy debate—revolving around a distinction between *social* and *medical or clinical* infertility—emphasised the extent to which vaginal intercourse is still considered the natural basis for conception and parenthood, despite the extent of contemporary medical intervention into conception.

Franklin (1993) observes that conceptive technologies such as donor insemination and IVF have the profound potential to unsettle the perceived naturalness of heterosexuality because they demonstrate reproductive activity can be successfully separated from heterosexual activity. Paradoxically, Franklin contends, the interventions often have the opposite effect. They provide instead a good opportunity for the re-invention of a natural basis for heterosexuality in family formation, instead of broadening public perceptions about what are or could be other valid relational

foundations for parenthood. According to Franklin, imposing a certain cultural construction of the natural and then relying upon this to justify discrimination against what is perceived as unnatural has been a key feature of how the assisted reproductive technologies have been received in practice:

The technologies have created the basis for a new moralism, linked to new forms of essentialism which deserve our attention precisely because they deploy very familiar prescriptions under increasingly unfamiliar guises. (1993: 29)

The social/medical infertility trajectory of this debate provides a very contemporary Australian illustration of her point.

In *McBain v Victoria*, Justice Sundberg of the Federal Court found that fertility treatment conformed unambiguously with the definition of services in the *Sex Discrimination Act 1984* (Cth) (del Villar 2000). Section 22 of the Act forbids discrimination in the provision of goods and services on the grounds of sex or marital status.¹¹ After the decision was handed down, the ITA immediately sought legal advice to ascertain its policy implications. At this juncture, (then) federal Minister for Health, Michael Wooldridge, intervened with a distinction between two categories of women seeking reproductive services: the *socially* and the *medically* infertile.

Wooldridge claimed there was an important difference between women who ‘lacked a male partner’ and those wanting access to ‘medically required services’ (Whelan 2000: 4). The former group were deemed ineligible for assisted reproduction because ‘there is a simple alternative, which is intercourse’. The Minister referred to the federal *Medicare Act 1984*, in its requirement that services provided from the public purse be ‘clinically relevant’ (Whelan 2000: 4). He threatened to prosecute doctors who provided subsidised reproductive services to single women and lesbians with no physical reproductive disorders. The next day, Wooldridge was quoted as saying assisted reproduction for lesbians was analogous to cosmetic surgery undertaken to enhance one’s physical appearance (Koutsoukis, Hawthorne & Gosch 2000).

¹¹ The Australian Constitution deems that where there is inconsistency between federal and state laws, the Commonwealth legislation applies.

The legal opinion received by the ITA from Gavan Griffith, Queen's Counsel, reinstated the infertility requirement. This was in keeping with the logic, if not the pejorative tone, of Wooldridge's comments. Chief Executive Officer, Helen Szoke, in announcing the regulatory body's decision emphasised two points made by Griffith: first, *McBain v Victoria* clearly waived the marriage requirement insofar as this contravened the *Sex Discrimination Act 1984* (Cth); second, that it was:

...made within the context of the over-riding features of the *Infertility Treatment Act 1995* and, of particular interest to the Authority, made in the context that there is a requirement for what is now colloquially known as 'clinical infertility'. (Szoke 2000: 1)

Griffith maintained that despite the waiver of the heterosexual relationship requirement, there was still a requirement for infertility. He based this on certain comments made by Justice Sundberg in the *McBain v Victoria* judgment, read in conjunction with Section 8 (3)(a) of the *Infertility Treatment Act*. Justice Sundberg stated:

What has to be characterised is the provision of medical treatment that is designed to overcome any trait that precludes fertilisation occurring in the conventional manner. Fertility treatments dissect biological processes and focus on overcoming any one of a series of problems that may arise before, during or after intercourse, and which preclude fertilisation. (Sundberg quoted in Szoke 2000: 2)

Section 8 (3)(a) of the *Infertility Treatment Act 1995* (Vic) states: 'Before a woman undergoes a treatment procedure:

a doctor must be satisfied on reasonable grounds from an examination or from treatment he or she has carried out that the woman is unlikely to become pregnant from an oocyte produced by her and sperm produced by her husband, other than by a treatment procedure.

The negation of the requirement 'sperm produced by her husband' was a clear consequence of the Sundberg ruling (Skene 2000). However, Griffith maintained that 'an oocyte produced by her' would retain its relevance for women seeking IVF or clinical donor insemination.

The Victorian lesbian activist group, Fertility Access Rights Lobby (hereafter FAR), quickly mobilised and obtained an alternative legal opinion from Peter Hanks, Queen's Counsel.¹² Hanks asserted Griffith's advice reinstated direct discrimination on the basis of relationship status, precisely the kind of discrimination the judgment sought to remedy. This is because it allowed for a situation where a married woman with no physical reproductive disorders was eligible for donor insemination if her husband was infertile whereas a single heterosexual or lesbian woman was excluded. Or, to make use of the distinctions introduced into the debate by Wooldridge, there was no suggestion in Justice Sundberg's judgment that partnered heterosexual women with no physical reproductive disorders should have to find a fertile man to have sex with, rather than receive donor insemination or IVF. This alternative legal opinion failed to convince the ITA and, at the time of writing, remains the status quo.¹³

Arguably, value judgements designating a clinical requirement based on the couple for one group of women but not another do not appear discriminatory because they are based on an underlying assumption that vaginal intercourse is an unchanging natural process with reference to which families are created. The two person process—intercourse—is perceived as natural, and when that process fails to lead to conception and birth medical intervention is justified as treatment. In other words, the biomedical model of infertility is predicated on a naturalisation supporting the maintenance of nuclear families; the idea that there are *natural causes* of infertility that deserve treatment. The problem with this reasoning, as Franklin (1993) argues, is that it construes as 'unnatural' those who do not have intercourse. Furthermore, 'unnatural' becomes equated with 'immoral'. Hence the slur of consumerism invoked—by Wooldridge and a number of other contributors to the debate—in respect of lesbian and single heterosexual women with no reproductive disorders wanting to avail themselves of donor insemination.

¹² See Walker 2000a for a detailed discussion of the opinion.

¹³ Hanks also pointed out that the terminology introduced by Griffith 'clinical infertility' does not appear anywhere in the *Infertility Treatment Act 1995 (Vic)*. It seems important to add here that there is no definition of infertility supplied in the *Infertility Treatment Act 1995 (Vic)*, despite the otherwise comprehensive list of definitions. It is medical convention not law that has, to date, determined what infertility means.

Identity registration of donors

A third concern for many contributors to the public debate post *McBain v Victoria* was children's purported right-to-know their biological origins. Some evoked an immediate parallel between children born of donor insemination and children adopted at birth. The problematic link perceived between the two practices was that both potentially allow for a situation where children can grow up without knowledge of one or both of their biological parents. Many contributors pursuing these kinds of preoccupations were not defending the conventional nuclear family and were often at pains to distinguish their arguments from the perceived prejudices of the 'children need fathers' supporters. Their musings were about the status of the biological connections, viewed as fundamental or inevitable, into which each child is born.

For instance, Jerums (2000) tells the story of an adult adoptee's search for and encounter with his biological father. The author saw the truth of this man's status as his father's son as an embodied truth; it was believed manifest in aspects of his personality and aptitudes, his likes and dislikes, and the way he looked and spoke:

All the signs are there. They look alike. Think and talk alike. Stand the same way—legs apart, toes pointing outwards. Each is good with his hands and both hate the taste of cucumber. Sure enough, Mark Granland is his father's son. It's uncanny, considering the two met for the first time in 1997. (Jerums 2000: 10)

This perceived evidence of shared biological substance is what, to Jerums, fundamentally makes Mark his father's son despite the 40 year absence of a social relationship. The physical traits Mark was observed to share with his biological father are lifelong and permanent markers of belonging.

Playwright, Joanna Murray-Smith (2000), in an article expressing her reservations about anonymous semen donation, evoked genealogy. Children conceived from donor sperm, in Murray-Smith's view, are inevitably connected to past lives and experiences through blood ties. Such connections are thought to provide the meaningful context in which their own lives will unfold; they constitute a story about the past. The inference here is that with only part of the biological story, the child's cultural or historical story remains partial as well:

Biological fathers are permanent, even if they are absent—because blood is...The creepiest aspect of the long, complicated *in-vitro* story, further complicated by the debate over gay parenting, is that a child can be born knowing only half its biological story, and, therefore, half of its emotional and cultural history...the first step toward self-knowledge. (p. 15)

Murray-Smith is expressing here in commonsense terms what is also a Western psychological concept—*genealogical bewilderment*. This was coined by Wellisch during the 1950s in the context of adoption (Marshall & Macdonald 2001) and remains influential. Genealogical bewilderment reappeared in the work of H.J. Sants in 1964 with regard to children born of donor insemination (in keeping with the times, Sants uses the term ‘artificial’ insemination). Sants believed that a genealogically bewildered child could be found in any family where one of the biological parents was unknown.

Although many contributors to the media debate were unaware of this, assisted reproduction legislation in Victoria is now in accordance with the children’s right-to-know principle. The State of Victoria is one of the few jurisdictions in the world where so-called identity-release provisions for gamete donors are mandatory, the others being Sweden, Western Australia and New Zealand (see Hargreaves 2001; Daniels 1998). Since the *Infertility Treatment Act (Vic) 1995* was proclaimed in January 1998, donors of semen or ova to Victorian reproductive medicine clinics have been obliged to enter their name, address, health and other personal information about themselves into a central register kept by the ITA (ITA 2002). Although parents are not mandated to disclose to their children they are donor conceived, information about the donor is available on request to any child born of the procedures once they reach the age of 18. There is also a voluntary register, which allows pre-1998 donors and people born of donated gametes to make their contact details available to each other. New South Wales, at the time of writing, has a bill before Parliament that if passed would enact legislation in line with the Victorian and Western Australian systems of identity registration. In Tasmania, although there is no legislation, some clinics are known to make provisions for the recording of the donor’s identity. In other Australian states and territories, clinics have the discretion to collect, keep and release information about gamete donors as they see fit.

Gay men and ART eligibility issues

Gay men were barely mentioned in the post-McBain public debate, apart from when they were discussed in first person accounts of their families by lesbian mothers (e.g. Wynhausen 2000; Bligh 2000). However, they are known in Australia to become biological or social fathers in a number of ways; as anonymous semen donors to clinics, as known semen providers with varying degrees of social contact with children and as parents in their own right charged with the responsibility for raising children as resident or semi-resident parents. These various possibilities are currently constrained in a number of ways by Australian legislation and policy.

Semen donation to clinics

There are no Australian laws or policies prohibiting men from providing sperm to friends or acquaintances non-sexually in situations where clinics or doctors are not involved in the semen transfer. However, reproductive medicine clinics in all Australian states and territories have eligibility criteria for gamete donors regulated by health law and policy. These conform to the prevailing harm minimisation framework guiding the transfer of body substances in Australian clinical settings (see FSA 2002). Criteria guiding harm minimisation policies are based on probability of risk for certain genetic abnormalities, and communicable diseases such as HIV/AIDS and Hepatitis C. In keeping with contemporary Western biomedical practice more broadly, as articulated by Rose (2001: 7), risk here: ‘denotes a family of ways of thinking and acting about probable futures in the present followed by interventions into the present in order to control their potential future’. Strategies are in place that attempt to identify, treat or manage those individuals deemed threatening to the health of the population. The law and policy in Victoria is outlined below, but it is similarly complex in all states and territories.

In Victoria, the amended *Health Act 1958* requires all people donating blood, semen or ova to clinics to complete a Tissue/Semen Donation Statement, which contains a list of questions pertaining to Hepatitis C and HIV. A number of questions on the statement ask about male-to-male sexual activity, sex with a sex worker, injecting drug use, blood transfusion, haemophilia and other possible contact with a person who

is HIV positive. If a prospective semen donor answers 'yes' to any of the questions, he is not automatically excluded from donating sperm, but will be asked further questions to determine the likelihood he could be infected with blood borne viruses (VLRC 2004). Additional guidelines for assessing the suitability of donors of semen are provided in an attachment to the FSA Code of Practice (2002). These guidelines are based on a 'lifestyle declaration' that specifies there are people who 'must not' donate because 'their lifestyle may give rise to conditions that would be detrimental to children born of their sperm/eggs or result in infections in the patients who receive them' (FSA 2002 Attachment H: 34). Types of people specified include prostitutes and their clients, injecting drug users and sexual partners of these people. The FSA guidelines also recommend rejection as a donor of a person who has had male-to-male sexual activity in the past year, had sex with a sex worker or undergone blood transfusion.

At the time of writing, different rules apply for sexually active gay men in the case of what are known as *directed donations*, where the woman or couple have personally asked the man to be the semen provider, and wish to inseminate with his sperm at home.¹⁴ These kinds of negotiations, by virtue of being private, are not subject to regular clinical procedures and are not caught by equal opportunity or sex discrimination provisions in law (see Sisely 2005 on this latter point). One reproductive medicine clinic in Melbourne now allows storage and screening of sperm from known men who may or may not fit the regular clinical criteria for sperm donation. After a six month quarantine period for the semen, and blood testing of the semen provider to ensure (among other issues) he is not HIV positive, his semen can be taken home for the purposes of self-insemination.

Surrogacy

Surrogacy refers to an arrangement made with a woman whereby she agrees to become pregnant with the intention of giving the child to another person or couple to raise. The person or couple who initiate the agreement are often referred to as having

¹⁴ These rules have only been in operation in Victoria since August 2004 and did not apply when fieldwork for this study was conducted.

commissioned the pregnancy. In traditional surrogacy arrangements—also known in the UK as *partial* surrogacy (see Jadva et al. 2003)—the child is the biogenetic child of the surrogate, conceived with the sperm of one of the men in a gay male couple or the man in the commissioning heterosexual couple. Clinical intervention is not necessarily required to bring about pregnancy in a traditional surrogacy, and sex or self-insemination by the surrogate mother can facilitate conception. The other alternative is referred to as gestational or *full* surrogacy, made possible since the development of IVF technology, in which the birth mother is not genetically related to the child. This does require medical intervention, in that an ovum must be surgically extracted from a different woman—the egg donor—fertilised *in vitro* with sperm, then the embryo transferred by a medical specialist to the gestational mother’s uterus.

Legislation regulating surrogacy arrangements exists in five Australian jurisdictions: Victoria, South Australia, Tasmania, Queensland and the Australian Capital Territory. All relevant legislation explicitly prohibits commercial arrangements (Seymour & Magri 2004). The spirit of most legislation indicates acceptance of the fact that surrogacy occurs rather than endorsement of the practice *per se*. Although principles underlying legislation are not explicitly stated, all laws suggest the extent of Australian cultural mores about the inviolability of the biological mother/infant relationship. With the notable exception of the Australian Capital Territory, each piece of legislation makes it an offence to advertise in order to induce a person to become a surrogate, or to provide technical or professional services to facilitate a pregnancy known to be subject to a paid surrogacy contract. Furthermore, again except for the Australian Capital Territory, all acts deem surrogacy contracts to be void and unenforceable (Seymour & Magri 2004).

In Victoria, significant controversy ensued in the late 1980s when Linda Kirkman underwent IVF and embryo transfer procedures to bear a child for her sister Maggie Kirkman. The embryo was conceived from Maggie’s ovum and sperm provided by an anonymous donor (see Kirkman & Kirkman 1988) and constituted the first documented IVF surrogacy in the world (Szoke 2004). The arrangement between siblings produced Maggie’s (now teenage) daughter Alice and received publicity world-wide. It also alerted Victorian politicians and policy-makers to the fact that IVF technology could be used to facilitate surrogacy. Subsequently, legal sanctions were

enacted that strongly inhibit surrogacy arrangements in the state of Victoria (Szoke 2004). Although surrogacy in Victoria is not illegal per se, it is very difficult for a surrogacy arrangement to meet the requirements of Section 20 of the *Infertility Treatment Act 1995* (Vic) due to the comprehensive and restrictive eligibility criteria. In practice, this means that there has not been a gestational surrogacy in Victoria since Linda Kirkman's pregnancy in 1988 (VLRC 2004).

Contemporary Australian public opinion indicates ambivalence about surrogacy. A 1994 Morgan Gallop poll conducted in Australia found that 53% of Australians approved of altruistic surrogacy, in cases where no payment was made to the surrogate (Western Australian Select Committee of the Human Reproductive Technology Act 1999). Szoke (2004) found, in focus groups with UK-resident and Australia-resident heterosexual couples and singles, Australians tended to express less acceptance of surrogacy than their UK-resident counterparts. She attributes this in part to the fact that they have less exposure to the practice because of the more restrictive laws in Australia. Australian respondents in Szoke's study tended to be more concerned about the potential exploitation of the surrogate and the commissioning woman than any medical or scientific concerns about the practice.

In New South Wales, clinical practice indicates tolerance for, yet reservations about, gestational surrogacy. Each individual case must be assessed by the ethical committee of the reproductive medicine clinic concerned. For instance, Sydney IVF (2003) clinical guidelines state that gestational surrogacy will only be facilitated when 'some very special conditions are satisfied' (p.1). These guidelines also assume gestational surrogacy is a process to assist a woman with either a dysfunctional uterus or no uterus and specify she should have viable ova to be used in the IVF procedure that forms the embryo. Given that IVF is generally regarded in Australia as a last resort procedure in the circumvention of infertility (FSA 2002), it would be unusual for an Australian hospital ethics committee to justify use of a donor gamete IVF procedure in cases other than either the ovum provider's or the gestational mother's desire to parent and inability to conceive without medical intervention. The convenor of a Melbourne-based support group for gay male biological and social fathers reports knowledge of at least one altruistic gestational surrogacy being facilitated between a gay male couple and their female friend through a Sydney clinic; however, most of those few men in

contact with the group utilising surrogacy have done so through commercial agencies in the US.¹⁵ The prohibitive costs associated with travelling to the US and contracting a commercial surrogate make this beyond the reach of low-to-average income earners.

In sum, there is nothing in Australian legislation or policy to stop anyone wishing to organise traditional surrogacy outside of the clinical setting—including gay men—from trying to do so. They will, however, break the law in most jurisdictions if they offer payment or advertise for a surrogate mother. Furthermore, an Australian court would be very unlikely to endorse an agreed surrogacy arrangement if it went against the wishes of the birth mother. In terms of existing legislation and what can be deduced from the available patchwork of clinical guidelines, it appears a gay single man or couple would find it extremely difficult to have children through altruistic gestational surrogacy arrangements anywhere in Australia.

Legislation governing family relationships

In Australia, both state and federal laws regulate parent/child relationships. The *Family Law Act 1975* (Cth) does so at the federal level, and the various *Status of Children* acts do so at the state level. Contrary to popular belief, laws governing children's parentage at both tiers of government reveal biological relationships only sometimes automatically confer parental status, and this differs depending on the mode of conception and the sex of the parent. Speaking generally, laws have developed in order to protect the semblance and maintenance of the heterosexual nuclear family, although they do not exclude recognition of other significant relationships.

The *Family Law Act 1975* (Cth) takes the best interests of children as the 'paramount' consideration in settling disputes between parents, and enables legal recognition of a range of relationships other than biological that may prove significant to children's well-being. At Sections 64c and 65c, the Act states any person who is 'concerned with the care, welfare and development' of a child may apply to the court for a parenting

¹⁵ Personal communication with Lee Matthews, convenor of Victorian gay fathers' group, 7.7.05.

order. This may pertain to where the child lives, the circumstances of contact or any other matter relevant to parental responsibility. Furthermore, although the Family Court came into being and still mostly serves as a court of dispute, its mechanisms can be used to create legal relationships when the parties involved are not in dispute (Millbank 1998). Australian lesbian couples are known to seek and obtain parenting orders by consent so as to create legal relationships between children and non-birth mothers (Millbank 1998, 2003a). Gay men have also used the *Family Law Act* to create legal relationships between the biological father, his partner and the child, when the child has been born through a surrogacy arrangement.¹⁶

Australian Family Court judges have a far better record than their counterparts in the US, the UK or Canada in looking favourably on custody applications by lesbian and gay parents. Millbank (1998) contends that in Australian legal history there has never been a presumption against lesbians or gay men as parents based solely on parental sexuality where there has been dispute over child custody. The relative accessibility of Australian family law to parties other than biological parents also means there are no statutory barriers to lesbian or gay non-biological parents being party to a Family Court action. This is not to say the Family Court always displays unqualified support. Millbank (2003b) gives several examples of cases that went before the Australian Family Court between 1983 and 1995 where homosexuality was presumed harmful to children's welfare in ways more subtle than outright denial of custody. For instance, in a ruling in 1995, the judge stated a mother's lesbianism would be 'balanced' by the child having more contact than would usually be granted with the non-resident heterosexual father (p. 580) (see also Tauber & Moloney 2002).

Section 60H of the *Family Law Act 1975* regulates the parenthood of children born through 'artificial conception procedures' and it does so, to some extent, by incorporating state and territory laws regulating parenthood. This section of the legislation makes it possible for the male spouse or partner of a heterosexual woman being inseminated with a different man's sperm to be recognised as the social father of

¹⁶ See In the matter of Mark, unreported decision of Justice S. Brown, Family Court of Australia August 28 2003 (cited in VLRC 2004).

the child, where the male spouse or partner has consented to the procedure. The sperm donor is prevented from incurring any legal rights and responsibilities. The Australian Family Court has held that the phrase ‘artificial conception procedures’ includes inseminations occurring at home as well as those taking place in the clinical setting. It has also concluded that a semen donor is not recognised as a parent of a child under the *Family Law Act* for the purposes of financial support. In the oft-cited case *In the matter of B. and J. (Artificial Insemination) (1996)*, the judge found that a man who gave his semen to a lesbian couple privately rather than through a clinic was not a legal parent with regard to child support. The child’s lesbian co-parent was obliged instead to pay child support after separating from the birth mother.

Status of children or similar legislation exists in all Australian states and territories in order to clarify the parentage of children, including children born as a result of assisted reproductive procedures, with regard to various state laws (e.g. inheritance, accident compensation, kin status where medical treatment is required). With the exception of Victoria, these acts presume a child born to a woman through insemination rather than sex—whether or not the insemination occurred at a clinic—to be legally fatherless, even if the father’s name is on the child’s birth certificate, unless there is another man with whom the mother is living within a cohabiting sexual relationship (see Millbank 1998). In Victoria, the legislation states that the semen donor ‘has no rights and incurs no liabilities’ except in cases where he later marries the mother but does not state conclusively he is not the father.¹⁷

When it comes to *automatic* recognition of parenting relationships when children have been planned and conceived within same-sex relationships, or other unconventional intended parental configurations, federal and state law governing parent/child relationships is less accommodating. Any written or verbal agreements made between parties do not have the force of law. Same-sex couples are not permitted to marry and provisions in existing law for legal recognition of a biological and non-biological parent in a married couple do not apply. Same-sex relationships are not recognised for the purposes of most federal law, including the *Family Law Act 1975*. In Victoria,

¹⁷ See *Status of Children Act 1974* (Vic) at Section 10f.

New South Wales, South Australia, Queensland and the Northern Territory, lesbian and gay male couples are not recognised as equivalent to heterosexual de facto couples for the purposes of state parentage or adoption laws.

The consequence of the above is that giving birth is the only relationship that automatically confers legal parenthood throughout Australia, when the people wanting to be parents are not married or in de facto heterosexual relationships. This highlights the legal asymmetry of men and women as parents in Australian law and has different implications for lesbian as opposed to gay male couples seeking parental recognition. For instance, in situations where a lesbian birth mother conceives through donor insemination and intends to raise the child jointly with her partner, the birth mother will be the only automatic legal parent, even in those cases beginning to be documented where the non-birth mother has provided the ovum.¹⁸ For gay men intending to have parental responsibilities to children, the non-sexual mode of conception means that in most states, the biological father is presumed not to be a legal parent and in Victoria, he would 'have no rights and incur no liabilities' in respect of the child.¹⁹ Legal relationships need to be created through wills and/or family court orders after children are born (see Millbank 2003b; VLRC 2004).

Adoption

The last area of law to be discussed in this chapter is adoption. In Australia, there are currently very limited opportunities for people in same-sex relationships to become parents through adoption. It is not possible to adopt a partner's child without the biological parent relinquishing their legal rights, except in Tasmania and Western Australia. In other words, a child cannot legally have two mothers or two fathers through this means (VGLRL 2002). Australian gay or lesbian couples, again with the exception of Tasmanian and Western Australian residents, are not eligible to adopt unrelated children as a couple. Laws in other states and territories restrict local and

¹⁸ In 2003 there were at least three cases in Victoria in which lesbians were attempting pregnancy through IVF procedures utilising embryos formed from their partner's ovum and donor sperm. (Personal communication with Marilyn Mannerheim, Counsellor, Melbourne IVF).

¹⁹ The child would have inheritance rights if the biological father is named as the father on the child's birth certificate in Victoria unlike in most other Australian states (VGLRL 2002).

inter-country adoption eligibility to heterosexual couples, and in some unusual instances, single men or women.

Changing adoption laws would not necessarily facilitate parenthood for same-sex couples wanting to adopt Australian children who are unrelated biologically to either partner. Relatively few Australian children are placed for adoption by their birth parents. According to Australian Institute for Health and Welfare (AIHW) figures, nearly 10,000 Australian children were adopted in 1971-2 and this figure had fallen to 561 in 2001-2 (AIHW 2002). Marshall and McDonald (2001) attribute this in part to the broader Western phenomenon of decreasing stigma associated with single motherhood, but also other Australian socio-economic factors. Since Commonwealth legislation first introduced a Supporting Mother's Benefit (now Sole Parent Pension) in 1973 and clinical abortions for reluctantly pregnant women became more accessible, the number of newborn children placed for adoption outside of their families of origin has decreased steadily in Australia. The phenomenon known as the 'Stolen Generation', whereby thousands of indigenous Australian children were removed by the authorities from their families-of-origin in the post-World War Two era and placed with white families, has done much to stigmatise adoption in this country. Further to this, current policy and practice among Australian social workers, in the wake of the influence of adoption rights activism, remains focused on encouraging single birth mothers, where possible, to raise their children (Marshall & McDonald 2001).

In summary, Australian lesbians and gay men are considerably reliant on informal networking and private rather than clinical insemination arrangements, given that infertility is the only eligibility criteria for ART in some Australian states. In the absence of adoption or surrogacy as an accessible means to parenthood, for many gay men, negotiating self-insemination arrangements with lesbians or single heterosexual women will be one of the few avenues to having children open to them. While Australian law provides a number of ways to create legal relationships with children once they are born, only birth mothers have automatic parental entitlements or obligations for the purposes of much Australian law. This leaves other parties to parental negotiations with no legal status or ambiguous legal status with regard to any children born.

In the second part of this chapter an overview of recent activism pertaining to assisted reproduction eligibility and the recognition of lesbian and gay family relationships and parenthood is provided.

Australian lesbian and gay activism

Lesbian and gay rights lobbies exist in most Australian states and territories, in order to agitate for changes to laws and policies perceived as detrimental or unfair to those living beyond heterosexuality. In recent years, these lobbies have influenced decision-making and legislative processes very effectively in a number of states and territories, including New South Wales, Victoria, Western Australia, Tasmania and the Australian Capital Territory. Male homosexuality was decriminalised in Victoria in 1981, and this is now the case throughout Australia. More recently, equal opportunity and relationship recognition law reform favouring lesbians and gay men has been facilitated at the state and territory level by the fact that all these jurisdictions have Labor Governments at the helm. The Australian Labor Party—at least, historically—has tended to support liberal social justice agendas more readily than their major competitor, the Liberal Party, currently in power only at the federal level of government.

For a number of years now, activism within the Australian lesbian and gay communities has proceeded in accordance with coalitionist rather than gender separatist principles. The conviction that lesbians and gay men should support each other and work together towards shared political goals such as ending sexuality based discrimination has been a positive and constructive response to the HIV/AIDS pandemic in Australia and, more recently, to rights activism which aims at legislative change in the interests of social justice. Although the tradition has not been without its problems, within Australia and abroad, given the greater centrality of feminist politics to lesbian activism (see *Gay Information* 1981; Hurley 1996; Dowsett 1996; Johnston 2001; Willett 2001; Weeks, Donovan & Heaphy 2001), coalition political causes have brought many lesbians and gay men together in attending to specific types of state-sanctioned discrimination and into supportive relationships based on friendship and care.

Donovan, Heaphy & Weeks (1999: 692) argue that the goal of lesbian and gay activists in the UK has:

...not necessarily been how to make governments or organisations give non-heterosexuals equal access to the same legislative and policy provision heterosexuals enjoy but how approaches to legislative and policy provision can be changed to include a plurality of relationships without a hierarchical ordering of them.

Arguably, this is not the case in Australia. Here, activist discourse and practice pertaining to law reform hierarchically orders relationships. It tends to accentuate the strong similarities between lesbian, gay and straight couples—and, in spite of this, their disparity in law—such as in the example below taken from an information booklet produced by the Victorian Gay and Lesbian Rights Lobby (VGLRL):

In homosexual relationships as in heterosexual relationships we buy property together, care for sick partners, look after children in our care, pay taxes and volunteer our time to the community and welfare communities. Yet the law continues to deny this reality. (VGLRL 2001: 4)

Obtaining legal recognition for same-sex co-habiting sexually intimate relationships, on a par with the considerable legal recognition now extended to heterosexual de facto relationships, has been a priority for rights' lobbies in all states and territories in recent years. Lobbies are also beginning to pool their resources and mount a challenge at the federal level to the current ban on lesbian and gay marriages.²⁰ In other words, activists have not sought to revolutionise or substantially challenge the existing social bases for legal relationship recognition. For instance, they have not focused on obtaining legal recognition for non-cohabiting sexual relationships, friendships, multi-partner sexual relationships or parenting relationships that involve more than two people. This is despite the international literature discussed in the previous chapter documenting the importance in some lesbians' and gay men's lives of relationship

²⁰ Attitudes to gay marriage among Australian lesbians and gay men are far more ambivalent than those concerning domestic partnership recognition, as Weeks, Heaphy and Donovan (2001) document in the UK context. However, it is probably true to say many gay men and lesbians support that they should have the right to marry, even if they would not personally pursue that right. Changes to the *Marriage Act 1961* (Cth) by the federal government in 2004 added the words 'man' and 'woman' to a previously gender-neutral clause. This constituted a pre-emptive move by the Howard Government designed to make it more difficult for discrimination-based challenges to the legislation and has provoked renewed interest among activists in the marriage issue.

configurations not based on existing heteronormative models (e.g. Weston 1991; Weeks, Heaphy & Donovan 2001).

That is not to say Australian lesbian and gay rights' lobbies have ignored the different kinds of relational configurations beyond the co-habiting couple known to exist among some lesbians and gay men. Rather, they tend towards what could be called a politically expedient and a *majority rules* approach to relationship recognition and law reform. This inevitably seems to lead to seeking parity, where possible, with the legal and social status quo. For instance, the New South Wales Gay and Lesbian Rights Lobby (GLRL) has formulated recommendations for parentage law and policy reform on what is likely and logistically manageable given the law as it stands:

Where possible we suggest extending existing legal regimes. We do this for simplicity and based on what we think is achievable. So, for example, we do not start by completely re-writing family law, but where current laws do not 'fit' our families we suggest new models. (Millbank 2002: 9)

GLRL and their Victorian counterpart VGLRL have supplemented this approach with community consultations and reviews of empirical literature on same-sex relationships. Such strategies aim to gauge which relationship configurations are most popular among lesbians and gay men, and lobbies are guided by this in their work (see also VGLRL 2000, 2002; Millbank 2003a).

New laws recognising same-sex domestic partnerships have been enacted in recent years, largely as a result of persistent lobbying in each state and territory. The *Domestic Relationships Act 1994* (ACT) and the *Property (Relationships) Legislation Amendment Act 1999* (NSW) recognised same-sex relationships as domestic partnerships equivalent to heterosexual de facto relationships for the purposes of many areas of state and territory law. In 2001, the *Statute Law Amendment (Relationships) Act* and *Statute Law Further Amendment (Relationships) Act* in Victoria replaced the concept of a 'de facto spouse' with that of 'domestic partner' and recognised rights and responsibilities of partners in domestic relationships for the purposes of over 40 pieces of state legislation. Western Australian legislation, the *Acts Amendment (Lesbian and Gay Law Reform) Act*, was passed in 2002 and is the most wide-ranging of the state-based domestic partnership reforms to date. It extends donor insemination

eligibility and parental rights to lesbian couples, and adoption rights to lesbian and gay couples, by making the wording in existing legislation gender neutral.

In New South Wales and Victoria, where domestic partnership recognition does not extend to *Status of Children* or *Adoption* legislation, there are two main areas of law reform currently of interest to parenting activists. The first, relevant to Victoria, not New South Wales, concerns improving access to clinically assisted reproduction for lesbian couples and single women (see FAR 1999; McNair 2002; FAR 2004). In a submission to the Victorian Law Reform Commission Assisted Reproduction and Adoption reference, FAR supported: access to donor insemination for lesbians based on broad interpretation of ‘unlikely to become pregnant’ in the *Infertility Treatment Act 1995*; access to existing clinical supplies of sperm for all lesbians desiring pregnancy, as well as sperm-screening and storage facilities for lesbians finding their own semen providers and wishing to inseminate at home; and decriminalisation of the status of self-insemination. FAR also supported a review of the policies that restrict gay men from donating sperm to reproductive medicine clinics for ‘lifestyle’ reasons, on the grounds that this constitutes discrimination on the basis of sexuality. The recommendation instead was that donors be screened out ‘on the basis of high-risk activities’ rather than lifestyle (see FAR 2004: 3).

The second main concern for activists in New South Wales and Victoria is achieving recognition of parental relationships for same-sex couples, on the grounds that: ‘the law ought to treat lesbian and gay couples and their children equally with heterosexual couples and their children’ (VGLRL 2004: 3). The favoured approach here is variously called a ‘deeming provision’ (Millbank 2002) or ‘presumptive parenthood’ (VLRC 2004), which would make state legislation governing the registration of children’s births, status of children’s parentage and adoption applicable to same-sex as well as heterosexual couples who have children by donor insemination, by making the language in existing legislation gender neutral. This would mean that the consenting non-birth mother in a lesbian couple is automatically considered the child’s other legal parent, and the semen provider automatically relinquishes legal rights and responsibilities. On this model, gay male couples adopting children would have equivalent legal rights to lesbian couples; however, intended biological and non-

biological fathers in a gay male couple will both remain so-called legal strangers to children until relationships can be created after birth.

These measures are supported on the basis that they would make New South Wales and Victorian legislation consistent with legislation in other states (see FAR 2004; VGLRL 2004). They also reinforce rather than challenge both the current gender asymmetry of parentage law and existing biomedical assumptions about legal relationships created through semen transfer, making these applicable on the basis of sexuality. This is in keeping with the politically expedient and *majority rules* approach mentioned earlier. For instance, the GLRL infer their preferred changes to legislation are predicated on biological differences between men and women. The fact that men cannot have children with a partner through donor insemination means current parentage laws cannot be extended to include them. Lesbian non-birth mothers and the children they parent are widely believed to be most disadvantaged by current laws, given that community consultations and existing social research in Australia and abroad demonstrates birth mothers' partners rather than semen providers are much more likely to take on substantial parenting responsibilities (see Millbank 2003a, 2003b).

An interesting absence in activist discourse or practice on parentage and assisted reproduction law reform is any mention of commercial or altruistic surrogacy. The recent Assisted Reproduction and Adoption law reform reference in Victoria included several aspects of surrogacy law within its terms of reference; however, the VGLRL failed to make a submission on this issue. Fewer than 10 of the 243 submissions were from gay men seeking decriminalisation of altruistic surrogacy, and none of these men sought to broaden the debate to make a case for allowing commercial surrogacy in Australia. This indicates the ambivalence with which surrogacy is greeted within the lesbian and gay communities, in comparison with the now commonplace practice of semen transfer.

Conclusion

Evidently, there are varying degrees of political goodwill in Australia to change legislation and policies favouring the formation of conventional heterosexual nuclear

families. The *McBain v Victoria* media debate in 2000 proved a suitable vehicle for the public airing of concerns about the men's contributions or rights in conventional nuclear families, and was testimony to the power of beliefs in natural and unnatural bases for family formation. However, to over-emphasise the views of the Prime Minister or others not in favour of lesbian and gay parenting is to ignore the considerable complexity of Australian law and public debate regarding this issue and the considerable changes that have occurred in recent years. As Stacey (2004) points out in the US socio-legal context, 'critical voices can and do penetrate crevices' in the 'ideological shield' wielded by advocates of the conventional nuclear family (p. 143).

For instance, after a year-long community consultation process, interim recommendations for eligibility criteria were released by the Victorian Law Reform Commission in June 2005, many of which are favourable to expanding access to donor insemination and other clinical services to lesbians and single heterosexual women in Victoria. This is despite the fact that many submissions to the Commission reiterated the strong beliefs about children's need for fathers and natural families that were aired in the July/August 2000 media debate. In these interim recommendations, the Commission has taken the view that the health and well-being of children born of assisted reproduction is the paramount consideration, in keeping with the first guiding principle of the current *Infertility Treatment Act*. However, the Commission is showing no signs of equating children's health and well-being with the need to have a father or to grow up in a nuclear family. Rather, VLRC emphasise that strong moral convictions against lesbian or gay parenthood cannot be backed up by evidence of harm done to children by virtue of being born to lesbian or gay parents (VLRC 2005). By contrast, the Commonwealth Government has time and again demonstrated a strong conviction that the heterosexual nuclear family should be the only state-endorsed family form.

In summary, Australia has a considerably variable, complicated and ever-changing legal and policy environment. Australian laws and policies governing assisted reproduction continue to reflect a strong assumption in some states—particularly Victoria—that donor insemination and IVF are last resort treatments for heterosexual couples experiencing infertility. In Australia, as in other Western jurisdictions (see Haimes & Daniels 1998; Agigian 2004), the practices of medicine and law have often

converged in assisted reproduction to reinstate the semblance of conventional biologically related nuclear families. As such, it is a particular ideology of family rather than biological relatedness per se that shapes legal recognition of parent/child relationships in Australia. This exemplifies very well the point raised in the previous chapter that there has always been a choice as to whether social parenthood is predicated on biological relationships.

Given restrictive eligibility criteria, Australian lesbians and gay men are far more dependent on informal negotiations with friends or acquaintances beyond the clinical setting when it comes to conceiving children, by comparison with the range of clinical services—from donor insemination to commercial surrogacy—existing in the US. Australian lesbians have been found to prefer to conceive through self-insemination at home where possible, even when the option of clinical insemination is available to them (see McNair 2005). However, as a number of submissions to the Victorian Law Reform Commission Assisted Reproduction and Adoption Reference emphasised, the uncertain legal status of these arrangements may create a great deal of emotional vulnerability and uncertainty (see also VGLRL 2000; Millbank 2003b).

In the next chapter, various methodological issues associated with the empirical component of the study are explored. Details are provided about whose stories were obtained, how they were sought, and the analytic approach used in order to make sense of them, in addition to the ethical and political issues raised in conducting the research.

Chapter Three

Doing the research

Plummer (2001) contends all social researchers must think through ‘five kinds of research problems’ at each stage of the research process (p. 120). He groups these as follows: the substantive questions; the social science questions; the technical questions; the ethical and political questions; and the personal questions. According to Plummer, the substantive questions deal with the *what* questions of the research or the actual empirical topic you wish to look into. Social science questions revolve around the query: ‘Why do the research?’, in other words, the epistemological or intellectual foundations of the study. Technical questions are more associated with *how* questions: for example, which methods to use, how sampling decisions are made, how to recruit and conduct interviews. Political and ethical considerations concern the impact of the work beyond its intellectual or technical aspects. Researchers must consider how their work will affect those they study, the uses to which it can be put and any harm it can potentially cause. Finally, there are the more subjective factors such as how the researcher’s social position, personal attributes or beliefs potentially influence any or all aspects of the research process or outcomes.

In previous chapters, the substantive and social science questions giving impetus to the study were discussed in some detail. Consideration was given in the Introduction to how much research to date on lesbian and gay planned parenthood is framed in keeping with a polarising political debate about children’s welfare. Some interesting unanswered questions were posed in Chapter One about theorising the gayby boom within a notion of *families of choice*. In this chapter, the technical, political, ethical and personal questions generated by the research are explored. In doing so, the aim is not to perpetuate the idea that research results or findings emerge in a linear fashion from deploying the right procedural and technical skills. Rather, revealing some of the more crucial decisions made about sampling, recruitment processes, analytic approach, and ethical dilemmas encountered along the way is important because it allows the reader: ‘to assess the plausibility and credibility of claims and conclusions’ (Hammersley 1995: 139).

Qualitative research into people's lives is a complex, demanding and emotionally charged endeavour. As such, it mounts a challenge to notions of value-free objectivity and raises questions of how power relations and particular assumptions about being and knowing permeate the conduct and writing of research. In recognition of this, reflexivity, or the process of critical reflection on the self as the research instrument, is widely acknowledged as an important element of rigour in qualitative inquiry (see Lincoln & Guba 2003; Ezzy 2002; Hertz 1997). The researcher is an object of scrutiny 'in keeping with a certain kind of praxis where there is...checking on the accomplishment of understanding' (Wasserfall 1997: 151). At various points in the following methodological discussion I situate myself as a researcher, on the grounds that my relationship to the research field was neither passive nor static. I give consideration where necessary to how my political and emotional sensibilities along the way and events beyond my control influenced analytic engagement in the study.

Sampling

The difficulties inherent to obtaining representative samples of stigmatised groups such as lesbians and gay men are well-known (see Stacey & Biblarz 2001; Lee 1993). In deciding who would be included in this study of planned parenthood among Australian lesbians and gay men, the principles of *theoretical sampling* were used. This approach is often associated with *grounded theory* (see Glaser & Strauss 1967; Ezzy 2002 for a discussion), although it is also utilised by qualitative researchers working with life history methods (see Plummer 1983, 2001; Denzin 1970; Dowsett 1996; Hertz 2002). Dowsett (1998: 15) describes theoretical sampling as:

a systematic process of selection developed from an understanding of the theoretical field, a recognition of the social circumstances surrounding the issue to be researched and an initial estimation of which populations might best provide useful data on the particular research questions.

Foremost, I was alert to the dangers of sampling on the basis of either lesbian or gay identity. People who have children in the context of same-sex relationships may not necessarily identify as lesbian or gay. The critique of stable, coherent sexual identity categories is fundamental to the influential intellectual movement *queer theory* (Butler 1991; Warner 1993; Seidman 1993). As Gamson (2003) notes:

Identities are multiple, contradictory, fragmented, incoherent, disciplinary, disunified, unstable, fluid—hardly the stuff that allows a researcher to run out and study sexual subjects as if they are coherent and available social types. (p.554)

Furthermore, an exhaustive social research and historical literature now demonstrates the sometimes tenuous linkages between participation in homosexual sex or relationships and notions of unified and unchanging sexual identities (e.g. Weeks 1985, 1995; Dowsett 1996; Stein 1997; Weeks, Heaphy & Donovan 2001).

The bulk of the international literature to date on planned parenthood beyond heterosexuality focuses on lesbian-led families in which two parents live together with their children in a nuclear household. A number of European and North American empirical studies have recruited lesbian participants through reproductive medicine clinics and thus constructed a sample of lesbian parents based on the donor insemination method of conception (e.g. Brewaeys et al. 1995; Tasker & Golombok 1998; Gartrell et al. 1996). For the purposes of this study, there was a stronger basis in the literature for believing that either homosexual identity or relationship context at the time children were conceived would have more relevance than method of conception on the meaning of reproductive acts and processes for ensuing social relationships. For instance, despite the absence of sexual intercourse in a clinical donor insemination procedure, heterosexual couples have, at times, equated donor insemination with adultery or infidelity because they are not always able to psychically disassociate the donor from his sexed substance (see Haimes 1991; Hirsch 1999). Weston's (1991) suggestion was, by contrast, that lesbians have more instrumental attitudes to semen providers, sperm and sexual intercourse precisely because they tend not to be having emotionally intimate relationships with men. This was an intriguing difference.

Early reading in the popular lesbian and gay parenting literature highlighted the changing political histories of lesbian and gay cultures. As discussed in Chapter One, radical feminist ideas were articulated very clearly in 1970s and 1980s autobiographies of lesbian parenting and self-insemination resources (e.g. Pollack & Vaughan 1987; Hanscombe & Forster 1982; Santa Cruz Women's Health Collective 1979). For instance, radical feminism was a far greater influence on lesbian communities in the Women's Liberation era than it appears to be today (see Stein

1997). For this reason, it became important to seek out lesbians and gay men who had had their children in the late 1970s and 1980s in addition to those with very young children in order to consider the possible influence of historical and political change within lesbian and gay cultures on family and kinship concepts.

Another area of interest was how men and women co-operate, negotiate and understand the meaning of non-sexual procreation without the intermediary of a reproductive medicine clinic. This is an arena of social practice to date under-documented internationally. Gay men were included in this research primarily because, in Australia, their support as semen providers has been pivotal to facilitating the lesbian baby boom, in the absence of widespread access by lesbians to clinical donor insemination (see Knepfer 1984; Borthwick & Bloch 1993; Wakeling & Bradstock 1995). This is a very different social context from the one Weston (1991) and Jacob et al. (1999) draw attention to in the US, where the bulk of the international research on lesbian and gay planned parenthood originates. The greater magnitude of the HIV/AIDS pandemic among gay men in the US, coupled with the relative ease of accessibility to clinical donor insemination by lesbians, suggests a lesser degree of interdependence between lesbians and gay men in procreative arrangements than in Australia or the UK.

The popular literature on lesbian and gay planned parenthood identified a rather standard set of relational categories pertaining to parenthood and gamete provision (e.g. Saffron 1994; Pepper 1999; Martin 1993; Pies 1985). For instance, there was consistent reference to biological and non-biological mothers (or co-parents), known donors, unknown donors, biological and—occasionally—non-biological fathers (or co-parents). Given that positioning according to these categories could have a strong bearing on experiences, assumptions and beliefs about family and kinship, participants were sought across the full spectrum of possible categories identified in this literature.

Finally, it was also important not to exclude unpartnered men and women from the study given growing documentation of intentional single parenthood in recent years, among single heterosexual women and lesbians in particular (see Borthwick & Bloch 1993; Wakeling & Bradstock 1995; Hertz 2002). All of the above considerations informed the decision to include in the study lesbians, gay men, bisexuals or otherwise

identified 'non-heterosexuals' as long as they had had their children beyond an intimate heterosexual relationship.

Sampling and analysis

In theoretical sampling approaches, data analysis proceeds iteratively with data collection. Developing theories or insights emerging from the data determine where to go next once an initial sampling strategy is selected (see Strauss & Corbin 1990; Dowsett 1996; Plummer 2001). In keeping with the growing interest in parenthood as a dimension of families of choice, I sought to maximise the range of family configurations represented, in order to compare what they assumed about the relative significance of biological relatedness, and love and friendship in relationships between adults, parents and children. Two themes became prominent: the importance of equalising the parental contribution and recognition within lesbian couples; and the significance of care and intentions versus biological connections in determining who was 'in' and who was 'out' of the family. Increasingly, new participants were sought for their potential to give greater insight into the substance and scope of these phenomena, which involved conversation or email exchange about family circumstances and relationships in more detail before scheduling the interview.

When using theoretical sampling, knowing when to stop is dependent on achieving an endpoint known as *saturation* of the categories of interest. In other words, one stops data collection when no new insights pertaining to the research questions are produced from encounters with new participants or other data sources (Strauss & Corbin 1990: 176-193). The principles on which this qualitative approach to sampling draw are those of plausibility, rather than the probability guiding notions of statistical power in quantitative research (Helling 1988). Saturation is linked conceptually to the generalisability of the results (see Becker 1998), although often not discussed in these terms, precisely because of the claim that no significant new insights pertaining to the research questions would be obtained from going beyond a particular sample. When there were obvious gaps in the conceptual categories of interest, interviews were supplemented with additional first person accounts of lesbian and gay parenthood drawn from various sources.

Limitations also need to be acknowledged. For instance, the feasibility of recruitment can affect sampling and in this case did not yield any gay male semen providers with little or no interest in being known to the children. Nor were there very substantial qualitative biographical accounts by these men to draw on from elsewhere in order to gauge the full meanings and motives they associate with giving sperm.

Finding participants

Requests for interviewees were placed for several consecutive weeks in the community notices section of both Melbourne-based LGBT newspapers. In one of these newspapers, the editor published a small article to accompany the ad, drawing readers' attention to a general lack of Australian social research into lesbian and gay parenthood at a time when legislators and policy-makers were making decisions of great consequence for access to assisted reproduction and the legal recognition of family relationships. Key informants were recruited through lesbian and gay health networks, scanning of health and family conference proceedings and through personal recommendation. They were approached directly as people known for their expertise in assisting prospective or current lesbian and gay parents. Key informants passed on invitations to participate to several men and women (who later made contact) with more unusual life experiences or family arrangements.

The project was also publicised through flyers distributed at the *Rainbow Families 2000* conference for prospective and current lesbian and gay parents. This strategy proved the most successful, with just under half of the male and female participants responding to these flyers. Information about the project was disseminated also through email and the Internet, although, at the time of recruitment, there were relatively few Australian websites for prospective or current lesbian and gay parents. Additionally, the convenor of the local parenting activist group agreed to publicise the study to members of her e-list and many members of this list responded to the request for interviewees. I attributed this to the fact that the list was a high traffic networking forum for women very motivated to improve local women's access to clinical assisted reproductive services. As the interviews progressed, I also found participants through word-of-mouth. When hearing about familial configurations I had not come across

before, invitations to participate and my contact details were passed on to the people concerned through their friends or acquaintances.

As one research question focused on how women and men negotiated and understood the meaning of family relationships, initially, attempts were made to gain access to known semen providers through lesbian mothers. It was more difficult to know where and how to find these men, given their relative lack of networking in relation to parenting or procreation issues. However, in the course of early interviews and concurrent work on a survey of the health implications of lesbian and gay men's conception practices (documented in McNair et al. 2002), it became apparent that this strategy would prove problematic. Feedback on the pilot study for that survey and the first few interviews with women and men for this study strongly suggested that lesbians who had established their families predicated on limited or no contact with children's biological fathers would be uneasy about identifying him and/or reluctant for him to participate.

Keeping the biological father at a social and emotional distance was an important strategy for some lesbian mothers in order to maintain a sense of control over their own and children's family concepts. The intrusion of a researcher keen to encourage all parties in a precarious social or legal arrangement to reflect on the meaning or circumstances of family relationships could well have been perceived as having material ill-effects on care-giving relationships and familial identities not consolidated by legal as well as social recognition. This was a good illustration of how potential participants may perceive research as having the capacity to intervene in their lives in unfavourable ways. As Stacey (1988) observes of the ethical dilemmas inherent to venturing into the research field: 'fieldwork represents an intrusion and intervention into a system of relationships, a system of relationships that the researcher is far freer than the researched to leave' (p. 23).

Locating myself

The methods by which I found willing participants also raise questions about my personal location to the research field at this time. As revealed in the opening paragraphs of the study, my initial interest in this topic was a rather dispassionate one;

it stemmed from genuine curiosity about a new social phenomenon I believed was gaining momentum rather than a strong personal interest based on my own biography. I also had a great sense of scholarly opportunity, knowing that there was little existing Australian social research in this area. Giving a great deal of thought to how to express my motives and interests to potential participants seemed particularly important because at the time fieldwork was approved, August 2000, the *McBain v Victoria* media debate was front-page news. This was a time when it seemed that every ordinary Australian had an opinion about lesbian mothers to contribute to the letters' page of their local newspaper and every Prominent Australian had one to contribute to the front page. With the degree of moral outrage about 'fatherless families' and lesbian parenthood expressed in public forums at this time, I speculated a number of parents and prospective parents would be feeling vulnerable or under siege as a result of this unprecedented public attention. It seemed likely some would be wary—understandably—of any researcher's motives.

Despite the fact that I was an 'outsider' when it came to personal experience of parenthood, there is little doubt that access to participants was facilitated by my willingness to reveal 'insider' status as a lesbian who lives her life openly (see also Dunne 1997; Stein 1997; Weeks, Heaphy & Donovan 2001). A number of researchers have noted that lesbian and gay research participants are motivated to participate when they know the researcher identifies with their sexuality because they assume a degree of common ground (e.g. Weeks, Heaphy & Donovan 2001; Dunne 1997; Stein 1997; Lewin 1993). Some of the people I interviewed were acquaintances or friends-of-friends who trusted me enough to participate because of the personal connection. My work history as a researcher also facilitated finding willing participants. At the time fieldwork commenced, I had worked for several years in a research centre with a considerable profile for HIV-related and other lesbian and gay friendly research. Once potential participants who did not know me personally or through word-of-mouth were told about my research history, there were negligible direct enquiries about my sexuality or views on surrogacy, assisted reproduction generally or lesbian and gay parenthood. I was able to reassure two or three participants who did explicitly ask that I respected their decision to have children and had no moral objections whatsoever to lesbians or gay men raising children.

The interviews

Interviews took place between August 2000 and July 2001, after approval for the fieldwork component of the project was granted by the La Trobe University Human Research Ethics Committee. The shortest interview lasted only 50 minutes (slotted in between meetings at the participant's workplace) and the longest for over four and a half hours (in the participant's home), with most interviews just over two hours in length. Most interviews were conducted in homes although other venues included an interview room at La Trobe University, a park, a café and several workplaces. Generally speaking, interviewing in people's homes was more successful in establishing good rapport and enabled conducting the interview in a manner conducive to children's routines. All interviewees signed a consent form and were provided with a plain language statement that gave a broad description of the project and assured them of confidentiality and anonymity in line with the requirements of the La Trobe University Human Ethics Committee. The interviews were tape-recorded with the consent of the participants and later transcribed either by me or an employed transcriber who had signed a confidentiality agreement with La Trobe University.

The interview schedule was semi-structured and designed to guide participants through a range of themes associated with planning, negotiating and becoming a parent, and the meanings of family in their specific biographical context. Interviews typically began with the question: 'Was there anything that particularly interested you about taking part in the research?' Answers to this question were varied. Some women and men assumed my work would improve the public profile of lesbian and gay parents in the Australian community and would help to make a case for this group having access to a wider array of legal rights. A few women and men saw the study as benefiting future lesbian and gay parents to work through the various ways and means of becoming pregnant, and alerting them to pitfalls to avoid when negotiating relationships. Some women were keen to impart difficult experiences of importing semen from overseas or negotiating with medical practitioners, again with the assumption this could assist other women seeking parenthood. Others expressed a desire to tell their story, for either political or therapeutic reasons. Some were exasperated or extremely annoyed at the ignorance and conservatism regarding lesbian parenting being aired in the media. A few had been through considerable emotional

turmoil and difficulties either when seeking pregnancy or in their ongoing relationships with semen providers or children's co-parents.

Other themes explored in interviews were: family history and relationships with family-of-origin; work, household circumstances and relationship status; social networks and political affiliations within the lesbian and gay communities; motivations for parenthood; preparation for parenthood; divisions of parental labour; beliefs about the significance of biological relationships between parents and children; method of conception and reasons for choice; concept of family; negotiated agreements about family; and experience to date of parent/child relationships. For key informants, the context sought was their disciplinary or professional knowledge rather than biography. In keeping with the conventions of life-history and some types of ethnographic research, the interview schedules served as an *aide memoire* rather than a fixed set of questions religiously asked of everyone (Plummer 2001; Dunne 1997). This provided an opportunity to follow up interesting lines of questioning and unanticipated themes or issues that seemed relevant as they arose. Most participants took part in one interview only. However, several were re-contacted for follow up face-to-face or telephone discussions after some initial analysis of their first interview. Sometimes this occurred to clarify ambiguous concepts, words or phrases, but also to pursue in more detail interesting lines of discussion, as the analysis developed.

All interviewees were asked if they wanted a copy of their interview transcript to comment on or to keep. I saw two major benefits in offering the transcript. Foremost it was a means to allow participants to have some say in qualifying or vetoing what they had chosen to disclose in the interview or give them the benefit of some hindsight after the event (see Plummer 1983, 2001). I also thought some people might find it interesting to look back on the discussion, weeks, months or years later as a means of reflection on their past thoughts and experiences. In this regard, the offer of the transcript was a way to 'give back' something to participants for sharing their time and experiences, as no other direct or immediate benefits to them from the project could be promised. Only a third of the people interviewed proved interested in receiving a transcript. One called to discuss several points she thought were unclear in the interview as it stood. Two others—a couple—posted their transcript back to me with extensive revisions and a request for specific phrases and paragraphs to be

deleted; a request I was happy to comply with. This feedback convinced me that offering transcripts was important as a means to give some more of a sense of control over the interview process. However, most participants expressed more interest in reading the finished thesis or, at least, having a means of finding out about research outcomes.

For the most part, my relationship with participants corresponded to what Plummer (2001) terms *the acquaintance role*. I entered their lives for the brief period of the interview and then left. Plummer sees this as the kind of relationship characteristic of city life, where one often meets and spends pleasant time with new people without getting too close or enmeshed with their lives; in other words, ‘cordiality is extended without intensive intimacies’ (p. 210). Despite some differences of parental status, age, gender, political affiliations and socio-economic status, most of the interviews with women and men were amicable and enjoyable. I did not find the sex of the participant a particular impediment or facilitator in terms of rapport. What women and men chose to tell me was no doubt influenced by their views about me and the assumptions they made about my politics and opinions. However, as Weeks, Heaphy and Donovan (2001) found, men and women were generally very eager to tell their stories. Some people interviewed were generous beyond telling their stories, in offering meals, follow-up interviews or personal documents pertaining to their parenting arrangements.

At the same time, there was little of the ‘emotional bonding’ (Dunne 1997: 31) or need to ‘separate out’ (Stein 1997: 205) from interviewees with whom I might have overly identified. Although we had the experience in common of living life openly outside the dominant sexuality, I attributed the sense of social, emotional and intellectual distance I often sensed between myself and participants to my child-free status and/or detachment from the demands of day-to-day parenthood. Had I been a parent myself, more first-hand knowledge and experience of parenting support networks and participation in child-rearing could well have resulted in quite a different level of emotional, social and political engagement with the research field. It may also have led me to perceive and follow up different thematic interests and lines of questioning in the interviews and subsequent analysis.

Interviewing couples

Some studies about perceptions of reproductive technology, reproductive decision-making and infertility utilise paired interviews with couples on the basis that having children is a joint decision (see Becker 2000). Individual interviews were sought for this study because varied relationship combinations beyond the couple are known to be relevant in the lesbian and gay planned parenthood context. Also, the research involved exploring the meaning of biological connections and how the desire, decision or experience of raising children may be influenced by family-of-origin history or circumstance. Some received textbook wisdom is that interviewing couples is most productive when the topic does not raise issues of a private or potentially embarrassing nature (e.g. Lofland & Lofland 1984). Also, conflictual issues may not emerge in couple interviews, in favour of a tendency to present a united front and hide what Goffman (1959) referred to as *backstage behavior* (see also Gabb 2001). Researchers who interview couples sometimes conduct individual interviews separately, speculating that what each person says privately may be different from what they are prepared to say in front of their partner (see Lindsay 1997).

Despite the request for an individual interview, a few parents and prospective parents expressed a strong preference to be interviewed with their partner. Sometimes too, on arrival at participants' homes to do interviews there was nowhere private to conduct the interview without the other partner's presence. A joint interview was conducted when to do otherwise would have been difficult for reasons of space or would risk alienating the participants. Contrary to expectations, several couples were prepared to be very frank and revealing of disagreements or conflicts to each other and to me about the status of biology in their parenting partnerships and the ways in which this was managed or resolved. It did prove far more difficult in couple interviews to invite or elicit comprehensive biographical detail or reflections on the individual motivations and meanings of family or having children.

In couple interviews, participants tended to focus more on emphasising either the equality and success of their parenting partnership or their suitability as parents in the face of perceived public criticism. The way couples interacted in the interview and presented themselves revealed the extent to which some lesbian parents who had not

given birth felt very marginalised by their lack of automatic legal and social recognition as parents. Furthermore, some men and women felt deeply judged by members of the general public beyond their immediate friendship and family networks. The insistence on a joint interview revealed itself sometimes as a political strategy. It provided the couple with a means to address their (real and imaginary) critics and demonstrate to a sympathetic listener and observer: 'We are parenting together and we are very good at what we do'.

The participants

Given my decision to use theoretical sampling, interviewees were selected so as to maximise diversity in family circumstances and perspectives on family rather than diversity based on socio-economic status. Of the 37 people interviewed, only six from non-English speaking or non-Anglo-Australian backgrounds came forward to participate. All those that did so were included on the basis that this could influence concepts of kinship and family. Seven people interviewed had not completed high school and worked in trades, retail or clerical jobs. Eight people lived outside the Melbourne metropolitan area. The remainder of the people interviewed were from Anglo-Australian backgrounds, had completed either undergraduate or post-graduate university degrees and lived in inner-urban or suburban Melbourne. Ten interviewees were not in paid work at the time of the interview due to primary care-giving responsibilities for children. Some worked in professional or semi-professional white collar jobs, others were self-employed and a few worked in the creative arts (see capsule biographies at the end of the chapter). No claim is made that the characteristics of participants in this study mirror those in the general population of lesbians and gay men.

This relative socio-economic privilege and white, urban bias is a general feature of other studies of lesbian and gay planned parenthood. For instance, Brewaeys et al. (1995) in their longitudinal study of 50 lesbian couples using a donor insemination clinic in Brussels between 1986 and 1991 found that over half of the women had higher education degrees and all but three had professional careers at the time of the interview. In a recent Australian survey of 270 prospective and current lesbian parents, over 40% of the women had post-graduate qualifications compared with 8%

of the general population (McNair et al. 2002). Silverstein & Auerbach (1999) found the gay fathers in their sample had a mean annual income of over US \$100,000. Researchers doing comparative studies of lesbian parents and heterosexual parents conceiving by donor insemination through clinics have also found lesbian participants to have higher educational levels than the heterosexual participants (see Brewaeys et al. 1997; Chan, Raboy & Patterson 1998). Tasker and Golombok (1998) found there were more working-class parents among the heterosexual group than the lesbian group in their study of the care-giving roles of clinical donor insemination fathers and lesbian co-parents.

One way of looking at participant characteristics in this study—and those of other researchers—is that they demonstrate sampling and recruitment biases that do not sufficiently reflect the socio-economic, geographic or cultural diversity of the population of lesbians and gay men embarking on planned parenthood (see Allen 1995; Parks 1998; Gabb 2004 for this critique). For instance, Gabb (2004) reports that her research into lesbian-led families resident in Yorkshire revealed considerable differences in understandings of family and family practices between her participants and those of researchers who have recruited within urban lesbian and gay community networks. She has been critical of recruitment strategies that fail to look beyond the city and its lesbian and gay community networks as a source of participants. Although it is equally plausible that some of the differences Gabb observed between her own and other researchers' studies were due to sampling rather than recruitment issues i.e. the differing relationship contexts in which their children were conceived, her exhortations that researchers be creative in attempts to find participants who do not consider themselves very connected to urban lesbian or gay communities is an important one.

However, from another perspective, high socio-economic status is likely to largely reflect the population of 'post-coming out' lesbian and gay parents in Australia. Available Australian Census data indicate lesbian and gay couples generally have high socio-economic status. They are more highly educated than heterosexual couples and also earn more money (de Vaus 2004). Here, the observation could be made that the most affluent and educated lesbians and gay men are the least likely to feel fearful about revealing their sexuality in government data collections. However, de Vaus

(2004), an experienced and respected Australian sociologist with expertise in demography, contends that it is unlikely the actual patterns in the data are distorted despite the fact that Census results are likely to under-represent numbers of lesbians and gay men in the Australian population.

Commenting on the trend internationally to middle-class, white, urban, well-educated samples in studies of lesbian and gay parenthood, Stacey and Biblarz (2001) offer the following observation:

Given the degree of effort, cultural and legal support and, frequently, the expense involved, members of relatively privileged social groups would be the ones most able to make use of reproductive technology. (p. 166)

Arguably too, it is otherwise socially privileged lesbians and gay men who possess the required sense of entitlement to have children in the face of considerable moral consternation and disapproval of their actions.

The bias in this study toward urban dwellers may also reflect the general population of Australian gayby boom parents. When assessing how representative Australian studies are of the broader population it is important to keep in mind the entire Australian population is mostly concentrated in a few large cities along the eastern coast. Furthermore, as discussed in the previous chapter, lesbian and gay planned parenthood in Australia remains considerably dependent on informal networking and self-help strategies. These networks, upon which many prospective parents are reliant for basic health and legal information regarding pregnancy and parenthood, are based in capital cities like Melbourne and Sydney, although beginning to form in some large regional towns with high concentrations of lesbian and gay residents. In interviews, participants often commented on the degree to which they found it important to live in a geographical location in which they would have access to such support networks for parenting, and lesbian and gay-friendly schools where their children would have contact with other children growing up in unconventional families (see also Lindsay et al. in press). Few rural areas or regional towns currently offer this. For instance, Australian research has documented the extent to which young same-sex attracted people growing up in rural areas or regional towns may be subjected more than their city-dwelling peers to harassment and abuse (Hillier et al. 1998).

Making sense: notes on analysis and writing

The qualitative analysis process is acknowledged generally as messy, rather than a question of following a straightforward set of techniques and procedures (see Alvesson 2002). For instance, the considerable volume of material generated in the course of transcribing interviews, conducting library research and undertaking document collection of primary source material means decisions invariably need to be made about what to include and what to leave out. The researcher's own disciplinary background or philosophical, theoretical and political interests, not to mention the blind spots these induce, will inevitably influence this process. Added to this are the expectations, interests and commitments of those being studied, as imprinted on the consciousness of the researcher. There is a complex interplay between researcher and researched not only during the face-to-face interactions but in the researcher's imagination throughout the writing process. To acknowledge all of the above is not to undermine as futile the attempt to find out about social phenomena through the act of talking to, and writing about, real people. Rather, it is to maintain a degree of healthy scepticism about achieving a singular 'truth'. The end result is best thought of as part of an ongoing conversation with a community of interested readers and fellow writers.

Initial analysis of the interviews occurred during the process of transcription and/or checking the transcripts typed by others. At this time, stray thoughts, new insights, fruitful theoretical avenues to explore and observations about interview content and process were recorded in a series of notebooks that stayed with me throughout the study. It was important to keep up-to-date with transcription and transcript checking in order that the content and experience of conducting each interview could inform the next. After this initial stage of analysis printed transcripts were mailed out to those who requested them. Pseudonyms were then assigned to participants, their children, friends and family as a first step in de-identifying the interviews.

Several hard copies were made of each de-identified transcript. Transcripts were read closely for pre-determined and newly occurring themes, imagery, 'stand-out' words and phrases and *epiphanic moments* (Denzin 1992) in an individual's biography (see also Dowsett & Couch 1999). Extensive notes were scrawled in the wide margins. A comprehensive case history of each interview was then written, structured around a

short biography of the participant, the themes that informed the initial interview schedule and emergent themes from the ongoing interviewing and analysis (see Dowsett 1996). The case histories were generally in the vicinity of 5,000 words in length. The early case histories were re-worked a number of times throughout the research process as themes that seemed important early on faded into insignificance with subsequent interviewing, reading, thinking and writing. There was extensive, ongoing to-ing and fro-ing between the relevant literature and the interview material as part of the process. Themes structuring the case histories became more systematic and fewer in number as the writing progressed and, typically, the earlier case histories were more comprehensive than those written late in the analysis. The process of writing case histories was time-consuming, yet generative. Early drafts of chapters typically began within the writing of a single case history, although initial drafts also took shape from a set of secondary documents composed of thematised chunks across men's and women's case histories. Throughout the study I try to make explicit why particular case histories are used to illustrate particular themes in preference to others: for example, whether this is for reasons of typicality or uniqueness, and the implications of this for the analysis.

All interviews were coded into descriptive themes also using the qualitative computer package *N-Vivo*. Although the program is marketed as a theory-building tool, it was used for this study in a manner more akin to indexing rather than refining an analysis. Although this diversion into mechanical coding facilitated immersion in the interviews and a growing familiarity with the material it did not generate the insight that the case history and draft writing ultimately enabled. The machine-coded interviews supplemented rather than formed the basis for constructing the analytic strategy.

As Plummer (2001: 3) notes, symbolic interactionist perspectives and the biographical methods utilised in their service have been critiqued on the grounds of 'naïve realism'. Researchers working with biographical material may perceive themselves as merely documenting the lives of others or 'giving voice' to their participants' experiences. It has been common for researchers working with qualitative data, of a variety of political and disciplinary persuasions, to eschew so-called high theory and sophisticated methodologies as pretensions in favour of 'telling it like it is'. This can mean the inter-subjective relationship between researcher and researched as a context

for meaning making is insufficiently recognised (see Mallett 2003). So too the notion that interviewees construct reality, consciously and unconsciously, through metaphors and available genres of storytelling rather than provide a window onto an objectively given world (see Alvesson 2002; Plummer 2001, 1995; Denzin 1992).

By locating this study within critical humanism rather than postmodernism, I have retained some degree of faith in the transparency of language to convey experience grounded in an objective reality. This does not mean I have done so uncritically. Given the political issues at stake in the lesbian and gay parenting arena, it was important to maintain awareness that interviewees are *coaxers and coaches* (Plummer 2001) who may use various linguistic and rhetorical strategies in order to guide the listener toward a particular reading of their worldview. Close attention was paid to the language used by participants, in describing their relationships and the social or biological processes relevant to conceiving and raising children. Notably, appeals to the ‘natural’ or ‘real’ when talking about experiences of conception, pregnancy, parenting or other family practices invariably captured my attention. As discussed earlier, such appeals may give insight into how women and men understand the non-negotiable or more emotionally resonant dimensions of their experiences. Unusual or more contentious appeals to nature also alerted me to the more performative dimensions of talk: how it may seek to effect a broader cultural transformation in perceptions of the unchanging or unquestionable dimensions of relationships and practices (see Bourdieu 1992).

Reflexivity, analysis and writing

Walkerdine (1997), influenced by feminist and post-modernist epistemologies, stresses the importance of monitoring emotional responses to people and events throughout the analysis and writing process. She regards such emotional awareness as a strength and opportunity for the researcher to engage with the subject matter rather than a liability to overcome:

Instead of making futile attempts to avoid something that cannot be avoided, we should think more carefully about how to utilise our subjectivity as part of the research process. (Walkerdine 1997: 59)

Other researchers influenced by feminist epistemologies demonstrate attention to reflexivity by disclosing to participants and readers of their work the aspects of their

biographies they believe most influential in shaping their analysis. For instance, Lawler (2000) reveals:

When speaking to working-class women, I think I had a sense of nostalgia for what I (secretly) felt to be the greater authenticity of working-class life. No doubt this is part of a nostalgia for my childhood, but for a while I was in danger of romanticising working-class women. When I spoke to the middle class women, there were times when I frankly envied some of them and saw them as having tremendous self-confidence and very few problems. (p.10)

In this spirit, I offer the following observations.

Although, as discussed earlier, most interviews were enjoyable and characterised by a sense of rapport, a few left me feeling discomforted by participants' views. Although this faded with social distance, the uneasiness flared up from time-to-time throughout analysis and writing. Early attempts to write case histories of these interviews or to incorporate them into the chapter drafts proved quite paralysing. This probably stemmed from an unconscious expectation that I should like and respect the views of all of the people who participated in the study (see Kleinmann & Copp 1993). I was certainly concerned my objections to their points of view would mean not doing them sociological justice. Rather than attempt to deny the fact that researching the more intimate aspects of people's lives may evoke strong emotions, over time I came to see a common link between those difficult interviews.

In each case, participants expressed a strong sense of entitlement to parenthood, coupled with an equally strong tendency to speak in de-humanising language about the gamete provider. This behaviour and the beliefs it suggested compromised a personal ethical principle. I do not believe wanting to have children is a 'right' that justifies de-humanising and (potentially) exploiting others in the pursuit of that goal, no matter how much institutionalised discrimination lesbians and gay men face from government legislation or clinical service providers. Locating the source of my uneasiness became crucial to the analysis because it then became possible to achieve a sense of distance from the people, in favour of asking more sociological questions about their perspectives. For instance, what assumptions inform the belief that another person can be construed as purely instrumental to one's own reproductive goals? What

are the political and cultural precedents that legitimate and facilitate this kind of behaviour? Such questions became fundamental to the analysis.

In contrast to the subjectivist or self-reflective mode of feminist and post-modernist practice, Bourdieu advocates a more 'objectivist' or 'epistemic' sociology (Bourdieu & Wacquant 1992). Reflexivity in the Bourdieuan mode has a number of threads, one of which is eschewing reflection on the researcher as subject in favour of exploring the 'unthought categories of thought which delimit the thinkable and predetermine thought' (Bourdieu 1982a: 10). This notion of reflexivity seems more in keeping with the grounded theorist exhortation to avoid the pitfalls of pre-determined categories or commonsense ways of thinking in favour of a mindset that makes the familiar strange (see Glaser & Strauss 1967; Strauss & Corbin 1990). The spirit of this argument—to be wary of blind spots induced by dominant cultural assumptions or 'commonsense'—proved intuitively persuasive as the analysis progressed in tandem with interviewing.

Reading in the popular and academic literature on lesbian and gay planned parenthood prior to interviews had alerted me to the fact that the conventional meanings of words such as mother, parent, father and donor needed to be interrogated rather than assumed. Yet there was a degree of challenge in making some of the other assumptions about Western kinship I brought to the interviews sufficiently strange:

Birth mother: I...went through a whole sort of process of trying to work out the connection between the child, the sperm and the egg when I was inseminating. Or when the whole [process of] insemination was happening...I ended up feeling quite strongly that children drop out of the sky. And it's got very little to do with the sperm and egg. Although we better keep the sperm and egg thing happening, just in case.

Co-parent: Well, the sperm and egg is like the vessel, sort of thing.

Birth mother: For me, the sperm and the egg became like the material base in a sense and what was much more important was my relationship with Ellen and where we were at, those sorts of things. So for me, Fleur was very much conceived within our relationship.

This exchange is quoted because making sense of it marked a particular turning point in the intellectual trajectory of the study. It was in this interview that a re-writing of the conventional biomedical facts of life occurred in the proposition that an ovum and a sperm do not make a baby on their own. In the first attempts at analysing the

interview I wrote that I found this lesbian couple's proposition 'impossibly utopian' in its seeming denial of the scientific facts of human reproduction. I was, at that point, struggling with finding the tools to understand and make sense of the participants' rather than my own worldview.

The interview was pivotal in making the epistemic shift to the anthropological concept of kinship that would prove as valuable to the study as the more sociological notion of family. It was at this point in the research process that the importance of anthropological texts such as Strathern (1992b), Franklin (1997) and Mallett (2003) became central to the analysis. Exposure to these authors' writings on non-Western understandings of conception, birth and relatedness, and the history of kinship studies in anthropology revealed that the familiar I needed to make more strange at this point was the taken-for-granted Western notion that conception is always co-extensive with the biogenetic facts of reproduction. This *defamiliarising* strategy (see Alvesson 2002; Franklin 1997) became methodologically important subsequently in making sense of not only interviews, but the assumptions inherent to the popular literature on parenthood and media debate on access to assisted reproduction.

Political and ethical considerations

Ethical dilemmas arise long after clearance is obtained from the Human Research Ethics Committee. They persist from start to finish by virtue of the fact that a degree of power and authority accompanies claiming the label 'researcher' over that of 'participant'. As Hammersley (1995) observes, the very acts of presenting writing or publishing research presuppose claiming 'a right to be heard and taken notice of' (p. 105). Even in the most participatory forms of social research, there is always an asymmetry between researchers and participants in that it is the researchers who have ultimate control over how those researched are represented and the meaning that is made of their lives. These kinds of political considerations are also ethical considerations inherent to how researchers take it upon themselves to represent others (see also Fine et al.2003; Stacey 1988).

Anonymity

One ethical dilemma concerned how to fulfil the promise of anonymity made to research participants. This was a responsibility that weighed quite heavily. It became apparent over time that the parenting population in Victoria is very small. There may be only several hundred people to date involved in gayby boom families, and given the degree of community participation and networking with regard to prospective parent groups, children's playgroups and attendance at inner-urban, gay-friendly schools, many people are likely to know each other. For instance, in interviews, when participants discussed other children or adults of their acquaintance without identifying them, I could often identify the people they were talking about. There was also the issue of how to de-identify information given to me by participants about their children's biological fathers, birth mothers or co-parents who were not interviewed and thus never consented to be involved in the research at all. Although I discussed with interviewees that details such as names, occupations and children's genders and ages could be changed, it became apparent that this would not be sufficient in some situations. It also proved inappropriate at times to change details such as the gender, age or number of children on the grounds that this characteristic was intrinsic to the issue under discussion.

Some researchers using life history methods have resolved the anonymity issue by de-identifying the town or city in which they conducted interviews as well as characteristics of the individual people (see Dowsett 1996; Dunne 1997). This did not seem possible in this instance, given the very distinctive legal and social policy situation in Victoria pertaining to assisted reproduction and the fact that it simply would not have been plausible in Australia to suggest the people in this study came from a regional town rather than a capital city. The dilemma was ultimately resolved through making sparing use of partial characterisations, only in those situations where I believed there was a real possibility of identification. A difficulty in using this strategy is distorting the character and integrity of the individual story. There is also a chance participants reading the completed study may feel their stories have been unduly tampered with or appropriated. This seemed a lesser harm than breaching the promised anonymity, keeping in mind there is no entirely satisfactory resolution to this dilemma.

The ethics and politics of visibility

There is no question that gays and lesbians are threatened by the violence of public erasure, but the decision to counter that violence must be careful not to reinstall another in its place. Which version of lesbian or gay ought to be rendered visible and which internal exclusions will that rendering visible institute?

—Judith Butler (1991) 'Imitation and Gender Insubordination'

One of the goals nominated for this research in the plain language statement provided to participants was to improve the 'visibility' of lesbian and gay planned parenthood. An associated goal was to 'make a contribution' to local legal and social debates. There was ample cause and opportunity over time to ponder the vagueness and naiveté of these early goals for my work. How best to make a contribution? Exactly what should I make visible? These were the more pressing concerns as the interviewing, thinking and writing progressed.

Research and activism

Rights activism pertaining to parenthood gained momentum in Victoria around the time I began work on this project. At that time, I was a member of the Victorian Lesbian and Gay Rights Lobby and had just written a well-publicised report for the Lobby on violence and discrimination directed at the lesbian and gay communities. I also attended several early meetings of the Fertility Access Rights Lobby (FAR) and contributed to their first position paper in 2000. As the study progressed, I began to struggle considerably with how my work related to this burgeoning political activism about access to assisted reproductive technology and parenting rights within the Australian lesbian and gay communities. If my appeals to visibility served to align me early on with lesbian and gay 'capital P' politics, it became apparent, as an overt political strategy regarding parenting rights gained momentum, that my contribution to political and social debates on legislative reform could best be made by maintaining a degree of critical distance from the activist cause. There were at least two reasons for this.

In the first instance, the activist interest in seeking equality with the heterosexual status quo (see previous chapter) appeared to mirror the normalising tendencies of much of the parenting literature. I was sensitised to the dangers of this position by Stacey and Biblarz's (2001) pivotal review. There is a tendency in the literature to

compare 'lesbian and gay families' with 'heterosexual families' and in the process leave intact nuclear family relationships as the 'norm' that child development—and everything else for that matter—should be measured by. In taking this approach, newer subjectivities concerning parenthood and procreation emergent within lesbian and gay cultures that defy existing legal categories are easily elided and overlooked. Multi-parent models or co-parenting arrangements between single women and men that sometimes ensue after self-insemination pregnancies are a case in point here. The potentially different ethical issues or conflicts of interest between women and men who know each other, as receivers and givers of semen, are also obscured.

Second, I found myself becoming increasingly dismayed with the political expediency of some activist arguments and began questioning whether they truly represented the best path to social justice for women, children and men. On several occasions over the life-course of this project, parenting activists displayed uncritical willingness to co-opt dominant discourses pertaining to sexual and biomedical practice, seemingly on the grounds that the ends—lesbians' eligibility for clinical donor insemination—justifies the means. The debate arising over 'psychological infertility' was the first instance of this. The Infertility Treatment Authority announced in November 2001 that they were considering changing their guidelines to allow donor insemination to lesbians and single heterosexual women assessed as 'unable' to have vaginal intercourse with men (see Dargan 2001; Costa & Ketchell 2001). Then Victorian Health Minister, John Thwaites, defined the condition in question as 'coital dysfunction' (Dargan 2001). It had occurred to doctors that they were providing donor insemination to a number of heterosexual women with an aversion to intercourse, so why not lesbians and single heterosexual women? Dr John McBain, as chairman of Melbourne IVF, was quoted in the *Herald Sun*:

There are a number of single women and those in gay relationships who, for some psychological reason, are unable to have sex with men. That should be recognised as part of infertility. In a humane and enlightened society, psychological reasons are accepted to be genuine medical problems. (Dargan 2001: 2)

Psychological infertility came dangerously close to invoking the age-old characterisation of homosexuality as a practice 'against nature' (see Weeks 1988, 1991). It required only a short leap of imagination to see the implication here that all

lesbianism could be construed as sexual dysfunction. However, the convenor of FAR seemed at the time to be encouraging this characterisation of lesbian sexuality, in the interests of facilitating increased access to donor insemination for local lesbians. She stated that allowing for psychological infertility would enable most lesbians to gain access to donor insemination, on the following grounds:

A lot of lesbians have had sex with men during their adolescence, during the coming out process. That doesn't mean that they are now able to have sex with a man. (Costa & Ketchell 2001)

This highly contested portrayal of lesbian sexuality did a substantial injustice to the empirical evidence that many lesbians intermittently have and enjoy recreational sex with men throughout their adult lives, or, alternatively, have heterosexual histories they do not regard as an immature (e.g. see Stein 1997; Jagose 1996; O'Sullivan 1996). As a gesture of lesbian activism, the willingness to support psychological infertility also ran counter to historical campaigns within the lesbian and gay communities to have homosexuality removed from influential diagnostic tools such as the American Psychological Association's DSM. To be fair, and to keep psychological infertility in its appropriate historical perspective, FAR later withdrew support for a policy position based on this concept, on the basis of objections raised within the lesbian community, including my own (see FAR 2004).

More recently, I have been perturbed by the extent of what could be called 'risk talk' in parenting activist discourse. It has become popular among lesbians to advocate for access to all clinical reproductive services on the grounds that self-insemination unmediated by clinics is an inevitable health risk to themselves and their children. Various risks to public health and to women and children's health through use of unscreened sperm are identified in papers and lobbying documents advocating law reform: notably, birth defects and the prospect of spreading infectious diseases (e.g. Millbank 2003b; FAR 2004). A large number of submissions to the Victorian Law Reform Commission and published sources have asserted that lesbians are 'forced' to use self-insemination in the absence of access to clinical insemination (e.g. Millbank 2003b; FAR 2004). In an overt appeal to policy-makers' preoccupations with 'the best interests of the child' (see previous chapter), the implication here is that government officials should heed the inevitability that lesbians will continue to put unborn children's health at risk and should provide them with access to safer conception

methods. The Victorian Health Minister, Bronwyn Pike, confirmed the political viability of this approach when announcing the State Government's decision to allow local lesbians access to sperm screening and storage facilities: 'it's better for women who were going to do it [self-insemination] anyway that there were safeguards protecting the rights of the unborn child' (Dunn 2004: 3).

Without negating the fact there are health issues to attend to in self-insemination negotiations, there are a number of causes for ethical concern with over-playing risk-based arguments. First, given the extent to which gay men are known to be lesbians' semen providers, these arguments appear—rather cynically—to capitalise on public perceptions that gay men are sexually irresponsible disease vectors, when testing for HIV/AIDS and a range of other STDs forms a standard part of many lesbians' and gay men's pre-insemination negotiations. Notably absent in risk-focused accounts is any mention of substantiated cases where sexually transmissible infections have been contracted by women or birth defects have ensued in children because of infected self-inseminated semen. There is also a certain irony in suggesting lesbians and gay men are more than willing to put children's health at risk with their conception practices, at the same time as arguments about risks or harms to child development through gay and lesbian parenting are refuted elsewhere at every opportunity (Millbank 2003b; McNair 2004). To portray lesbians as 'forced' to use self-insemination obscures the fact that this is an active and unproblematic choice for a number of women. It positions lesbians as the passive victims of men's sexual irresponsibility and—simultaneously—powerless in the face of their own implicitly desperate drives to have children. What kind of justice does this do to feminist arguments questioning the all too frequent portrayal of infertile women as irrational in the face of being 'desperate' for children (e.g. Pfeffer 1987; Kirkman 2001)? What kind of justice does it do also to an elsewhere recorded history of respectful, rationally negotiated and successful self-insemination collaborations within the Australian lesbian and gay communities (see Borthwick & Bloch 1993; Wakeling & Bradstock 1995)?

My dismay with some activist arguments or claims does not mean I have excluded myself or this research from participation in the capital P political arena. Rather, I have tried to avoid being co-opted into dominant ways of understanding the current foundations of assisted reproduction legislation and practice. This requires exposing

alternative ways of understanding the purpose of legislation and policy, by interrogating the foundations of the heteronormative status quo rather than assuming the solution is to seek automatic incorporation of lesbian and gay experience into that status quo. For instance, in a recent independent submission to the Victorian Assisted Reproduction and Adoption reference, I emphasised the extent to which current infertility legislation rests on a questionable notion of treatment for medical causes of infertility. This is in keeping with Franklin's (1993) argument about the veiled naturalisations that often support infertility policy and practice. Furthermore, rather than argue for equality with the heterosexual status quo, I emphasised the diversity of familial configurations and expectations among participants in this study in order to show how some understandings of family and parenthood would not be supported by making existing legislation gender neutral. Ultimately, this is one way I chose to fulfil my promise to participants to make lesbian and gay parenting visible.

Re. Patrick and 'bad stories'

In 2001-02 the Australian Family Court case known as *Re. Patrick* took place. The court case involved a dispute between a Melbourne-resident lesbian co-parenting couple and their two year-old son's gay biological father. In mid-2000, a Registrar of the Family Court granted consent orders to the parties. At that time, all agreed 'Patrick' was to live with the women and have contact every third week with his biological father. Late in 2001, the women re-instigated legal proceedings, attempting to reduce the biological father's contact visits to twice yearly. In April 2002, Justice Guest of the Family Court found in the biological father's favour, determining his contact should increase with Patrick's advancing age, while still acknowledging the women's joint responsibility for the child's daily and long-term care, welfare and development. Four months after the judgment was made, the birth mother killed the boy then took her own life immediately afterwards.

Re. Patrick and its tragic aftermath posed many emotional and ethical challenges. I have changed my mind frequently over the course of the research about how to write about the case responsibly and with due sensitivity. The judgment alone caused great distress and divisiveness within the lesbian and gay parenting networks. Everyone had an opinion about who was at fault and what should have been done. The subsequent deaths led to an immense outpouring of grief and anger among those who knew the

parties involved. They shocked and saddened even those who had only a passing acquaintance with the case. Jenni Millbank, a Sydney-based legal academic who did media interviews after the judgment became public, comments on the unprecedented number of letters and phone calls she received from troubled lesbian and gay parents in the judgment's aftermath:

Mothers and fathers were united in a deep sense of uncertainty and a conviction that the legal system would favour the biological parent of the other sex. (Millbank 2003b: 574)

'Catherine' a lesbian birth-mother of a child she co-parents with her partner and a gay male couple writes of the case:

I felt totally sad to read the events that happened in the *Re. Patrick* case...The ripple of concern about the case went through the community, both with gay dads and lesbian mums. Is it OK that we are doing this? Can the consequences of breakdown in communication be so extreme? (Francine, Catherine, Andrew and Gary 2005)

The considerable media attention the case attracted was often provocative and disrespectful, even in the more reputable newspapers. After the murder-suicide, some journalists saw fit to violate the anonymity provided for all parties by the Family Court by publishing the names of the biological father, birth mother and child. The co-parent was rarely mentioned as a party to the case: an oversight that can only be described as very insensitive given the enormity of her loss.

From my own position as a researcher with a fairly distant level of ongoing engagement with most lesbian and gay parents or the parenting social networks, the case led me to reflect deeply on how quickly and easily other people's misfortunes become 'grist for the researcher's mill: a mill that has a truly grinding power' (Stacey 1988: 23). Out of this grew a conviction that researchers are obliged ethically to respect a reflective period of mourning before bringing their analyses of tragedy on this scale to light. Once the immediate shock of the deaths had passed, they raised the ethical question of how to treat what Fine et al. (2003) refer to as *bad stories*: i.e., those stories that expose a less than favourable dimension to the behaviour or beliefs of individuals or groups who are already stigmatised or victimised in the public domain. At a time when many people still believe lesbians are 'mad and bad' and not fit to have or raise children, it is tempting to gloss over and divert attention from stories such as *Re. Patrick* on the grounds that they represent extreme and aberrant

cases. An argument can be made that placing emphasis on these negative stories has the capacity to do great harm to those who are already victims of homophobia and social injustice.

However, Fine et al. (2003) maintain that social researchers have an ethical responsibility to tell the bad news responsibly along with the good news, in other words, they should: 'dare to speak hard truths with theoretical rigour and political savvy' (p. 199). It is important to thoroughly interrogate such stories for what they reveal about people's expectations and experiences, social injustice, and the complex relationship between victimhood and oppression. *Re. Patrick*, although extreme, accentuated dimensions of experience that were to some degree tangible in a number of participants' stories. For example, the deeply loving and possessive feelings women and men have towards their social and biological children that often exceed all expectations. Ultimately, *Re. Patrick* alerted me to the dangers of either pathologising or romanticising the experiences and actions of lesbian and gay parents. It taught me the value to women, children and men of making visible the considerable difficulties and challenges, as well as the strengths of their unconventional forays into parenthood.

It also reinforced my respect for the men and women who volunteered to take part in this study, and who shared their stories, 'good' and 'bad', with me in the hope that the study could make a difference. I am deeply grateful to them and it is now time to introduce them.

The parents and prospective parents

Interviewees' names appear in bold. Some of their stories appear in detail in the chapters that follow, others are referred to briefly from time-to-time, given the extent to which themes were replicated.

The women

Heather Joseph 40 works in retail and lives in country Victoria with her 14 year-old son Aidan. Heather and her ex-partner Sonia 42, broke up when Aidan was a toddler. Aidan now divides his time between Heather's and Sonia's homes and also stays from time to time with his biological father, Stuart.

Catriona and Ellen Thomas, 33 and 35 respectively, were interviewed together in their Melbourne home. They share the house with two year-old daughter, Fleur. Both women have paid work in the non-government community sector. Catriona conceived Fleur by self-insemination and Ellen is now pregnant with their second child after several trips interstate for clinical inseminations.

Karen Bell, 36 is biological mother of Lara, 4 months. Karen, on parental leave from her work as a lawyer, shares parenting of Lara with her cohabiting partner Therese Willmot, 34, a policy advisor. Karen conceived Lara with the assistance of Matthew, the man who answered their advertisement for a sperm donor. Therese and Karen would like Lara to have a sibling in the future.

Rochelle and Marg Andreas, 45 and 38 respectively, live with their daughters Tessa 14, Stella 16, Ivy 6 and Nina 4. They were interviewed together in their outer suburban home. Both women work part time outside the home in white collar clerical jobs. Tessa was born when Rochelle was married to her father, Dave. Stella was conceived by Marg through self-insemination. When Marg and Rochelle got together seven years ago, they decided they each wanted to have a child they could parent together.

Nadia Sharpe 23 is the mother of one year-old Ethan. Nadia worked in the health sector before Ethan's birth. Nadia and Ethan currently live with Nadia's parents, brothers and sisters in Melbourne's outer suburbs. Apart from the assistance of her family-of-origin, Nadia, a single parent, is raising Ethan with some help from Daniel, the baby's biological father.

Trish Williams 50 lives with her partner of 15 years, Kate Leech 45 and their 14 year-old daughter Sarah in an inner Melbourne suburb. Trish works in the community health sector and Kate is a teacher. Trish conceived Sarah by self-insemination, finding the anonymous male donor through an intermediary. Trish and Kate have alternated time out of the paid workforce and jointly co-parented Sarah since her birth.

Kath Denholm 31 and **Gabe Attard** 27 were interviewed together in their flat in an inner Melbourne suburb. Kath works in information technology and Gabe is a youth worker. Gabe is now pregnant after several trips interstate to have inseminations at a Sydney clinic. The two women hope to have another child in two or three years' time. Gabe intends to be the primary carer until this child and any subsequent children reach school age and Kath will continue to work full time.

Virginia Hunter 34 and Mia Davidson 28 recently bought their first home together in inner Melbourne. They have been cohabiting partners for six years and both work for different Victorian government departments. Mia is trying to get pregnant through self-insemination and the semen provider is a friend who the women would like to have some non-parental involvement in their child's life.

Fiona McKenna 35, lives with her partner Felicity Price 33, in their inner Melbourne home. The women are both design professionals. Fiona has been trying to have a child for several years through self-insemination. David and Karl, a gay couple who have been friends of the women since they were all students together are the semen providers. Ideally, both women would like to bear a child, however, Fiona's fertility problems have led them to reconsider this.

Tina Gray 43 and Barb Petrie 47 share a house in inner Melbourne with their children, Henry 6 and Millie 18 months. Barb works full-time in a professional role in

the health sector and Tina has returned to part-time work as senior public servant. Tina is birth mother of both children, and she and Barb have alternated their primary care. Brian, the children's biological father lives alone several suburbs away and is a frequent visitor to the women and children's home.

Esther Odeke 31 and **Sharon Marsh** 27 were interviewed together in their flat on Melbourne's outskirts. Esther is an accountant and Sharon works for a market research company. Esther is planning to have a child within the next two years, and Sharon hopes to also at some time in the future. The women have read widely in the lesbian and gay parenting literature and have attended several meetings of the lesbian prospective parents support group.

Dianne Schmidt 36 lives with her partner Paula Young 35 in a house in inner Melbourne. Dianne works for a publishing company and Paula is a lawyer. Dianne has been trying to conceive for several months by self-insemination. Paula would also like to bear a child in several years time. The intended biological father, Ian, is a close friend of the couple.

Jo Sorby 40 and Rita Leach 38 share the house they renovated recently in an inner Melbourne suburb. Jo is a florist and Rita works in information technology. The women have spent many hours on the Internet and phone in recent months in search of a suitable source of 'identity-release' donor sperm. Jo is now travelling interstate for pregnancy attempts.

Rosa Petrovich, 52, and Judy Grimes, 55, live together with son Nathaniel 17, in an inner suburb of Melbourne. Rosa works in health policy and Judy is a lawyer. Nathaniel was conceived by Rosa by self-insemination. Nathaniel has always been parented by Rosa and Judy and maintains a non-resident relationship with biological father Bill and his extended family.

Jill Westmore 44 and Marita O'Neill 39 live with their son James 3 in a house in inner Melbourne. James stays with his biological father, 38 year-old Steve, one day a week as per the agreement made by the three adults. For the past year, Jill has been

James' primary carer and Marita has returned to her full time job in the trade union movement. Marita is now pregnant with their second child.

The men

Keith Gower is a 36 year-old gay man who lives alone in an inner Melbourne apartment and works in the performing arts. Keith is intending to co-parent with Rowena Merrigan, a lesbian of similar age he has been friends with for many years, who is now expecting their child. Both are single at the moment.

Josh Powell and Marty McArdell, both aged 35, were interviewed together in their inner-Melbourne home. Marty works in finance and Josh is a senior executive in the information technology field. They have been together over ten years and have lived together for the last six. With the assistance of a paid surrogate mother in the US, the two men are expecting twins. Two years ago, they became clients of *Conceivable Options*, a Californian clinic they found on the Internet, that specialises in surrogacy arrangements for gay men.

Raymond Chalker is a single 50 year-old gay man who lives in inner Melbourne with his 13 year-old twins Mark and Jacinta. Raymond runs his graphic design company from home. He has raised the twins as primary carer, as per the agreement he made many years ago with their mother Jenny.

John Caveny is a 40 year-old gay man who lives with his partner of two years, Malcolm Innes, in a flat in inner Melbourne. He is a musician who supplements his income with occasional work as a barman. John is biological father of Lucy, 5, John, sees Lucy and her mother Susan every couple of weeks.

Derrick Wittison is a 47 year-old single gay man. He lives in central Melbourne and is self employed in the creative arts. Derrick's son Jack is five years old and lives in an outer suburb with lesbian couple Gayle and Donna. The three adults have maintained an amicable relationship since Jack was born, and the women and child are regular weekend visitors to Derrick's home.

Ben Maher is a 27 year-old single gay man who lives alone in an inner Melbourne apartment. He works in finance for a large multi-national company. Ben is the biological father of Barnaby, now 3. He met Barnaby's mothers, lesbian couple Veronica and Jules, several months before the child's self-insemination conception, after they responded to his advertisement in the local LGBT press.

Michael Meagher and Jason Burke are 31 and 29 respectively and were interviewed together. Despite their youth, the men have been in a relationship for 10 years and share the house they own on Melbourne's fringe. Michael works in the tourism industry and Jason works in the electrical trades. Michael is the biological father of Max, 2 who lives with his lesbian parents Avril and Catherine. Michael is currently in negotiations with another lesbian prospective mother, a single woman, with a view to becoming biological father of another child.

Russell and Anthony Sorenson are a couple in their mid-forties who have been together for twenty years. They live on Melbourne's fringe with their two year-old son Oliver. The men are self-employed and share Oliver's primary care. They became parents after Wendy Hutton, a friend and colleague, offered to have a child for them to raise.

Phillip Radford, 46 is a high school teacher. He has lived alone in his flat in inner Melbourne, since the death from AIDS of his partner Noel several years ago. Phillip's biological child Ryan is 8 years old and lives nearby with his mother, Angie and her male partner. Philip has maintained regular contact with Ryan, Angie and their extended family since Ryan's birth.

Terry Page, 39 is a health professional working in private practice. He currently lives alone in an inner Melbourne town house and is trying to decide whether to move in with his boyfriend of two years, Dan Walmsley. As a student in the late eighties, Terry was a sperm donor to a fertility clinic. He also gave sperm to a lesbian couple of his acquaintance. He would now like to be a parent himself in the not-too-distant future and is in the process of discussing this possibility with Dan and several lesbian friends.

Mark Dixon 42 and **Ken Keating** 48 have been in a relationship for 15 years. Ken works in events management and Mark works in the community services sector. The men co-own their house in an outer Melbourne suburb with their friend Amanda. Ken is legal guardian to Sophie, 10 who lives with her mother Carmel.

Professional informants

Maureen Mann is a midwife in private practice who has been seeing lesbian and heterosexual couples and single women through the experience of birth for twenty years.

Dr Jane Butterfield is a General Practitioner who sees ever-increasing numbers of lesbian parents and prospective parents in her Melbourne practice.

Carol Matheson is a counsellor in a reproductive medicine clinic. In the past five years, she has seen increasing numbers of lesbian clients in the context of the mandatory counselling she provides to recipients of assisted reproductive procedures.

Barbara Fife is a family lawyer who sees a number of lesbian couples and single women as clients. She has assisted women to obtain parenting orders from the Australian Family Court and also in the event of disputes over contact and residence of children requiring mediation or court appearances.

Chapter Four

Lesbians' Right-to-Choose

I: Do you remember when you first started thinking about having a child?

Tina: Yeah, I do. I suppose around the early 1980s I used to read a lot of feminist-based English books. I knew that there were some sperm banks set up by feminists overseas in the 1970s and I also knew a lesbian couple who had been to England and had children over there. So it was like a possible thing, I guess. I've heard other women say that they thought being a lesbian and a mother was a contradiction, but it never occurred to me that you couldn't have children just because you were a lesbian. I used to go to lesbian conferences and they would be talking about women doing it all by themselves. By meditating and splitting the egg and this sort of stuff. It was quite radical, imagining totally women-centred communities and environments.

Tina Gray lives with her partner Barb, son Henry and daughter Milly in inner Melbourne. Tina met Barb at a time when they were both twenty-five year-old students immersed in lesbian feminist politics. They lived in group households with other separatist lesbians, wanted nothing to do with men and spent most of their non-study time agitating for a variety of feminist and environmentalist causes.

Although Tina still cared about the environment, when she spoke about lesbian separatism and her involvement in feminist activism, she described it as 'a phase I was going through': a political stance and way of life that had seemed like a good idea in her youth but had receded in influence over time. Tina recalled that towards the end of the 1980s, she had begun to resist the 'political correctness' that had characterised her student years. As a homeowner in a leafy suburb, part-time senior public servant, mother of two young children, and long-term partner of Barb, there was little sense of continuity between her life now and that previous radical separatist self. When she decided to have her first child, in the mid-1990s, the decision followed in the wake of her mother's premature death. Tina explained: 'throughout that whole mess of a time of Mum dying, I remember thinking that having children was something she would have really liked me to do and that it was something I really wanted to do'.

Tina's story is in some ways consistent with Stein's (1997) proposition: that the lesbian baby boom is evidence of the 'de-centering' of lesbian feminism. Stein, writing in the context of urban lesbian communities on the western coast of the US, attributes the rise in popularity of planned parenthood among lesbians to a 'newly-found individualism' (1997: 128) in a number of politically oriented women's lives. According to Stein, the trend among lesbians towards having children, either as single mothers or within lesbian relationships, represents a certain disillusion that arose during the 1980s with the 1970s' Women's Liberation promise of politically unified and bounded communities of women-loving women:

The brand of feminism that spoke of retrieving a lost sisterhood, which had animated many individuals hopes and desires was losing its clarity of vision [during the 1980s]. The fun and excitement women experienced during the initial period of lesbian feminist mobilisation—posing challenges that had never been articulated in public, building a new oppositional culture, and re-shaping a sense of self—were dissipating. (p. 128)

Lesbian motherhood, in this formulation, is a kind of retreat from politicised identities into a sense of identification with the activities and care-giving interests of women beyond the lesbian communities.

However, Tina's comments about ovum-splitting and having children in women-only communities certainly evoked a consciousness about motherhood in which the personal had been very much political, and an era in which revolutionary politics informed perspectives on family and the having of children. They raised the prospect that a retreat-focused perspective on the lesbian baby boom does not give feminist influences their due. In this chapter, I explore the stories of several Australian lesbian mothers who conceived their children during the 1980s, a time when it was far more difficult than it is now to be a lesbian and not be exposed to explicitly feminist ideas and activism. From this time, the increasing proliferation of knowledge about alternative conception techniques led some Australian lesbians to believe it was within their power to have children beyond a heterosexual relationship. Sometimes, such knowledge converged with more utopian feminist ideals of achieving families without fathers beyond patriarchy—a more conscious reclaiming of motherhood as empowerment rather than oppression.

Sisters are doing it for themselves

Women's Liberation era feminists in the UK and US were quick to realise the social potential of the relatively new technological separation of reproduction from sexuality. Self-insemination adapted the Billings' method of birth control towards the opposite goal of achieving conception with carefully timed insertion of semen by turkey-baster or needle-free syringe (Wikler & Wikler 1991). Discussions of this new conceptive practice for single heterosexual women and lesbians began to appear in women's health movement publications from the mid-1970s (e.g. Boston Women's Health Collective 1976). Lesbian-specific health publications, legitimising single motherhood as a choice for lesbians and devoting entire chapters to self-insemination practice, appeared in the late 1970s (e.g. Santa Cruz Women's Health Collective 1979). Monographs on self-insemination and planned parenthood aimed solely at a lesbian audience came later (e.g. Feminist Self-Insemination Group 1980; Hanscombe & Forster 1982; Pies 1985; Saffron 1986).

Self-insemination is aligned politically in generalist and lesbian feminist health resources with other self-help practices pioneered by the women's health movement such as cervical self-examination (see Boston Women's Health Collective 1976; Santa Cruz Women's Health Collective 1979). As a practice, it arose out of a feminist critique of patriarchal medical intervention into women's health and reproductive capacities. Self-insemination came to prominence in keeping with the ideological conviction that knowledge and control of reproductive health and fertility gives women power they are often denied over their health and lives. Women's Liberation era resources teaching women how to inseminate typically project an image of the woman as the controller of her own fertility or, in women's health movement discourse, exercising her right-to-choose children without the necessity of a husband or any man in her life. According to the UK-based Feminist Self-Insemination Group (1980):

Self Insemination has political significance because it widens the choice women have about how to conceive...It separates conception and reproduction from a sexual relationship, allowing us the choice to have a child and the freedom to have the sexual relationships we choose.

Despite the burgeoning self-insemination literature produced overseas, relatively few Australian lesbians throughout the 1980s knew much about getting pregnant by inseminating at home and even fewer had actually tried to do it.²¹ Jill Westmore, 44, who had briefly flirted with and abandoned the idea of becoming a single mother in the late 1980s recalled:

I certainly didn't know many other women doing it [self-insemination]. I knew of one woman who had conceived from a clinic in the early 1980s, before they changed the laws [in Victoria]...It had felt like a very 'out there' thing to do. Too out there for me [laughs].

Maureen Mann, a practising midwife in Victoria for over 25 years, remembered first hearing about self-insemination in the late 1980s:

My first lesbian clients, a couple, told me about it. I said: 'How did you manage the relationship with the man', or something like that. One of them said: 'Well we did it with a turkey baster', and I thought it was a joke. Nurses would tell me about it too. There was another couple that did it with a syringe.

In 1989, Sydney-resident lesbians Prue Borthwick and Barbara Bloch made a series of radio programs on lesbian parenting. Self-insemination techniques featured prominently in these programs, which were quite possibly the first comprehensive public discussion of this mode of conception or the fledgling Australian lesbian baby boom. 'Sisters are doing it for themselves!' proclaims their book based on this series. (Borthwick & Bloch 1993: 18). In choosing 'self' as the appropriate adjective to qualify 'insemination', Borthwick and Bloch followed the example of UK-based feminists, such as the Feminist Self Insemination Group (1980) rather than the US-usage 'alternative' fertilisation or insemination (cf. Santa Cruz Women's Health Collective 1979).

The term self-insemination seems particularly appropriate to the sense of confidence in becoming a single mother recalled by those women in this study who pioneered the practice. Marg Andreas, resident in Adelaide—the capital city of South Australia—

²¹ Although none of the women who came forward for this study conceived through sex, it is very likely that a number of lesbians getting pregnant intentionally throughout the 1980s were opting for carefully timed 'one night stands' (see Kuijpers & Vlotman 1995). Self-insemination resources dating from the 1970s and 1980s contain numerous stories from lesbians having sex solely in order to get pregnancy.

from the mid-to-late 1980s, remembered her determination to become a single mother despite difficulties getting information about how to get pregnant without sex. Although she had friends who were lesbians and had had a number of relationships with women, she knew no one who had had children after coming out as a lesbian. At the time she became pregnant with daughter Stella in 1987, Marg did not have particularly strong social links to lesbian feminist networks nor did she recall any overt political consciousness attached to becoming a mother. 'It was probably more about being confident about single motherhood rather than politics or idealism about having a child as a lesbian', she explained.

Marg attributed her willingness to attempt a self-insemination pregnancy to persistence, common sense, and 'to being a woman who just really wanted a baby.' Equally, she had been determined not to have sex with a man. 'I had never had sex with a man and I didn't intend to start', she laughed. Marg described self-insemination as a pragmatic rather than an ideologically motivated decision. Her first idea had been to approach fertility specialists and general practitioners. She had had no qualms about being inseminated at a clinic if that was the only way to get pregnant. All of the (mostly appalled) medical practitioners she approached in Adelaide had not been prepared to assist a single woman with donor insemination and the one women's health centre she had sought information from had had few ideas. Eventually, she found an American book in her local library about how to inseminate at home. Guided by the book, Marg began charting her menstrual cycle and looking for a suitable sperm donor. The search came to an end after a sympathetic, married colleague asked her husband if he would donate sperm and he agreed.

Rosa Petrovich's son Nathaniel was also born in the mid-80s, several years after she separated from long-term partner Bill and commenced a lesbian relationship with Judy Grimes, now her partner of over 25 years. Like Marg, Rosa recalled no substantial social or political affiliations at the time to lesbian or feminist networks:

I used to run a mile from all that consciousness-raising stuff! [laughs] I knew some lesbians but I didn't know any that were having children. Bill had never really wanted a child and that was probably part of the reason we separated. I just decided to have a child and it was easier having one in a lesbian relationship, ironically [laughs].

Rosa could not remember how she thought of getting pregnant through self-insemination at a time when the practice was relatively rare. 'I did have a friend who was a doctor who probably gave me the syringe and told me how simple it was', she commented. Like Marg, Rosa explained her actions, foremost, as those of a woman who had wanted to have a baby: 'It was all so banal really. I thought it would be OK because I wanted to do it.' At the time she conceived Nathaniel, Rosa believed she was the only lesbian in Melbourne trying to get pregnant in this fashion. If there was any sense of radicalism in her choice, she equated this with 1970s libertarianism rather than feminism, recalling a certain disdain for social respectability among her inner-urban, well-educated and professional circle of friends: 'It wasn't long after the 1970s. We were all into open relationships and that kind of thing. Me and my friends all thought we could do whatever we liked', she laughed.

Elsewhere in the interview, Rosa did concede a more feminist sense of entitlement to have children, and an equally strong conviction that her ex-partner should help her to do so by providing sperm, once she had commenced a lesbian relationship:

I remember thinking he should have a social conscience about it. That lesbians should have the right to have children and he shouldn't deny me that right really. [laughs] I don't think I would have said that to him at the time. I wouldn't have been that demanding about it, as it is sort of a delicate situation.

Although Rosa and Judy have lived together and jointly raised Nathaniel since his birth, Rosa's decision to have a child echoed Marg's professed confidence in single motherhood, rather than a joint decision to parent made with a lesbian partner. Rosa recalled Judy had 'more supported me in wanting to be a mother.'

Feminist influence in their decision to become mothers was indirect and implicit rather than self-conscious in both Rosa's and Marg's stories. It took the form of a sense of entitlement to single motherhood beyond a nuclear family, made feasible by the historical moment and happening upon a new conceptive technology.

Great Expectations

Willett (2000), in a history of lesbian and gay activism in Australia, notes that from the early 1970s onwards there was a 'rich history of lesbian feminist attempts to

construct a woman-centred culture as part of an effort to change the world' (p.68). For women influenced by lesbian feminism, becoming a lesbian was a political act and choice rather than solely a question of sexual desire. Lesbian feminism incorporated a strong critique of male sexuality and male power. According to Willett, lesbian feminism in Australia was only ever a minority movement among an already small minority, however, 'lesbian feminist ideas were to exert an influence that was to last until at least the late 1980s' (p. 70).

Despite Marg's and Rosa's experiences of self-inseminating at home in apolitical isolation, some Australian lesbian feminists began to organise self-consciously feminist self-insemination groups during the 1980s, modelled on the groups they heard about overseas. One such group began to meet in Melbourne in the mid-1980s. Heather Joseph was an early member of the group that became known as *Great Expectations*. Heather grew up in a country town and moved to Melbourne in the late 1970s to begin a university degree. A heterosexually active teenager, she began having relationships with women soon after moving into a group household in the inner suburbs with some older feminist students:

I suppose that was my introduction to feminism. We used to go to all the rallies and chop all our hair off and wear flannelette shirts. All that sort of stuff you did back then.

Heather supported herself through her degree with part-time work in a women's refuge. After finishing university, she continued to work in domestic violence services and rape crisis centres and lived in a succession of women-only households. She remembered having become very much immersed in separatist politics for a time:

There was a bit of the 'we hate men' stuff in that first household, but they weren't so much separatists. I did get into separatism not long after that though...There was a brief period of time when I was working at a refuge *and* in the rape crisis centre. I was very very anti-men in those days. I think part of it was a reaction to working in those places. I just really got into that 'all men are bastards' thing. We used to call them 'mutes', short for 'mutants'. We were all very angry [laughs].

Evidently, Heather viewed political separatism as an orientation to feminism characteristic of a particular time and place, rather than a strong continuing influence in her life.

Heather always enjoyed the company of children, and as a teenager had gravitated towards part-time jobs involving childcare, working as a nanny for a time. After coming out, the thought of having a child never left her, but seemed much more of a remote possibility: 'I was aware of having a longing but I just thought, "Oh well, I've come out as a lesbian, there goes that idea"'. Nonetheless, she was always interested in the lesbian women with children she met at various parties, rallies and groups. At that time, most of these women all had children from previous marriages rather than children they had chosen to have as lesbians. Heather did know one lesbian who managed to get pregnant after a carefully timed one-night stand, but could not imagine 'picking someone up in a nightclub' herself.

She recalled very vividly the circumstances leading up to the formation of *Great Expectations*. Sometime in 1986, she had been browsing in a feminist bookshop. In the women's health section she found the booklet *Self Insemination* written by the Feminist Self-Insemination Group (1980). Heather recalled the booklet alerted her to the idea that there were other ways for lesbians to get pregnant apart from having sex with men. She circulated it among the small group of other lesbians she knew who were also interested in having children. She remembered, with some amusement, that it had soon become 'like a bible': a dog-eared and prized possession.

Great Expectations was conducted along the lines of the collectively run group Heather and her friends read about in the English booklet. They met in each other's lounge rooms and the membership fluctuated between five and ten women at any given time. With the booklet as their guide, members of the group learned the techniques of self-insemination, including: how to chart their menstrual cycles in order to pinpoint ovulation; how to insert the semen using a needle-free syringe; how long sperm could survive in ejaculate outside the male body; and the climatic conditions that must be maintained in order to retain optimum sperm motility. They found local doctors willing to provide them with new syringes and pooled their resources when it came to finding men prepared to give them semen.

Can lesbian feminists choose motherhood?

One political stance among lesbian feminists throughout the 1970s and 1980s was that children robbed a mother of her potential to be a politically active feminist. Children represented a burden, hindrance and reminder of a heterosexual past, as well as a diversion from a feminist's proper focus on political work. As Calhoun (1997) notes, the departure points for many lesbian writers' critiques of family and motherhood were feminist critiques of heterosexual women's experiences in the post-World War Two nuclear family. One pervasive school of thought was that lesbians should use their vantage point, as women sexually and financially independent of men, to rebel against any notion of family and the institution of motherhood.

Trish Williams was also a member of *Great Expectations* in the mid-late 1980s. Trish, who like Heather had worked in the Melbourne-based women's refuge movement at that time, recalled the prevailing attitude to children among the other lesbian feminists of her acquaintance:

They thought it was politically a bad move to have children. And so lesbians who had children from prior heterosexual relationships—well, you were stuck with them and it was bad luck if you had them. Most lesbian groups and organisations didn't have childcare at that time because...kids got in the way of politics.

This political stance against having children is evident in some lesbian feminist literature dating from that era. For instance, Raymond (1986), argued for a distinctively lesbian vision of *passionate friendships* centred on communities of women-loving women engaged in meaningful political work. In foregrounding the feminist worthiness of all-women communities, Raymond rejected the monogamy and isolation believed characteristic of heterosexual women's experiences of the nuclear family. Motherhood, as a de-politicised activity that took women away from work, had no place in her vision of shared lesbian feminist values.

Polikoff (1987) wrote that lesbian motherhood—by choice rather than a previous heterosexual relationship—easily became an implicit judgement of the lesbian women who had relinquished care of the children they had borne in marriage. Although a number of women had lost legal custody of their children involuntarily after coming

out as lesbian, for another group, a conscious choice to forgo custody had been made, in favour of embracing a politically active lesbian lifestyle:

All society views women who give up custody of their children with suspicion, disapproval and disbelief. If we who have children as lesbians do not explicitly support our sisters who have decided to stop the daily tasks of raising their children, we become part of their oppression and contribute to divisiveness in our community. (Polikoff 1987: 51)

A more extreme lesbian feminist separatist position predicated on a deeply essentialist view of the lesbian body postulated that through undergoing pregnancy and childbirth, a lesbian is transformed into a heterosexual. In this view, maternal desire, by its very existence, is heterosexual and a woman capable of feeling maternal desire cannot be a lesbian. Further, this source contends, if lesbians become mothers they can no longer be considered lesbians because the 'acts of welcoming semen into one's body, being pregnant, giving birth and breast-feeding are specifically heterosexual acts' (Jo, Strega & Ruston 1992: 4-5).

Trish and the other prospective birth mothers of her acquaintance, on the contrary, believed it was possible to remain active as a lesbian feminist and also become a mother. Trish's descriptions of the self-insemination group's meetings in those Melbourne lounge rooms not only emphasised learning about the technical dimensions to getting pregnant through self-insemination; they very much encapsulated the feminist maxim 'the personal is political', bringing to mind the consciousness-raising activities characteristic of the Women's Liberation Era (cf. Albury 1999):

We talked about how to go about inseminating and stuff about donors and all the other technical kinds of things. But we also talked about our friendship circles and what would change if we had a child. There was stuff about growing up in nuclear families and not wanting to do the negative things we saw our own mothers doing to us. How to change that kind of thing.

It was Trish's contention also that once other lesbians saw how motherhood did not necessarily interfere with feminist political sensibilities, more lesbians were won over to the benefits and joys of having children, towards the late 1980s and early 1990s:

With more lesbians having children, the lesbian community just had to accept that and welcome those children in. I remember we used to take all our kids to the women's dances. And the other women there who didn't have children, they loved watching those kids dance. The kids would be

up the front having such a great time...People could see that kids weren't ogres and awful and really demanding. The other thing they could see was that you were still the same person. You were still a feminist, you were still political. You still went to all the meetings. The only difference was you brought your child with you.

Feminist utopics and lesbian kinship

To seek visions, to dream dreams, is essential, and it is also essential to try new ways of living, to make room for serious experimentation, to respect the effort, even when it fails.

—Adrienne Rich (1976) *Of Woman Born*

Feminist deliberations on the parlous state of the patriarchal nuclear family provided a powerful cultural imaginary in which some of the earliest attempts at re-fashioning the family occurred among lesbian mothers. Arguably, without a vision of kinship inspired and nurtured by feminism, beyond the cultural dominance of the Western nuclear family, the courage of some women to opt into lesbian motherhood would have lagged far behind the technical know-how.

In *Of Woman Born* (1976)—the influential Women's Liberation era classic—Rich proposes that motherhood within the patriarchal nuclear family is an institution within which women are oppressed as well as complicit in their own oppression. In this formulation, motherhood is—simultaneously—the source of women's most profound experiences of personal power and victimisation. For Rich, a critical moment in the history of human consciousness occurred when men discovered that they, rather than some other force of nature, impregnate women.²² This discovery is said to have given birth (so to speak) to the mainstay of patriarchy, the patrilineal family unit within which women are contained and controlled:

At this crossroads of sexual possession, property ownership and the desire to transcend death, developed the institution we know: the

²² Rich's reasoning here displays the common Women's Liberation era tendency to universalise Western kinship and family organisation and find in it the root cause for women's subordination everywhere. Non-Western feminists and feminist anthropologists substantially critiqued this tendency in the work of many Western feminists throughout the 1980s (e.g. hooks 1990; Mohanty 1991). Whether and how the knowledge that sexual intercourse leads to pregnancy is of significance for kinship in some non-Western cultures is also far more contested than Rich revealed (see Schneider 1984). Various views on this topic are documented in a large body of anthropological work known as the 'virgin birth' debates (see Franklin 1997 for a comprehensive discussion).

present day patriarchal family with its supernaturalising of the penis, its division of labour by gender, its emotional, physical and material possessiveness, its ideal of monogamous marriage until death. (Rich 1976: 61)

Rich rejected an earlier Women's Liberation era idea that a universal matriarchy once existed, which, at a certain point in history, was overthrown by men. However, she did propose that at one juncture all men obtained power over all women as mothers and that state of affairs had diffused throughout all contemporary societies:

Power is both a primal word and a primal relationship under patriarchy. Through control of the mother, the man assures himself of possession of his children; through control of his children he insures the disposition of his patrimony and the safe passage of his soul after death. It would seem therefore that from very ancient times the identity, the very personality of the man depends on power, and on power in a certain specific sense: that of *power over others*, beginning with a woman and her children. The ownership of human beings proliferates: from primitive or arranged marriage through contractual marriage-with-dowry through more recent marriage 'for love' but involving the economic dependency of the wife. (Rich 1976: 64, original italics)

Rich distinguishes between motherhood as a potential relationship any woman has to her natural ability to reproduce and motherhood under patriarchy, which she saw as the main source of women's enslavement. For Rich, patriarchal culture produces full-time motherhood as akin to solitary confinement while fatherhood gives a man rights and privileges over children toward whom he assumes minimal responsibility. According to Rich, the key to social change resides in the 'repossession by women of our bodies' as mothers *and* women-centred social organising beyond the nuclear family.

This proposition that more egalitarian kinship could flourish both without men and beyond patriarchal organising of the family found a fictional echo in what could be called the 'Amazon matriarchate' genre of feminist science fiction that proliferated during the 1970s. There, some of the earliest thought experiments in lesbian feminist kinship that included children were enacted. For instance, in the women-only post-apocalypse worlds of Joanna Russ (1977) and Suzy McKee Charnas (1974), the men have wiped themselves out due to playing God with viruses in the laboratory or nuclear war. In the absence of men, a device is found to enable the women to

reproduce themselves. Russ' women perfect a technique of merging their ova in order to reproduce future female generations. Charnas, on the other hand, has her women mate with horses, a repellent but complex idea. In using the stallion semen as 'a certain substance' that sets off the process of parthenogenetic reproduction, Charnas' Riding Women establish and maintain their symbiotic relationship with the land and other species, and perpetuate the 'Motherlines', the kinship groupings of women and female children related by blood but also by group nurturing of their offspring. The idea being that in the absence of the father, the children have ceased to be regarded as property, rather, they are free spirits connected to a lineage of and care by free and powerful women. It is the absence of men in these fictional worlds that frees women to re-create a less power hungry and morally superior world in their own image.

Some published resources on lesbian motherhood, dating from the Women's Liberation era, owe allegiance to this idea of reclaiming motherhood in the absence of patriarchal power. They put forward self-insemination as not only a consequence of women's right to control their fertility but of novel and explicitly political challenges to heterosexuality as an institution and the two-parent, heterosexual nuclear family. Normalising lesbian motherhood through naturalising it was one strategy. Attempts to naturalise self-insemination were consistent with Rich's (1986) other influential theory that heterosexuality is *compulsory* rather than natural—in other words, it represents a social institution maintained by force that prevents women from exploring their (implicitly) natural capacity for lesbianism.

Hanscombe and Forster (1982), in one of the earliest monographs about lesbian motherhood, ventured perhaps the most imaginative argument in the service of naturalising motherhood by self-insemination. These authors proposed that self-insemination pregnancies were the logical outcome of the physiological separation of female sexual and reproductive capacities. Influenced by knowledge gleaned from sexologists such as Hite (1976) and Masters and Johnston (1966) who, contrary to the Freudian view (see Koedt 1968), claimed the physical origin of the female orgasm was in the clitoris rather than the vagina, Hanscombe and Forster claimed a biological—therefore, natural—basis for lesbian sexuality and lesbian motherhood. In their line of reasoning, if women can become pregnant without having to resort to vaginal intercourse, lesbian motherhood by insemination is natural because it

acknowledges reproduction is separate from pleasurable sex and provides an alternative to having un-pleasurable sex in order to reproduce.

Self-Insemination (1980) by the Feminist Self-Insemination Group—the little book to which *Great Expectations* members were so indebted—also underscores an explicit challenge to patriarchal organising and influence. It proposes ideals of reclaiming motherhood from patriarchal interference and dismantling the authority of the patriarchal father through donor anonymity. The quest for donor anonymity soon became challenged by concerns about whether children have a right to know the identity of their biological fathers. A fourth theme posed the possibility of effecting social change through deliberate attempts to conceive ‘girl children’. Each of these themes is considered in turn below, with a view to examining how these ideas were influential in the lives of the Australian lesbian feminist mothers exposed to them.

Reclaiming motherhood from the patriarchy

The Feminist Self-Insemination Group argues self-insemination provides a means to subvert the exclusiveness of the biological mother/child relationship and the assumption that families must be based on a two-parent model. There were believed to be benefits for children as well as women in dispensing with these aspects of the nuclear family:

We feel much more must be written about the political implications of self-insemination, and of the significance of bringing up children who relate to women-orientated communities...Children can live/belong in groups or communities of women more easily if they are freed from expectations of nuclear family living and the expectation of blood ties. Although being a single parent could make a woman more isolated or more protective of her link to the child, Self Insemination in a feminist context could work against this. (Feminist Self Insemination Group 1980: 46)

Klein (1984), in an account of meeting London-based Feminist Self Insemination Group members, describes how some of the founding members of the group lived together and participated in parenting each other’s biological children. Klein explains how Catherine, one of the children of the group members she observed, considered herself to have three mothers and did not distinguish between them as carers. Such ideas about raising children in supportive women-centred communities were clearly

influential to some extent in the Australian lesbian feminist context, as Heather Joseph's story indicated.

Although Heather had conceived her teenage son Aidan when in a relationship with Sonia, and Aidan still spent part of each week in Sonia's care, the mutually supportive relationship with single parent friend Olivia was of equal prominence in Heather's story. Heather and Olivia had both been members of *Great Expectations*, and became pregnant around the same time. They have always lived 'more or less around the corner from each other' until Heather's recent move back to the country. Heather described the familial character of the close connections they had maintained since their children, Aidan and Rosie, were born:

Aidan and Rosie have been brought up like brother and sister. They're only a few months apart in age. Olivia and I were looking after each other's kids from the time they were born, we used to even take turns in breastfeeding them sometimes. Most of the time we lived walking distance from each other. We had a regular thing like when Aidan was young, Olivia would wander around and take him home for a few hours and I'd have a sleep or something. I'd do the same for her. We've always swapped kids. I mean, it's not like someone else's kid. We always give the kids expensive presents, you know, like family. It's really nice having Olivia around and also for the kids, so they're both not single children. I think it's great Aidan's got a sister.

In Heather's telling of the story, however, the closeness between Olivia, the children and herself had arisen from concerns about providing the children with an extended family network rather than an ideological rejection of the exclusivity of the mother/child relationship. For instance, there was no suggestion Aidan and Rosie had been encouraged to regard each other's biological mother as another parent. Rather, Heather explained her relationship with Olivia within a paradigm of extended family rather than parenthood: 'We still all go on holiday as an extended family every year', she remarked of the continuing relationship. When the children were young, the emphasis had been on ensuring each woman, in the absence of a co-resident partner, had enough reliable, ongoing social support with the daily demands of bringing up their son and daughter, and a way of providing their children with a concept of family that was broader than the potentially isolating single mother/child connection.

The extent to which raising children beyond nuclear family living was, in itself, enough to free them from the expectation of blood ties is debatable. Short of bringing children up in communities that are entirely shut off from the outside world, they are invariably exposed to culturally dominant understandings of the significance of biological relationships, particularly those between parents and children. These could result in a distinction between ‘real’ and ‘fake’ parents, as Trish Williams found. Trish did recall participating in group parenthood throughout her 20s, however, she associated this with an earlier more left-wing, counter-cultural rather than radical feminist period of her adult life. In the 1970s, work in a co-operative kindergarten had led to co-parenting two children of heterosexual single mothers from the time the children were young toddlers up to their teenage years. Along with several other male and female friends of the women, Trish had cared for the children part of each week ‘on a roster system’. Although the adults were very committed to their responsibilities, in Trish’s estimation, children had often made distinctions between the biological and social parents despite the adults’ best attempts to challenge the idea that biological motherhood determined who should be responsible for children’s day-to-day care. The children knew who their biological parents were and would sometimes be distressed or not want to be cared for by the other adults. Trish explained: ‘The kids were always asking to spend more time with their real mothers. Sometimes it was the kids who got rid of the extra adults bit by bit’. Her comments here suggested the adults involved in these arrangements had difficulty sustaining their political commitment and responsibilities if the children rejected them emotionally.

If group parenthood could falter in the face of children’s demands to spend more time with ‘real’ parents, Trish’s story illustrated also how political convictions alone were not always enough to provide 1980s lesbian birth mothers’ partners with the sense of emotional or social constancy assuming the role of parent requires. They too were faced with the conundrum of how to love and maintain a sense of responsibility for a child that few others may consider to be ‘your’ child. It was apparent that birth mothers rarely, if ever, relinquished primary parenthood and their partners were often ambivalent about how to participate. Political convictions were one thing, however, they could not always reverse the dominant cultural idea that the biological mother/child relationship is unique and exclusive:

Many of those couples broke up and only some of them [the partners who did not give birth] continued having a role in the child's life. For some of the women, some of the couples, I reckon, some of the non-biological parents weren't sure how involved they wanted to be from the start. They didn't want to be called mothers because they didn't want that responsibility or that involvement yet. They wanted to wait and see. For others, they really thought that a child could only have one mother. They didn't believe that it was right to call yourself a mother because they thought that society won't understand that. You might have a dad or you might not have a dad but you've only got one mum. They didn't want to confuse the child.

Overall, there was evidence to suggest radical feminism could not always provide women with the tools to challenge the cultural significance attached to birth mother/child relationships. Although Trish's own relationship with Kate did not break up, Trish admitted how difficult it had been at first 'to let Kate in' in the face of the intensity of the love she experienced toward the child to whom she gave birth. This was qualitatively different, despite Trish's political convictions, to the relationship she had shared with those earlier co-parented children. She had great difficulty putting this into words:

With Sarah, it was just so much [long pause] *more* of everything and I really loved those other kids. It was really hard for Kate to find her role at first because I just wanted to do everything and be with Sarah all the time. I think she felt really shut out.

Over time, Trish and Kate found a way to resolve these difficulties due to the strength of their political commitment to sharing parental responsibilities and have co-habited and parented on what Trish called 'a relatively equal footing'. Over the years, Trish and Kate have each taken time out of the paid workforce to be primary carer to Sarah, who has called them both 'mum' for as long as Trish can remember.

A blow to the power of the fathers

In a section called 'Setting up the Donors Group', the Feminist Self-Insemination Group emphasise men providing sperm must possess strong political motivations:

We wanted to be sure that all the men who might become donors were clear that they would be biological fathers only and have no contact or right to a relationship with the children...A group of men emerged who felt they could fulfil the requirements. Their contribution to our self-insemination group came from a strong political motivation. They never wanted to be fathers, but felt that lesbians who wanted to should be able to be parents. On this basis,

they were contributing to the disempowering of one of the basic rights claimed by patriarchy—that biological fathering gives men power over women and children. (Feminist Self Insemination Group 1980: 12)

Elsewhere, this is understood as ‘a blow to the power of the fathers’ (p.7). The logic here is that a biological father with no knowledge of the identity of his offspring could exercise neither rights nor power over the children and their mothers. These ideas appear to have been influential at the level of self-insemination practice. Trish Williams explained the predominant perspective among her peers was inspired by anti-patriarchal separatist politics:

We wanted it all to be anonymous and didn’t want to know who the father was, which was again the done thing. That was coming from separatism, where lesbians didn’t want to have anything to do with men. Some lesbians and some groups. That was the politics of the time. We didn’t want the men involved. We just wanted their sperm [laughs].

These political convictions tied in very well with assumptions that already characterised the clinical management of donor insemination. Despite the extent to which some versions of 1980s feminist reproductive politics were very critical of the male-dominated medical profession (see Arditti et al. 1984; Albury 1999 for a discussion) self-inseminators certainly had the medical profession to thank for inventing the idea of an anonymous sperm donor. Semen provision in the clinical setting throughout this century has often been considered by doctors as analogous to blood donation, despite the fact that, unlike blood, sperm contains genetic material capable of contributing to the formation of a new person. As Daniels (1998: 78) has observed, ‘in those circumstances, the psychosocial factors associated with providing semen do not have to be considered, the focus is on the provision of “material” and the man is much the same as a machine—a producer of products’. Anonymity and the implicit erasure of personhood this implies, although contested, remains to this day a standard feature of clinical practice regarding donor insemination in many developed Western countries. Lesbian mothers and their semen providers were drawing on an already well-entrenched understanding of sperm donation and deploying it for different political and familial ends.

Trish, Heather and their peers in the self-insemination group looked to political networks, advertising and word of mouth to find men willing to contribute sperm,

predominantly left-wing gay or heterosexual men who supported the rights of lesbians to become mothers. Heather recalled that advertisements for donors were placed not only in the gay press but also socialist-left newspapers and on the windows of left-leaning community-based organisations such as *Friends of the Earth*. The women tried to avoid face-to-face contact with the semen providers as a means of maintaining anonymity. One way of doing this was to use other group members or partners as ‘go-betweens’ to transport the semen to the prospective birth mother. Heather recalled one of the men leaving his ejaculate in a jam jar on his front porch inside a woolly sock. On receiving his phone call another friend, entrusted with keeping his identity confidential, would duly race to his house to pick it up.

Trish recalled, ‘the men giving us the sperm were very happy with these arrangements. They thought lesbians should have the right to have children and they just wanted to help us out.’ Paul Van Reyk is one of the few Australian gay men to have written about the experience or motivation for giving sperm to lesbians during the 1980s. He indicates semen provision by him and his peers was motivated politically by the convergence of some Gay Liberation and lesbian feminist ideas:

Each of us comes from a background of Gay Liberation informed by feminism. That framework means we see ourselves as involved in combating patriarchy and its structures through the way we choose to live our lives. Becoming donors was not only about supporting the right of women to control their reproduction, but also a challenge to the construction of patriarchal relations through the heterosexual nuclear family. (1995: 82)

For a brief period of time in the mid-1970s, an anti-sexist critique of Gay Liberation thought known as Effeminism became popular among some inner-urban left-wing Australian gay male activists (see Johnston 1999; Willett 2000; Reynolds 2002). Effeminists as a group were aligned with Radicalesbians, and according to Reynolds (2002: 147): ‘were men who looked to radical feminism for political and ethical inspiration’. Effeminists, as is evident in their *Manifesto*, distinguished themselves from other Gay Liberation activists through their belief that the oppression of all women by all men was the most fundamental form of oppression:

We call on all men to give up their male privileges and support Women’s Liberation in the interest of humanity and their own. In fighting for our liberation, we will always take the side of women against their oppressors. We will not ask what is ‘revolutionary’ or ‘reformist’, only what is good for women. (Johnston 1999: 15)

Although Effeminism was short-lived and later soundly critiqued by its most vocal adherents (see Johnston 1999), its legacy lived on in the political outlook of some gay men (Willett 2000; Reynolds 2002). The sentiments of facilitating women's power and control, based on the belief that oppression inhered in any form of male authority, is entirely consistent with the desire to whole-heartedly reject a family structure believed predicated on men's rightful ownership of women and children (see Chapter Seven for more on the men's perspective).

However, despite the fact that lesbian feminist separatism, and concomitant attempts to challenge the hegemony of the nuclear family were implicated in these clandestine measures, they were not the only reason anonymity was taken so seriously. There was a fear among the women that the men—particularly the heterosexual men—may use their status as biological fathers to attempt to get custody of the children, should they be able to identify the recipients of their semen. Heather recalled gay men were considered 'safer' by some women than heterosexual men. By this she meant it was assumed that the homophobia prevalent in the legal system would mean a gay man would be even less likely than a lesbian woman to be granted parental status in a court of law, due to the popular association between gay male sexuality and paedophilia.

Other Australian sources suggest that some lesbians took the quest to achieve paternal anonymity very seriously indeed. By mixing semen from a number of different men together, uncertainty about paternity was presumed to prevail and guard against the possibility men could lay social or legal claim to the children. For example, in *Sex in Australia*, a publication from the early 1980s, a lesbian couple resident in Sydney tell the story of how they began their attempts at conceiving children with as many as twelve semen providers. They alternated between the men and mixed several men's semen together on each occasion:

During my time of ovulation the men would come and visit us for the evening... The men would ejaculate into sterilised jars and when there was a jar full, [my partner] would bring it to me in my bed. I'd syringe it up to my cervix and put a diaphragm in place acting as a lid, cross my fingers and say my prayers. (Knepper 1984: 57)

Trish Williams and Heather Joseph had both for a time inseminated with mixed sperm from several of the donors found by women in the group, although neither had had

success in becoming pregnant that way. At a time before paternity testing made it possible to determine a child's genitor, this practice was another safeguard against the possibility of a sperm donor claiming any right to contact with their biological children.

Children's right-to-know

For any woman, lesbian or not, who does not want to face the possibility of losing her child to either the child's father or the State, AID [artificial insemination by donor] offers an alternative which restores the primary rights and responsibilities to the mother. And it gives...the ultimate independence...a woman's right to choose for herself, and in deference to no man or woman what she will do with her own fertility.

—Gillian Hanscombe and Jackie Forster (1982) *Rocking the Cradle*

Whether the desire to know one's genetic roots is socially induced or not, it is true that the desire is there in many children conceived by donor insemination...It may conflict with what the mother wants but for many, if not most children, there is a desire to know who their biological father is.

—Lisa Saffron (1986) *Challenging Conceptions*

Hanscombe and Forster, in advocating self-insemination pregnancies for lesbians and single heterosexual women, assumed donor anonymity was women's right and the main safeguard from state or paternal interference in lesbian motherhood. Several years later, Lisa Saffron, one of the most widely published lesbian authors on self-insemination, was challenging this preference for anonymous sperm donors in favour of what was considered increasingly to be a child-centred discourse. This is one indication of how culturally dominant understandings of kinship and identity have permeated and substantially competed with feminist political beliefs since the early days of the lesbian baby boom.

These early self-insemination pregnancies coincided with a flurry of media interest in IVF and donor insemination procedures performed for heterosexual couples. Between 1982 and 1987, peaking in number in 1984, numerous newspaper articles addressed the question of children's right-to-know their biological origins in regard to a variety of ART procedures involving donated semen. The 1983 report of the Victorian Waller Committee, which explored the social and legal ramifications of utilising third party gametes in ART procedures, received a great deal of media attention (see Szoke 2004). It strongly recommended people conceived of donor gametes should be in the position where they can pursue information about their biogenetic origins (see

Government of Victoria 1983). An earlier and similar debate about right to knowledge about origins had accompanied the rise of the 1960s–1970s adoption movement in Australia (Marshall & Macdonald 2001).

Both Heather and Trish recalled it had not been long before discussion in *Great Expectations* began to question semen mixing and complete donor anonymity. There were health reasons for this amidst growing concern about the possibility of contracting AIDS from men whose identity—and therefore sexual history—was unknown.²³ However, the possibility that children born of self-insemination arrangements might like to know the identity of their biological fathers was a pre-occupation more uppermost among women in this study. Trish’s friend Janette, a single lesbian mother, had conceived her son in the early 1980s, after having inseminations at a sperm bank while visiting relatives in California. According to Trish, Janette had since regretted this decision given her son had found it very distressing from a relatively young age that his biological father could never be traced.

Variations on the story of Janette’s son’s distress were told a number of times, in the course of interviews with local lesbian mothers, and such stories clearly generated a great deal of concern about children’s well-being. Sometimes the child was said to have invented an imaginary father who he talked about to other children. At others, the child was said to have repeatedly asked questions about his biological father’s identity, questions that did not abate when told there was no information. Trish Williams decided to talk to the semen provider over the phone to ascertain his willingness to be known to her child in the future should the child express curiosity about a father or genetic heritage. Her partner met him, although Trish herself chose not to, and a means of future contact, if necessary, was established:

We started thinking that any child would in the future want to know who this donor was because a lot of lesbians were starting to think this way. Things just shifted slowly, gradually, bit by bit. It was just from completely anonymous to: ‘Oh, sometime in the future, the child might like to know him’...Our donor agreed that he would stay right out of the

²³ The first case of AIDS was diagnosed in Australia in 1983 (Willett 2000). However, the evidence from this study suggests it was not until several years after this time that concerns about contracting the disease became pronounced among lesbian intending birth mothers.

whole situation. It was us who wanted the family and he would just help create that. He agreed we could contact him if the child ever wanted to do that. And that's the way it stayed for us.

Trish herself never regretted the decision to become pregnant with sperm from an unknown man and sees no evidence this has disadvantaged her 15 year-old daughter Sarah in any way. Sarah has been aware of the circumstances of her donor insemination conception since she was four years old and has thus far shown little interest in knowing about her biological father, although she did once ask if he had other kids. According to Trish, Sarah's biggest concerns now she is a teenager are her weight and the fact that she would have liked a brother or sister.

Heather told a very different story, which emphasised the considerable gap that could exist between the theory and the lived experience of anonymous self-insemination arrangements. Heather planned and prepared for Aidan's birth with ex-partner Sonia. Initially, Heather and Sonia obtained semen through a go-between, after receiving assurances the semen provider did not mind being identified in the future if the child wanted to know who he was. During her pregnancy, Heather changed her mind about anonymity and arranged a meeting with the man, Stuart. 'By the time I actually got pregnant, separatism was long-gone', she laughed. Heather explained the change of heart as 'partly curiosity' but also due to an escalating concern about how her child might react to no knowledge of a biological father:

Even if other kids didn't live with their dads, you know, 99% of them could say that they knew their dad's name or what their dad looked like, or what their dad's job was.

After finding Stuart to be 'a nice guy', Heather and Sonia formed a tentative friendship with him: Regular, if widely spaced, visits then ensued between biological father and child during Aidan's early infancy. Since he was about seven, Aidan has stayed at Stuart's house some weekends and part of every school holidays. Over time, Aidan has come to think of and call Stuart 'dad', a turn of events that surprised and upset Heather initially but which she accepts now as 'good for Aidan' and 'just the way things are'.

Clearly, not all lesbian mothers using self-insemination under conditions of anonymity became concerned on their children's behalf about being able to contact the man

providing sperm or decided to meet him. Sometimes, indeed, as the women feared, it was the men who became interested in establishing contact once children were born as this excerpt from 'Susan' who participated in Borthwick and Bloch's radio series illustrates:

One of the problems with the 'do it yourself' method is that although you ask friends to find donors...the circle that the sperm can circulate in is relatively closed. The woman who was the courier wrote to me some years later to say that the donor had guessed who I was...and did I want to know his identity? Seeing as he had a fair idea of mine, he felt we should be on equal terms...I couldn't see any point...I said I wasn't particularly interested. (Borthwick & Bloch 1993: 37)

However, the evidence from this study suggests right-to-know became a dominant discourse relatively early in the Australian lesbian baby boom and continues to be important to contemporary lesbian mothers (see Chapter Six).

Girl or boy children?

Self-insemination resources have always advised women of sex-selection techniques as a means of positive discrimination toward conceiving girls. Klein (1984) argues self-insemination is empowering because it allows women to address the question, 'What kind of children do I want?':

It questions the values which, in Western patriarchal society, define what a 'desirable' child is: white and able-bodied, preferably male (at least when it is a first child). Self-insemination challenges all these norms and assumptions. (Klein 1984: 386)

Klein believed one positive potential of self-insemination techniques was that they enable women to flout the patriarchal assumption that male children are of more value. Her sentiments were to some extent echoed by the Feminist Self Insemination Group:

Although we feel positive about having a child of either sex, many lesbian feminists who do self insemination may prefer to give birth to a girl. Reclaiming women's strength as individuals, working together to change the way we think of ourselves as women, challenging traditional sexist values are priorities for us. So helping daughters become women is an important part of our politics. (Feminist Self Insemination Group 1980: 38)

Various techniques were—and indeed still are—said to facilitate the chances of conceiving girls. Santa Cruz Women's Health Collective (1979) give the standard advice:

Female producing sperm are slower swimmers, longer-lived and do better in an acidic environment than male producing sperm which are faster, shorter-lived and prefer an alkaline environment...Therefore, a woman who wants a girl could acidify her vaginal environment with a vinegar douche before using the sperm, time insemination to two to three days before ovulation is expected to occur and place the sperm towards the outside of her vagina. (1979: 53)

This theory, adhered to by several women interviewed for this study, attributes to XX and XY chromosome-bearing spermatozoa popular sex difference theories about women and men: i.e., ‘male’ sperm may be faster and more competitive, but they quickly die out in comparison with the slower yet more enduring ‘female’ sperm. As a theory, it seems more in keeping with dubious sociobiology than descriptive of how spermatozoa actually behave (see Albury 1999; Martin 1987, 1991 for discussions of this *Venus and Mars* tendency in the language and imagery of assisted reproduction). Clinical studies of ratios of male and female children born as a result of clinical donor insemination have failed to demonstrate more babies are boys despite the fact that inseminations in the clinical setting are timed to directly coincide with ovulation (e.g. Wilcox et al. 1995). In tandem with the recipe for sex-selection, all self-insemination manuals are quick to point out the wide margin for error.

There was ample evidence to suggest this reverse eugenics suggested in self-insemination resources had—and maybe could—never be taken very seriously in practice. Most of the women who participated in this study believed that self-insemination and clinical insemination babies tended to be boys and, influenced by radical feminism or not, had accepted that outcome as a necessary prelude to trying to have children. For instance, despite their history of engagement with separatist politics both Trish and Heather professed to have ‘moved on’ by the time they became mothers. While separatist sentiments gave impetus to the idea of anonymous semen providers, the women made a clear distinction between themselves—as women prepared to become mothers—and ‘true’ political separatists.

At the same time, those women who had (at one time or another) moved in radical feminist circles conceded that giving birth to a boy was cause for reflection, if not for the mothers themselves, then for at least some of the women they associated with.

Trish who, as it turned out, gave birth to a girl, explained how she had practised all throughout her pregnancy with her partner, Kate and other *Great Expectations* members, for the censure she expected to face from other lesbians about her ‘boy child’:

Trish: I know one thing we talked about was having boys, having boy children and our own reaction to having a boy if that occurred. Because there was this idea that once boys turn three they start to exude male energy. We also talked about the lesbian community in general’s reaction to us as parents of sons and what that would mean. I remember when I got pregnant, for some reason I thought I would be having a boy.

I: Why was that?

Trish: I think because most other lesbians were having sons. Because of the insemination process, that just seems to happen...When I was pregnant, we started to be really fighting for our rights and his rights and we were going to defend him in the lesbian community. We were going to make him feel just as welcome in our community as any girl who we knew would be automatically welcome. We wanted him to feel really good about himself and his gender and we didn’t want him to have to go out of the room when lesbians were around. We didn’t want him to have to listen to anti-male talk and put down of men. We did it ourselves, but once I was pregnant, we stopped doing it. We thought, you’ve got to give any child the best chance.

Trish’s lengthy explanation of how she and partner Kate had anticipated having to protect and defend a son indicated the extent to which anti-male sentiment had proliferated among the lesbian feminists of her acquaintance.

Heather Joseph, who endured several miscarriages before giving birth to her son Aidan, ‘couldn’t have been bothered’ with trying out all the techniques purported to result in the birth of girls. Further to this, it had proved so difficult to sustain a pregnancy to term, all she was thinking about was having a healthy baby. Heather remembered, nonetheless, ‘feeling a bit flat’ when she found out she was having a boy. This had been very temporary: ‘I was fine the next morning and I’ve been fine ever since’. However, she knew other women who took the quest to conceive a girl very seriously:

I had a friend who had a child and I was at his birth. She very much wanted a girl. She ate pineapples or whatever it was that you were supposed to eat [laughs]. She did everything you could possibly do. It took her months to get pregnant because she never inseminated right on ovulation...It was a home birth and when he popped out you could see his balls and her girlfriend and I just looked at each other as if to say ‘Oh

dear'. But then, she was fine. She said that she had had a moment, but by the next day even she said: 'I love him so much already and I don't care.'

If women who became mothers of boys were generally as pleased with boys as they were with girls once the children were actually born, it was not always the same for their friends. Heather recalled losing friends who were still wedded to lesbian separatist convictions after she became the mother of a son:

When we did find out Aidan was a boy and Sonia told one of her friends, the friend said: 'You know it'll grow up to be a man.' Sonia said: 'Really?' [loud laughter] We didn't see much of her after that. I just thought 'Wow'...I think if I had still been having those strong separatist feelings at that time it would have been ridiculous to try and have a kid because you just don't know what you are going to get.

Separatist discourses and practices have, historically, appeared in self-insemination literature in the form of positive discrimination toward conceiving girls in a patriarchal culture. Male children, although not actively rejected or unwanted by their mothers, were construed as a problem for lesbian feminist mothers wanting to participate in politicised lesbian communities. The idea that all men are patriarchal aggressors certainly retained its intuitive appeal in some lesbian feminist circles, despite the extent to which the theory of a universal Patriarchy was extensively critiqued and fell from prominence within feminist academic circles towards the end of the 1980s. Anti-male sentiments remained particularly pronounced within lesbian feminist networks where the women were engaged in work focused on violence against women and children. Into the 1990s, debates still raged within the Australian women's refuge movement, as to the age at which 'boy children' should be excluded from the safe spaces created for women and girls leaving situations of domestic violence (McGregor 1994). Women were often asked and expected to place their male children with other relatives, in youth refuges, or leave them at home with their violent fathers.

Evidently, such ideas cannot be considered relics of an earlier era of lesbian politics. Several women participating in this study had encountered and protested against a proposed ban on childcare for male children over three at a recent national Australian lesbian *Confest*. It is apparent that contemporary lesbian mothers interested in participating in 'women only' events will sometimes find themselves coming up

against a new generation of younger women espousing radical feminist ideologies and practices that seek to exclude older male children.

In the contemporary Melbourne-based lesbian prospective parents group, which continues on from the time Trish, Heather and their peers had their children, discussions or publications featuring the word 'patriarchy' do not get much of an airing. Nowadays, many lesbians become parents with little exposure to or knowledge of the lesbian feminist ideas that gave some women the courage to pursue motherhood at a time when same-sex relationships and sexual practices were far more stigmatised.

Beyond the developing notion fostered by the women's health movement that women have a right-to-choose single motherhood, radical feminist kinship convictions were implicated in the rise and popularisation of self-insemination pregnancies, although there is evidence that the rhetoric of raising children within supportive women-centred communities outstripped the reality. Biological motherhood often retained significance as the primary parenting relationship, despite the relationships of social support and extended family some women were committed to. Notions of children's rights to knowledge about biological origins soon permeated the discourse on women's right to raise children with anonymous biological fathers. Political ideals could also be utopian in that they did not always provide the emotional or social means to enable women who did not give birth to feel like parents. Whatever their political persuasion, these early self-insemination mothers tended to accentuate their decision to have a child as a decision borne of their own longing for a child and preparedness to raise a child alone if that proved necessary. Although some were able to include their partners as parents from very early on, and it stayed that way, other partners of women giving birth through self-insemination obviously struggled with how to form a relationship with and maintain a sense of responsibility for a child few others considered to be 'their' child.

The lesbian feminist political ideologies and strategies discussed in this chapter became 'de-centered' to use Stein's (1997) word, amongst prospective lesbian parents in the 1990s and beyond. Notably, the political valorisation of 'girl children' and unidentifiable biological fathers has all but disappeared from contemporary women's

stories. Contemporary lesbian parents utilising self- or clinical inseminations have become increasingly adept at drawing on a range of symbolic resources and assumptions about kinship beyond those originating in radical feminist thought. Some of these are taken up in the next chapter.

Chapter Five

Conceiving Mothers and Parents

Early in the interview with Catriona and Ellen Thomas, I addressed most questions to Catriona. She was the more talkative of the two women and the more demonstrably maternal because she was breastfeeding daughter Fleur. After half an hour or so had lapsed, I sensed Ellen's resistance to Catriona's dominance and my apparent deferral to her as the child's biological mother. Ellen did not admonish her partner nor demand of me equal interview time. She responded by taking over the hands-on caring for Fleur for the remainder of the interview. I noticed a change in her partner's behaviour and my own after this assertive act. Ellen's equivalent competence at nappy changing, preparing baby food and settling Fleur for her afternoon sleep brought her stature as a parent to my attention. It also seemed effective in correcting her partner's verbal dominance.

Many contemporary lesbian couples who parent together within their partnership emphasise the importance of an 'equal' parenting relationship. In a 2001 survey of Australian lesbian intending and current parents by McNair and colleagues, participants were asked an open-ended question about how they understood their parenting roles and responsibilities. Many responses by partnered lesbians were variations on the following theme: 'Both my partner and I share all the parenting roles and responsibilities equally' (McNair et al., unpublished data).²⁴ As outlined in the Introduction, a substantial empirical literature now supports the proposition that lesbian couples' domestic partnerships are based on equitable divisions of labour (Dalton & Bielby 2000; Dunne 1998a; Mitchell 1998). However, an alternative view proposes assertions of equality in lesbian domestic partnerships can themselves be gendered performances. They may be borne of the expectation that two women

²⁴ Ruth McNair kindly allowed me to quote from unpublished data gathered in the course of the study. Publications based on this study are McNair et al. 2002; McNair and Perlesz 2004; McNair 2005.

sharing domestic labour *should* do so more equally than heterosexual couples (see Carrington 1999).

In this chapter, I shift the focus to how a sense of equity as parents is enacted and maintained by lesbian couples, and how biological relationships pertaining to maternity retain significance in this process. Here I understand equity as a more subjective and processural goal within parenting relationships that must be worked on and achieved over time. This is one dimension of the idea that family and parenthood are practices (Morgan 1996). The interest too is as much in what lesbian co-parenting couples perceive as fair or appropriate with regard to their reproductive and parenting choices, and their reasons for this, not in whether equal divisions of parental labour are true or false in a quantifiable sense.

The embodied experiences of maternity (pregnancy, birth and breastfeeding) occur in the context of a host of cultural conventions that firmly position Western birth mothers as naturally connected to their infants and largely responsible for their early care (Lawler 1999; Lupton & Barclay 1997). Biological motherhood, for the woman who undertakes it, is rarely a purely instrumental means of having children. Many contemporary women value becoming pregnant, giving birth and breastfeeding their infant children as distinctively womanly and powerful emotional experiences in and of themselves (McMahon 1995; Reiger 2000). This includes lesbians, for whom becoming a mother may be the source of a distinctively pleasurable and potentially heightened social status in contrast to a certain marginality and stigma attached otherwise to the identity 'lesbian' (Lewin 1993).

As the dynamic encountered in the interview with Catriona and Ellen revealed, the asymmetry introduced into parental relationships when only one woman is biological mother may pose a degree of challenge, if not threat, to equitable ideals. This may be resolved over time through a series of social and symbolic family practices: for example, in the pre-pregnancy discussions and ritual exchanges between members of couples; in decisions about who bears the children; in the ongoing enactment of familial representation to a wider public audience; and at the level of establishing relationships of love and care to children on a long-term and daily basis.

Conceiving conception

The dominant Western conception story is biogenetic: life begins when an ovum and sperm come together (Franklin 1997; Strathern 1992b). This story also generally explains how parents as well as babies come into being. The producer of the ovum is the mother and the producer of the sperm is the father, and together these people constitute the parents of the child. However, this particular story about conception has become dislodged from its foundational status in determining parenthood in the era of ART (Strathern 1992b). The biological father may be an anonymous semen provider. The gestational and genetic mothers may be two different people. 'Biotechnology requires that the relational bases of parenthood be made explicit in ways that once were never necessary' (Strathern 1995: 24).

As Delaney (1986) argues, ideas about having children for Westerners, notably the respective contributions of men and women to the process, are also a set of symbols, meanings and beliefs beyond the biomedical notion of *reproduction*. Other stories about coming into being and parenthood as *procreation* co-exist with the explanations provided by medical science. For instance, in Judeo-Christian doctrine, paternity continues to symbolise the creative role, in contrast to biomedical notions that women and men contribute equal measure of their biogenetic substance to a child's creation. In the book of Genesis, Adam is given power by God to continue his work of creation, by means of his 'seed', counter to which women are conceptualised as the nurturing 'soil' in which that seed can be planted: 'Paternity has meant begetting, maternity bearing' (Delaney 1986: 501). These ideas still have cultural purchase in the metaphoric association between semen and seed (see Mischewski 2005).

Lesbian mothers can also generate stories about coming into being that position two women as equal parents and pose unfamiliar challenges to Judeo-Christian and biomedical accounts. Catriona and Ellen Thomas revealed how their discussions and concerns prior to deciding to have a child, and throughout the process of inseminations, revolved around the meaning of a self-insemination achieved conception. The following—necessarily lengthy—excerpt evokes the intricacy and sophistication of their beliefs:

Ellen: A lot of our deliberation about whether to have children or not, for me, one of the fundamental issues was trying to work out how that type of conception would affect Fleur. Like on a spiritual basis. Like how can I make sense of the fact that the sperm and the egg might just be cells, but it's also the spirit in both of them? It's hard to describe but in a heterosexual family, like if these two people love each other and a child is conceived in love, somehow that's going to affect the child.

I: How does love enter the conception?

Ellen: Yeah, and it's like, at what point does the spirit enter the child, you know. Is this spirit somehow in the sperm and the egg or is it—Does it enter the body after conception? All of those questions were sort of difficult for me to come to terms with.

Catriona: I went through a whole sort of process of trying to work out the connection between the child, the sperm and the egg when I was inseminating...Like maybe the reason it's taking so long to get pregnant is that I have no connection whatsoever to this guy. Is it, do I need to have some sort of connection to him for it to work...I ended up feeling quite strongly that children drop out of the sky. And it's got very little to do with the sperm and egg. Although we better keep the sperm and egg thing happening, just in case.

Ellen: Well, the sperm and egg is like the vessel, sort of thing.

Catriona: For me, the sperm and the egg became like the material base in a sense and what was much more important was my relationship with Ellen and where we were at, those sorts of things. So for me, Fleur was very much conceived within our relationship.

Ellen: The point I got to was feeling really strongly that the love that Catriona and I had was what drew the child down eventually. The fact that our lives and our relationship was at a point where it was the right time for Fleur to come down. We did relationship counselling a few years before Fleur was born. And I remember one day the counsellor was saying I can almost feel the child here in the room with us. And it was like she was. It was like we had felt her years before she came. When she was born we recognised her.

Ellen, Fleur's non-birth mother, was troubled initially by the thought of an—implicitly unnatural—self-insemination conception. Despite the fact the two women had wanted to have a child for a long time, when it came time to begin trying, Ellen became concerned the absence of intercourse by a loving couple may prove somehow disruptive to the unknowable process through which the child's spirit entered the egg and sperm. Elsewhere in the interview, she attributed this to her history of heterosexual relationships, and the fact that she had always taken for granted that children should be created as an expression of a couple's love. Catriona was her first

same-sex partner, and although they had been together for a number of years, Ellen found the actual means of having a child when in a lesbian relationship raised this difficult emotional question. Catriona's pre-occupations were different. She perceived her lack of emotional connection to the male acquaintance contributing the sperm was potentially blocking the conception process. Nonetheless, each woman was in her own way troubled by how to conceive of conception as a spiritual and a biogenetic union (cf. Schneider 1980). They struggled with the principle that the co-mingling of gametes should occur under conditions of enchantment where two people's emotional as well as physical union brings forth the child and potentially influences the character of the child. Although neither Catriona nor Ellen professed adherence to Christianity, there are overtones here of some Catholic beliefs. Many Catholics object to IVF and other assisted reproductive technologies on the grounds that these processes debase the spiritual aspects of conception (see Neville 2005).

That conception did occur despite the women's respective reservations is explained ultimately through three distinctive manoeuvres: accentuating their child's independent spiritual agency; de-emphasising the substantive contribution of the egg and the sperm; and foregrounding the generative force of their loving relationship. The women speak of their child prior to conception as an entity whose spiritual presence has been brought forth by their joint commitment to bringing her into being. The child chooses the parents to whom she will be born and the time at which this occurs. The women do not in effect 'create' the child as much as furnish the right conditions for her to arrive. Ellen's comments about 'recognising' the child when she was born and feeling her presence in the room with the counsellor further evokes the suggestion that the child has been there for them all along, just waiting for the women to provide the optimum environment. The women ultimately explained their child's conception as the product of their love and preparation. In this way, conception becomes as much a spiritual and nurturing as a biological process.

Thompson (2001) shows how considerable effort needs to be expended in 'conceiving' the parents as well as the children, when biogenetic relatedness does not neatly overlap with intended social parenthood. In research carried out with heterosexual prospective parents in the setting of a US-based assisted reproductive medicine clinic, Thompson observed that in cases where conception and birth occur

by means of donor gametes or a surrogate's gestational services, *practical metaphysics* are put into play by all parties to the reproductive negotiations. Or in other words, the meaning of being related must be explicitly thought through and articulated in terms of manipulating conventional Western kinship idioms of ethnic and social identity, biogenetic relatedness and bilateral descent.

In Thompson's clinic-based scenarios, in which biogenetic and gestational maternity was dispersed between two women, the kinship dilemma was that only one of the biological mothers would assume the social performance of mother. For example, Rachel was pregnant with twins her biological brother and his wife were intending to parent. The embryos had been formed from her brother's sperm and his wife's ova and then implanted in Rachel's uterus. Through banter and displays of affection between the three adults during clinical visits, Rachel's connection to the child was consolidated as custodial or consistent with caretaking, rather than relational in the sense of a kinship claim to motherhood. She constantly referred to herself as 'aunty' and told her brother and his wife the children were waiting to be re-united with their parents. To do otherwise, Thompson claims, would have compromised both her brother and his wife's intended joint parenthood and, furthermore, potentially implicated her and her brother in an incestuous relationship. Catriona and Ellen's account of their daughter's conception provides an example of how such practical metaphysics is not contingent on the mediating influence of clinicians or medical procedures.

Further to this, Catriona and Ellen's invocation of the unborn child's agency bears some resemblance to Melanesian understandings of conception documented by anthropologists, in which parenthood is not conceptualised through notions of consanguinity or shared biogenetic substance. Rather, the child is believed to be the reincarnation of a maternal ancestral spirit that enters a woman's body. Strathern (1988) contends the Melanesian formulation of conception makes unintelligible the Western notion that egg and sperm or birth mothers' gestation 'makes' a baby; rather, the pregnant woman is thought of as an intermediary in the reproductive process. There are clear benefits to a lesbian couple wanting to share parenthood in this idea that children have independent spiritual agency. Ellen's claim to motherhood is on par with Catriona's in that the child is no more 'of' the birth mother than the non-birth

mother. Rather, she is ‘of’ the relationship they have jointly nurtured. In a neat, although presumably not conscious or intentional, reversal of Judeo-Christian assumptions about paternal generativity, the lesbian relationship becomes the creative force that causes the child to come forth.

Ellen and Catriona’s elaborate reconfiguration of the biogenetic basis of conception was a compelling if rarely encountered family practice.²⁵ The spiritual focus of their story was very unusual. However, their story is important in that it demonstrates how biomedical understandings can be reconfigured to fit with the meaning or the experience of conception for the participants, in a way that does not entirely do away with the significance of biology. In Ellen and Catriona’s emphasis on the older understanding that parenthood results from procreation (i.e. bringing forth a child) rather than reproduction (replicating biogenetic traits of the biological parents) intangible, spiritual substance and nurture are privileged over biogenetic substance. This is a far more intricate way of laying claim to joint parenthood than asserting ‘social’ motherhood is as important as ‘biological’ motherhood. Rather, the biological story is re-configured in a manner that centralises the lesbian relationship (cf. Hayden 1995).

Insemination and the creation of parents

Self- and clinical inseminations alike could provide pivotal symbolic and social opportunities to enact a future of shared parenthood. Kath Denholm and Gabe Attard were awaiting the birth of their first child. They had decided to use a Sydney sperm bank to conceive because they saw this as the best means for a lesbian couple to maximise the chances of being socially and legally acknowledged as, in Kath’s words, ‘equal parents’. She elaborated: ‘We’re not interested in having a child that we share with another family.’ For Kath, as non-birth mother, participation in all of the processes Gabe underwent when trying to conceive was very important to her sense of equity in the arrangements. Performing the inseminations in the setting of the

²⁵ See Chapter Seven for a similar emphasis on procreation rather than reproduction by a gay male couple.

reproductive clinic enabled Kath to transform the experience of donor insemination from a 'medical treatment' into 'family making':

Kath: The nurses at the clinic are fantastic...They let me do the insemination every time.

I: Why was that important for you?

Kath: Because I am the other parent. It's me as much as Gabe and it's not about her having a treatment. It's about us going together as a couple to become a family. I love doing it. I've been to most of the appointments.

I: So every step of the way is important?

Kath: Absolutely. When Gabe had a laparoscopy I was sitting with my laptop down in the hospital waiting room for four hours doing some work because I wanted to be there...I've been to everything major because it's us, it's not just her.

At the same time, in the above quotation, participating in insemination is not marked out as a special or exclusive performance among the numerous physiological procedures undergone in the medical setting in pursuit of a viable pregnancy. Kath, in participating in all of the processes Gabe required during her pregnancy, and by demonstrating her support in 'being there', claims the baby as the product of the couple: the 'us' rather than just 'her'.

The expression of sexual intimacy made possible during self-inseminations may also contribute to naturalising the idea of two equivalent female parents. For instance, Dr Jane Butterfield, a general practitioner who sees a number of intending lesbian parents in her inner-urban practice, commented on why she always encouraged lesbian couples to make self-inseminations an opportunity for sexual intimacy:

Having sex at the time of inseminations is useful to discuss cause it's a nice way to make it as natural as possible, to involve the partner in some way, to get them involved in the whole act so they feel part of it...I'm very aware that the non-biological mother is excluded from the whole process or can be and there's a real need to include her as much as possible. So involvement in the process of insemination and creating a sort of sexual act is really nice if possible...I think that most people desire that more intimate time and emotion and most [partners] are willing.

On the one hand, Jane provided a physiological explanation in keeping with her medical training which positioned orgasm as the precursor of conception: it is believed to facilitate the movement of sperm through the cervix. However, on the other, there is also a clear kinship motive in her reckoning. Just as, in time-honoured Western tradition, sexual intercourse has stood as a key symbol of kinship for

heterosexual couples (Schneider 1980) sexual intimacy can also be construed as the natural way for lesbians to achieve both a singular pregnancy and a parenting union—yet, in their case, in the absence of the concomitant mingling of biogenetic substance. So the conventional idea that the child is the product of a committed couple's *act* of love can also (literally) be central to the lesbian reproductive imaginary, by contrast with the loving, nurturing environment of the lesbian relationship evoked by Catriona and Ellen Thomas.

This provides one explanation for why lesbian activists in Victoria have argued strongly for the decriminalisation of self-insemination in local legislation, and for clinics to make screened donor sperm available to lesbians so they can inseminate at home (see Chapter Two). In several submissions to the Victorian Law Reform Commission Assisted Reproduction and Adoption reference, lesbian mothers emphasised self-insemination as an intimate and couple-focused act:

It [insemination at home] is personal and private. It is about intimacy and it is the closest way that as partners we can join together to make our baby and our family...For this to be illegal is sick. It attempts to make dirty and shameful what is very intimate.²⁶

For some lesbians, there is a desire to conceive under conditions more conducive to the sense of intimacy and privacy between couples traditionally associated with conceiving a child, rather than in the clinical setting.

Positioning parenthood as the outcome of a private and intimate lesbian sexual union does not work for everyone, and other women emphasised more instrumental and pragmatic dimensions to inseminations. For instance, Rochelle Andreas commented 'keeping the older kids out of the room while we tried to do it' was always the biggest challenge, and Karen Bell's wry suggestion was 'it was certainly more practical than romantic after it didn't work the first few times'. Alternatively, for Jill Westmore, whose family configuration included a known and involved male parent as well as her and her partner, self-inseminations provided more an opportunity to demonstrate three adults' mutual inclusion and support in the unconventional reproductive negotiations.

²⁶ Submission 157, Victorian Law Reform Commission Assisted Reproduction and Adoption Reference, 2004.

Jill did not feel it was important to perform the inseminations or be there for all of partner Marita's medical appointments during her pregnancy. Indeed, she found it 'pretty base' when she heard about other women's insistence on inseminating their partners. A perhaps too literal replication for Jill of the conventional male role in coitus. Jill's emphasis was on how important it had been to ensure three adults rather than only the biological mother and father were all engaged in the plans and processes required in the creation of a baby:

I: How did you organise the inseminations?

Jill: I don't think there's any great ceremony in actually giving them [laughs]. I never thought it was important in terms of belonging. But I did think it was important in terms of support. Because it was such an unusual thing to be doing and also, more, to put three people on your map rather than just two. So in some ways, socially between the three of us, it was important to all be on the map. I wasn't even there when James was conceived. I do remember where I was though. I had to go away for work...It was more: 'How was it? How did you go?'

For Jill, who in her references to 'ceremony' and 'belonging' was clearly fully aware of the sense of two-person ritual and inclusion potentially attached to this process among other lesbian couples, it was more a question of all the parties to the child's planning being 'on the map'. Her geographic metaphor emphasised the social visibility of all three parents to each other. Being engaged and supportive did not always necessitate 'being there' to make the inseminations happen; sometimes, it was enough to be in each other's thoughts as much as presence and in discussions after the event.

Hayden (1995) comments on the symbolic potential of self-inseminations. Hayden proposes that performing inseminations provides an opportunity for non-birth mothers in lesbian couples to appropriate the historically generative or creative role attributed to the biological father as genitor in Western procreation (see Delaney 1986). This argument perhaps overly universalises the meaning of insemination for lesbian couples and now seems a little dated, although may well have been true of some self-consciously radical feminist lesbian mothers from whose writings Hayden gleaned the insight (see Pollack and Vaughan 1987). Participation in performing the inseminations was emphasised by non-birth mothers and indeed, a number of birth mothers who participated in this research as an important sharing experience which, in the privacy of the home, usually involved having sex before or after inseminating. However,

arguably, the symbolic goal of such participation was, as in Jane's explanation, more to gesture toward each woman's social future as a parent rather than to appropriate or enact a feminist critique of paternal generative power.

Birth

Jill Westmore's account of the considerations she and partner Marita had given to the occasion of their baby's birth exemplified concerns expressed by many women interviewed. If self-insemination provided Jill, Marita and Steve, the baby's biological father, with an opportunity to put three parents 'on the map', when it came to the birth, a different set of threats and opportunities were posed by the potential presence of a biological father as well as a non-birth mother. Below, Jill privileged the birth mother's comfort as one reason for refusing Steve's request to be present at the birth of their first child. However, she had also wanted to be sure that her stature as the most significant other parent was consolidated socially and symbolically at James's birth.

Jill: Steve would have liked to be at the birth, but we said no.

I: On what basis did you say no?

Jill: Oh, that it would have been uncomfortable and we needed to create the condition that was best for Marita to have a baby...Marita needed to feel really comfortable and that was not with having Steve there. Whereas, next time, it will be fine. We know the process and we know him more...There was another reason we didn't want Steve to be there. At that point, the fears about how involved he might want to be were greater and there was also the hospital staff to consider. If there was a mum and dad there, I mightn't have got a look in. I wasn't confident about my position enough to be able to carry that off. Whereas now, I feel much more confident about my position. I wouldn't feel as worried about that.

Jill's perspective on the baby's birth reflects the ritual significance of birth as the entrée into one of the first public performances of parenthood. Although her participation in the birth was an opportunity to support her labouring partner, it was also about 'positioning'. Although Steve was considered to be a third parent, his parenthood had been conceived as an adjunct to that of the more centrally positioned women. This stature Jill had in the adults' negotiated schema ran counter both to the stature the women fear Steve may assume for himself once the child is born, and also to the culturally dominant relationships of status—a 'mum' and a 'dad'—birthing staff

might have assumed in the gathering of two women and a man at a child's birth. Here Jill draws attention to the acuteness of her own perception that her relationship to the child is not one of status; it must be earned through performance. Birth is also seen as an opportunity to assert some power over others' perceptions, including the biological father's, as to whom the key adults are in the family.

Midwife Maureen Mann commented that her lesbian clients were more likely to consider giving birth at home than her heterosexual clients. Maureen believed this was associated with a desire for privacy, rather than it being a question of lesbians' resistance to the interventionist procedures of Western medicine, which the radical feminist discourses considered earlier may suggest. Medical personnel cannot be relied on beyond doubt to respect the parental intentions of lesbians, despite the best attempts often made to choose lesbian-friendly hospitals and ensure sympathetic birth support staff are there on the day. In the privacy of the home, the positioning Jill makes reference to is a far more controllable prospect.

The consideration given by some lesbian couples to how insemination and birth were orchestrated emphasised the social importance of these events in establishing parenthood. It was the kind of physical intimacy between emotionally and sexually involved partners that generally characterises both heterosexual procreation and contemporary birthing practices that provided reference points for lesbian couples' symbolic enactments of future parenthood. There was a sense that shared emotional connections or a sense of commitment to the child flow from, as far as possible, 'equal' participation by couples in these conventionally magical and meaningful kinship events.

Naming as an equalising strategy

The power to name is a symbolically charged power. Radical feminist scholarship has linked the power to name to the origins and perpetuation of patriarchal authority (Rich 1976; Daly 1978). Historically, women in Western cultures have taken their husband's surname and children their father's surname as an extension of their status as his property in law (Gittins 1993). For this reason, the power to bestow a surname may have strong associations with asserting a proprietorial act. Yet there is a degree of

tension between notions of ownership and evocations of connectedness or belonging when it comes to what is conveyed by the bestowal of a surname. As Edwards has found (1999: 76) names also serve to ‘locate a person in a nexus of kin’. They are imbued equally with less politically and more emotionally charged notions of kinship or belonging to a family past, present and future, a culture, or an ethnicity.

For some lesbian couples, the conjoining of both partner’s surnames in a hyphenated name for the child was an important social visibility stance that asserted the equivalent parental stature of birth mother and non-birth mother. This is a good example of how names could be perceived as performing relationships as well as describing them. As partner Gabe’s pregnancy neared the eight and a half month mark and the baby’s birth was imminent, Kath Denholm had started to feel more like she needed to make ‘a statement of my parentage’ through naming: ‘The child will be mine as well. I wanted people to recognise that. I expect to have a huge emotional attachment and we have to have a bit more of me in there,’ she commented. For Kath, the presence of her surname in the child’s name would serve as an announcement to the world at large that the child was of her as well as of Gabe. That the child bore her surname was important in authenticating and consolidating her parental status.

Catriona and Ellen Thomas raised the subject of surnames—how they were modified for the women and chosen for their child—at the point in the interview where they decried the affirmation automatically bestowed on birth mothers and how that affects the partner who has not given birth. Catriona and daughter Fleur went by non-birth mother Ellen’s given family name; Ellen’s experience had been that this restored to her a certain equilibrium in the face of her lack of recognition in the dominant schema of kin relations. Going by Ellen’s family name also unified the women and child as a family; the shared name emotionally fortified them in the face of the inability of others to see them as a family:

Ellen: We used to make lists of things that people would say to us like: ‘Oh, she knows who her mum is’. Or: ‘She just wants to go to her mum’, or: ‘Doesn’t she look like her mum.’ All those sorts of things. Knowing how to deal with that and not get caught up in the emotions of it is really

good. Little things, like we're all on the same Medicare²⁷ card feels good. The fact that we've all got the same surname.

I: How did you make the decision about surnames?

Catriona: I wanted us to have the same family name and so did Ellen ...We talked about whether we wanted to have a hyphenated name, whether we wanted to pick a whole other name for our family, or whether we wanted to maintain our own surnames, but give Fleur a hyphenated name. What came out of that was that Ellen really valued her surname. I didn't feel particularly attached to mine. So I felt quite comfortable with Ellen not changing her surname and me taking her surname.

I: What was your attachment to your name, Ellen?

Ellen: I didn't feel any need for—I didn't want to change it. I sort of felt happy with my name and my sense of identity around that name. I love that we've got my surname, I love being the non-biological that's got my surname.

Catriona: I don't think you realised how important that would be.

Ellen: I didn't, I didn't at all. Emotionally [laughter]. It's hard to explain why... I really value the fact that I can love Fleur as a parent and am not biologically connected to her at all. And I love the fact that my parents are really attached to her and they're not biologically related to her at all. It's like our attachment...is based on our love for her and the relationship we've developed with her. It's just lovely having her as a Thomas...Not, like this is *my* daughter. But this is my daughter because of my relationship to Fleur and because of the role I've had in her life.

Ellen conveyed the extent to which she felt affirmed in her equivalent parental status through the fact that Fleur bore her family name. Yet she was careful to distinguish the power she derived through naming from an assertion of ownership. In this regard, having the child go by her family name has come to reflect the processural rather than the proprietorial character of the relationship between non-birth parent, grandparents and child. This has developed in the complete absence of biogenetically conferred status. Having Fleur 'as a Thomas' gestures toward a sense of connectedness and love that has been forged through care over time. So, in effect, Ellen has experienced what Kath Denholm anticipates; that her name being visibly on the child is a source of personal gratification and affirmation that reflects back to her and outwards to others the important status of an emotional, care-giving attachment to a 'non-biological'

²⁷ Medicare is the name of the Commonwealth Government funded health care system in Australia.

child. There is also a sense here that the bestowal of a surname by the non-birth parent does more than establish a visible connection between her and the child. Somehow, it serves to create as well as reflect the kin relationship and make that relationship more 'real'.

I: What last names do you and the children use?

Tina: Well I'm still Gray and she's still Petrie, the children's surname is Gray but they have Petrie in their name. So they are Liam Noel Petrie Gray and Millie is Millicent Jane Petrie Gray. And both of the children are named after—Well, Noel is my father's name and Jane is Barb's mother's name. So there's a family connection there from both of us.

Other women were rather critical of the emphasis some couples placed on the visibility of the non-birth mother's name. For Tina Gray, names were not significant as a means to demonstrate the equivalence of the lesbian couple as parents; they served more to locate the children within a nexus of kin that included the non-birth parent. Tina and her partner Barb retain their respective individuated sense of identity conferred by their family-of-origin names. The children's names include Barb's surname and the first names of the women's parents. Given that revealing one's middle name is optional rather than mandatory, the emphasis here is less on the name as a public statement of the non-birth parent's kinship or as a means of consolidating her position in the family. It serves as a more subtle reminder for the children of their connections to both women's extended families.

Conceiving mothers

Some lesbian couples in this study wanted to share in the title 'mum' despite the fact that only one partner had or intended to give birth to the children. Lewin (1993) has emphasised that mothers in Euro-American cultures, as women, are conventionally understood as possessing both a natural maternal 'instinct' that follows on from their biological capacity for pregnancy and birth and a natural propensity for care. Hayden (1995), building on Lewin's insight, speculates that this duality that makes a two-mother family conceivable, despite the fact that only one partner has given birth. Motherhood, dispersed between two women, can equally encompass both maternity as a biological relationship (pregnancy, birth and breastfeeding) or care as a 'naturalised code for conduct' (cf. Schneider 1980) that is more linked to gender than biology.

Jill Westmore and partner Marita O'Neill's arrangements seemed to affirm this conventionally dual character of motherhood noted by Lewin and Hayden. It was apparent Jill and Marita achieved a sense of equality as mothers through alternating primary care of their two year-old son, James. Marita gave birth to James and was his primary carer for the first year of his life. James also stays with his biological father Steve Sykes one day a week as per the agreement made by the three adults when he was six months old. Jill considers Steve to be a 'third parent' to James, although she and Marita are for the most part responsible for the toddler's daily care. For the past year, Jill has been James's primary carer and Marita has returned to work full time.

Jill explained that she and Marita both considered themselves to be James's mothers and their son had started to call them both 'mama'. Jill's acknowledgement of an initial distinctiveness between mothers and parents accentuated that an equivalence between herself and her partner as mothers had not been automatic:

I: Is a mother different from a parent?

Jill: What a strange question that is! Is a mother different? I think that in the early days being a biological mother is different from a parent. That's one of the parts of the picture of the total parenting. But then I don't think it is different in the long run. I don't think so. Then there is all the other care. I feel happy that Marita had a baby and that we have a baby.

Although Jill found the question odd, in answering it she confirmed that there was a temporary difference between mothers and parents. Her deliberate use of tense emphasised pregnancy and birth as finite actions whereas shared motherhood constitutes the continuous state of caring the women now find themselves in. Jill, after 12 months as primary carer of her two year-old son, expressed feeling 'as much of a mother' to James as she imagined Marita did: 'I could not love a biological child any more than I love him', she declared. Gabb (2001) contends that distinctions between a 'biological' and 'non-biological' mother can be eroded through the possibilities for close, continuous physical contact with children once they are born and co-resident with both women. Primary care of young children may allow non-birth mothers to develop connectedness with children on a par with that of birth mothers given the extent to which connectedness develops out of the daily physicality of infant/primary carer relationships (e.g. play, kisses, cuddles, bathing, nappy changes). This suggests so-called 'non-biological' motherhood can, over time, mirror the dissolution of body

boundaries perceived to occur naturally through pregnancy and breastfeeding for birth mothers.

However, Kath Denholm and Gabe Attard's more unusual division of labour offers an intriguing possibility that goes beyond balancing maternity with primary care. Both women attributed their desire to become parents to an 'instinctive urge' and both thought of themselves as prospective 'mothers'. Both rejected the possibility that Kath could be considered a 'co-parent' on the grounds that 'a co-parent doesn't sound as important as a mother'. At the same time, they were very clear that although Gabe's urge included a desire to give birth and be a primary carer, Kath's emphatically did not. They saw their differences regarding the desire to experience biological motherhood and primary care as linked to personal inclinations and aptitudes. Gabe had always wanted to give birth, considering it a key event of womanhood, 'It was just a natural decision that I would be the one to give birth because it is something, as a woman, I have really wanted to experience.' She also enjoyed looking after babies and young children. Kath, by contrast, thought of herself as a 'provider'. She had a strong identity within her family-of-origin as a 'career woman'. Kath had always disliked the physiological experiences that reminded her of a capacity for pregnancy, as well as the thought of raising a child on a day-to-day basis: 'I can't see myself staying at home with a child and I can't even stand period pain so I can't imagine going through birth', she laughed.

As a prospective non-birth parent, Kath invoked biology in the guise of an instinctive drive (and naturalised her parenthood) as 'sharing' rather than primary care on a day-to-day basis: 'I think it is an instinct. Like an instinctive urge. I do think the hormones kick in. Since I've turned 30, I've got a bit cluckier. That sense of wanting to share your life with someone else'. She also made her mothering intelligible through comparison with contemporary men's ability to mother as an important adjunct to their breadwinning:

I see my brother with his son and he's more a mother to his child than his ex-wife is, because of the relationship with his son and the way they relate to each other and treat each other. I think it's more your relationship with the child. You know, I'll get up for our child in the middle of the night, if I'm not desperately tired. I am a *bit* worried about that [laughing] but I

know I will get up for our child and do as much as Gabe does in the time I'm here and not at work.

The parallels Kath saw between her own situation and the care for his children displayed by her breadwinner brother are less about a conventionally gendered biological relationship or code for conduct and more about how a more hands-on orientation to care of children is now considered appropriate for men in addition to their breadwinner status. Lupton and Barclay (1997), in their study of contemporary heterosexual Australian fathers, found that few men adhered to traditional understandings of a father as an emotionally distant 'patriarch' or 'breadwinner'. Men across social classes and of varied ethnicities expected to be present and active at the births of their children. Usually, they had some expectations of hands-on involvement in the care of their young children, although this was rarely as substantial as their female partners' contributions. Kath very much evokes a notion of involved fatherhood as a template for her version of being a mother. It is the relationship she hopes to develop with the child and the personal sacrifices she intends to make through demonstrating her care at home concurrent with breadwinning that she hopes will earn her the label 'mother'.

On a more speculative note, the intelligibility of mother in Kath and Gabe's story, to embrace one woman's anticipated maternity and primary care, and the other's supportive breadwinning, is also indicative of strong beliefs that lesbians deserve civil rights as parents commensurate with heterosexual couples. That both women can conceive of themselves as mothers is as much a commitment to the equivalent stature of each partner in the parental relationship as it is a designation based on who is or who does what in respect of the children. Although kinship language is to some degree contested among contemporary lesbian mothers and 'co-parent' is certainly in common usage among Australian lesbian mothers and lesbian parenting activists (e.g. Millbank 2002), the preference among women in this study was to talk about this woman as the 'non-biological' mother rather than the 'co-parent'. This indicates that as caregivers and cultural icons in the Western world at large, mothers are more significant than parents.

Just as the bestowal of their surname, for non-birth mothers Kath Denholm and Ellen Thomas, created as well as reflected an already established sense of equalised parenthood, there was a conviction among some couples who were keen to share in the kinship title ‘mother’ that being is also doing. Interestingly, Trish Williams, who we met in the previous chapter, asserted that it was the 1980s non-birth partners who did not call themselves mothers or who were not considered mothers by the birth mother, who could not sustain their commitment to the child or the lesbian relationship in which that child was conceived. In this view, calling yourself a mother is an important family practice. It evokes the demands, rewards and responsibilities of the title.

A parent is not always a mother

Karen Bell’s story underscored that neither the alternated care nor the supportive breadwinning understandings of what constitutes a mother should be overstated. For some women, biological ‘mothers’ retained a heightened stature over non-biological ‘parents’ due to having undergone pregnancy and birth.

Karen’s daughter Lara is four months old and Karen has taken a year off work to be her primary carer. Karen’s partner, Therese Willmot had only recently returned to full-time work. Although Karen went first, because she was older and keener to experience maternity, Therese would also like to have a baby in a year or so. Karen expressed the normative principles of egalitarianism with regard to managing the divisions of paid and unpaid labour between herself and her partner. She was also committed to the civil rights goal of attaining legal recognition for herself and her partner’s joint parenthood of each other’s biological children. As Karen explained it, her and Therese’s ideal is to establish, as far as possible, equivalent care-giving roles in the lives of each other’s biological children: ‘Certainly the commitment is to shared parenting’.

Yet for Karen, ‘mother’ retained something of the permanent exclusivity or unitary character the idea has also conventionally conveyed in Western cultures, despite the duality referred to earlier (Hayden 1995). In her statement: ‘I am Lara’s mother because I gave birth and Therese is her other parent’, Karen prefigured the theme that

would weave its way throughout her story: that motherhood was foremost a biological relationship despite the possibility of establishing parenthood through care or legal means. A notion of mother was predicated on beliefs that emphasised maternity as central to self-identity and genealogical connection. Or, in other words, for Karen, *being* a mother was about *being* a woman who was linked genealogically to the mother who had mothered her and the family into which she had been born. Mother, for this reason, emphatically carried social and symbolic weight with regard to her relationship with baby Lara that her partner's designation as a parent could not accomplish.

The desire to experience biological motherhood was, for Karen, something 'very instinctual...it's part of the course of human life'. Having a baby was part of 'a grand plan of life goals' she hoped to have accomplished by the age of 35, and she would quite probably have tried to have a baby without a partner had she not formed a relationship with Therese. Karen had tried for over two years to conceive. She recalled vividly her anger when the GP she was seeing at the time suggested her partner could give birth instead if she proved infertile: 'I don't think a heterosexual woman's infertility would have been dismissed so lightly', she remarked.

Karen explained that her parents were both born of only children who were themselves only children, an issue of some significance in that her 'long, sausage-shaped' family presented a visual deviation from the usual genealogical diagram. There was a highly conventional metaphor at work in her story; families of origin are trees and trees should have lots of branches as well as long and continuing trunks. Karen saw herself and her brothers, whose wives had also had children in the past few years, as engaged in a process of 'extending the family outward' as well as lengthwise into the future. An even more significant aspect of Karen's family history was her mother's death when she was a child. When she spoke of her upbringing, she evoked her own embodied experience of having been 'mothered' rather than 'parented'. She intimated she wanted to 'pass on' to her own children that same experience of mothering, as if a mothering demeanour were an inherited trait. This was evident in her story of meeting one of her relatives for the first time:

One cousin who's slightly younger than me has got two small children. I watched her mothering her children. She used the same phrases and body

movements as my mother. It was absolutely extraordinary...because my cousin had never met mum. Her whole manner of loving her children was absolutely like my mother and the way she mothered me. It was just so fantastic to watch.

Karen obviously had mixed feelings about the importance she attributed to biological motherhood: 'In one way, having to be a birth mother goes against everything I espouse about families,' was her rueful comment. Here she referred back to the feminist and civil rights sentiments of equality she had expressed earlier; the commitment to shared parenting and equal rights. Although Karen described herself as 'completely committed to parenting Therese's child', she had been a little troubled by the extent of her personal desire to experience pregnancy and birth as well as motherhood as primary care. At times she worried about how she would feel 'as a mother' in the event that Therese gave birth. She explained in a slightly confessional tone: 'Therese and I don't talk about it very much'.

The question of why Karen and Therese did not discuss these issues much was not pursued in great detail with Karen, and Therese herself did not take part in the study. However, it is possible to speculate that these women's vastly different experiences of and perspectives on their families of origin have given rise to distinctive outlooks on the emotional and social status of biological motherhood. Karen had always been close to her father and siblings, as well as deeply attached to her mother's memory. She felt very connected to her family-of-origin, insisting that Lara go by their surname. Conversely, according to Karen, Therese did not share her family's religious convictions which distanced her from them socially and intellectually. She had also experienced their censure due to her sexuality, as well as their failure to recognise as family, the family she had created with Karen and baby Lara. In a gesture that seemed to reinforce the sense of emotional distance between Therese and her family, Karen revealed her partner was more than happy to forego her family-of-origin surname in the event of each of them having a biological child, and for both children to be known as 'Bell'.

Karen's story exemplifies the extent to which the emotional dimensions of childhood experiences of grief and loss such as a mother's untimely death in combination with some acceptance of conventional kinship ideas such as generational continuity may

exist in tension with the more politically resonant discourse of parental equality. It was common for prospective and current birth mothers who participated in this research to express either a deeply felt ('instinctive') longing to experience biological motherhood or attachment to certain aspects of their family-of-origin history as relevant to wanting 'their own' children. This explains why, in so many of the families described by men and women in the study, maternity had been—or was planned to be—alternated between both members of the lesbian couple rather than having one partner bear the children.

Catriona Thomas' partner Ellen was pregnant at the time of their interview. Catriona's reflections on the significance she placed on seeing her partner go through the same experiences of pregnancy and birth she herself had gone through also raised the possibility that some birth mothers experienced alternated pregnancies as intensifying of intimacy within the couple. Their partners' pregnancies assisted in strengthening the sense of coupledness in parenthood by mirroring back to them the emotional resonance of their own embodied experiences of pregnancy, birth and early infant care:

When I think about Ellen having this child, like biologically, to me it's actually quite important. I'm really excited about that child arriving because it's biologically her child and through her body... Sometimes we talked about fostering or adopting children and I had a really different kind of emotional response to that than thinking about Ellen going through what I went through. In terms of that experience of pregnancy and carrying the child and that idea. And giving birth to that child and holding that child just after the birth.

It was not exclusively birth mothers like Karen and Catriona who emphasised the important significance of biological connections as the foundation for motherhood so emphatically. Virginia Hunter's conviction that: 'Heather has two mummies is a lie' represented the most extreme disavowal of the idea that motherhood could be equally distributed between two women.²⁸ For Virginia, a prospective parent who had never had any desire to give birth, it was perfectly self-evident that 'children have one mother and one father' and she was happy to be 'the best Virginia she could possibly

²⁸ 'Heather has two mummies' (Newman 1989) is the title of a book for children of lesbian parents.

be' to her partner's biological child. Although Virginia intended to seek legal recognition as a parent after the baby's birth, she had no intention of seeing herself or encouraging the child (or anyone else) to regard her as another mother.

Thus far, I have emphasised that the possibility of calling oneself a mother can ensue from giving birth, alternating primary care or a relationship more akin to supportive breadwinning. Biology, in the guise of centralising the embodied experience of maternity or genealogical connection and continuity, although of lesser significance for some couples was an important consideration for others. In the enactment of parental equivalence in these women's stories, certain absences are also compelling and invite explanation.

Sharing maternity

In the lab, one egg from Alexis would be stripped down to its nucleus and loaded into a micropipette one tenth the thickness of a human hair. Then one of Chris's eggs would be injected with Alexis's nucleus and hopefully the chromosomes would get it on and make a baby. This nuclear fusion was a lot less spectacular than nuclear fission, but its implications for the human race were probably bigger. It was obvious why the doctor had chosen to use an alias.

—Val McDermid (1997) *Blue Genes*

Distributed maternity (Hayden 1995; Farquhar 1996), whereby two women contribute biologically to a child's creation, is the stuff of 1970s feminist fantasy, contemporary lesbian detective novels and feasible present-day biomedical practice alike. It arose—prompted and unprompted—as a topic for discussion in some interviews. Two scenarios are currently feasible in enabling women to share in the biological processes generally associated with a singular pregnancy: one age-old, and the other more 'high-tech'. In one manifestation of distributed maternity, the non-birth parent may undertake primary care and breastfeed the newborn child. Alternatively, the non-birth partner may have her ova extracted by medical means and an embryo formed with her ovum and donor sperm may subsequently be gestated by her partner. In the remainder of the chapter, I consider the conditions under which these practices were contemplated by lesbian couples and also speculate about the current absence of widespread interest in distributed maternity.

Primary care of newborns or breastfeeding by the non-birth mother

The current Western consensus of expert medical and midwifery opinion is that breastfeeding provides a growing infant with a healthy immune system and a range of emotional and intellectual benefits (Crouch and Manderson 1993; Reiger 2000). However, there is no intrinsic reason why the woman who gives birth should have to breastfeed or be responsible for the child's primary care. It is physiologically possible for a woman who has not given birth to lactate through taking hormones or undergoing prolonged nipple stimulation, preferably well in advance of the baby's birth. Breastfeeding by the non-birth mother has been documented as a possibility in a number of pregnancy and parenting manuals tailored to a lesbian audience (e.g. Speller et al. 2003). This is not a phenomenon peculiar to lesbian mothers. Heterosexual adoptive mothers have also been known to simulate breastfeeding as a means of consolidating a sense of connection and kinship to children, in the absence of giving birth (see Modell 1994).

When their youngest daughter Nina was born, Rochelle and Marg Andreas planned in advance for Marg to breastfeed, although Rochelle was the one giving birth. Rochelle and Marg's story, which serves as the exception that proves a general rule, sheds some light on the perceived kinship benefits of shared breastfeeding and also why it is not pursued as an equalising strategy by lesbian couples more often. Rochelle had been told after the birth of her eldest daughter that she was physiologically incapable of breastfeeding and Marg still had breast milk from feeding Stella, the couple's second youngest child. It was also apparent that facilitating a sense of connectedness between Marg and Nina, and thus consolidating the women's equal stature as her parents, had at least partially motivated the decision the women made regarding breastfeeding: 'I thought it would give Nina and Marg a special bond', Rochelle explained, 'and we also thought it would have made her more ours'.

The women's story of how they both tried (unsuccessfully) to breastfeed Nina extended over three pages of interview transcript. The extraordinarily inconvenient, uncomfortable and ultimately unfruitful lengths the women had had to go to in order to feed their baby was a great source of amusement to both of them, and gave the lie

to the suggestion that breastfeeding is physiologically easy for non-birthing women to perform:

Marg still had a bit of milk from feeding Stella. We got advice from the people in the hospital, the ante natal educators, and they said: 'Oh no, you don't need to do anything'. When Rochelle has the baby you [Marg] just start feeding it and the milk will come back in...Marg's milk didn't just come in...So I started trying to feed as well. I could express a bit of colostrum. So Nina was having four breasts and a bottle and still getting most of the sustenance out of the bottle! [laughter]...We were sitting there one day and we ended up in hysterics. Because there we were, two very healthy overweight women who couldn't even keep this one little baby alive between us.

Beyond the technical difficulties with the process illustrated above, another powerful explanation for why breastfeeding by non-birth mothers is so rare is that it potentially represents an unforgiveable violation of what is still regarded as the most fundamentally natural relationship in Western cultures: the bonding between a birth mother and her child. Much contemporary child development theory continues to rest on some form or other of 'attachment' theory (after Bowlby 1953, 1969) whereby the biological mother—singular—forms the secure base from which the child can eventually form relationships with others and attain independence and maturity. Appropriate attachment of infants to significant others is often said to proceed from the achievement of good 'bonding' between mother and infant in the period following the birth. Marg's attempt to feed baby Nina also arguably supports rather than disrupts the dominant understanding of breastfeeding as the natural outcome of birth because, at least in part, her attempt to breastfeed could be naturalised as a remedial intervention that attempted to compensate for Rochelle's physiological inability to feed.²⁹ Facilitating the non-birth mother's bonding to the baby was a subsidiary rather than the main reason for pursuing this strategy and it is unlikely that Marg would have attempted to breastfeed had Rochelle not already known she was unlikely to be able to breastfeed the baby herself.

Even for non-birth mothers like Jill Westmore, who had wanted initially to be the partner who gave birth, 'handing over' the birth also unquestionably meant handing

over the right to participate in the breastfeeding and early primary care of the infant child. Jill had really wanted to experience pregnancy and birth—‘just a feeling I had when I hit 30, I’m not sure why’—whereas her partner Marita already had an adult daughter and had had no desire to get pregnant again. Regardless, Marita had been prepared to support Jill through a pregnancy and raise any children together. After two years of unsuccessful self-inseminations, including several miscarriages, Jill had encouraged Marita to ‘take over’. She was rather philosophical about her inability to sustain a pregnancy to term believing she ‘had reached the emotional end of the road with trying’. However, handing over the prospect of pregnancy, for Jill, had also meant handing over baby James’s early primary care: ‘I have fairly strong views about mothers and babies hanging out together for as long as they need to’, she explained.

There was a sense of acceptance in Jill’s story that there should be limitations to the maternal will in the quest to triumph over certain natural rights conferred by human biology: ‘It was never an issue for me not to breastfeed or stay home with James after he was born. I think it is a big thing to do to have a baby, to biologically have a baby, so I think it deserves some rights.’ Also, having already established a loving relationship with Marita’s teenage daughter, Jill had been aware of what she called ‘a sense of confidence’ that close relationships could be established over time with children you have not given birth to.

Jill’s comments here about respecting the rights of birth mothers bring to mind the owned body principle that has been so influential since the 1970s Women’s Liberation Movement in establishing women’s social and legal claims to reproductive autonomy (see Albury 1999). Here, in Jill’s reflections on deferring to the biologically ordained rights of birth mothers, the same principle can be harnessed to legitimate the birthing mother’s power and control over early infant care, given that such care is perceived as a natural extension of her body as distinct from the body of the non-birth mother. Although this is a more speculative point, other interviews raised the prospect that

²⁹ There are parallels here with the dominant understanding of assisted reproduction as treatment. It is often only considered justifiable if it can be construed as a remedial process that compensates for the failure of a natural (biological) process.

attempts by non-birth mothers to become overly involved in pregnancy and early infant nurture are looked upon unfavourably as competitive precisely because of this owned body principle.³⁰ For instance, Tina Gray expressed her exasperation at the ‘non-biologicals’ who had rung her up from time to time, wanting to solve problems their partners were having with milk supply or proper attachment of infants to nipples. Tina believed these women were ‘frustrated birth mothers’ who would not leave discussions and negotiations about feeding ‘up to the mothers with the functional breasts’, and she would always insist on talking directly with the breast feeder herself. Tina’s sentiments here are quite possibly associated with an unarticulated assumption of the owned body principle Jill Westmore invoked, which leads to an intolerance of suspected jealousy or appropriating behaviour on the part of non-birthing women. This would be consistent with some findings of empirical research conducted in the context of commercial surrogacy. The intended mother’s close participation in processes such as the surrogate’s medical appointments, and simulated or hormone-induced lactation subsequent to the birth is generally a means of *appropriating* rather than *sharing* social motherhood (see Ragone 1994).

Distributing genetic and gestational maternity

Some North American lesbian couples willing to pay for and undergo IVF have shared the biogenetic and gestational components of maternity within the same pregnancy. Having one member of the couple contribute an ovum and the other become pregnant and give birth enables each woman to have a biological connection to the child. This can be utilised as a means of consolidating legal claims to social parenthood as well as emotional connections to the child, in what is still an uncertain legal climate in all Western countries for the parental recognition of lesbian non-birth mothers (see Albert 2002).

As explained in Chapter Two, IVF procedures are generally conceptualised in the Australian reproductive medicine context as last resort procedures in the event of

³⁰ With the notable exceptions of insemination and birth, where there is an obvious participatory function for the partner, predicated on heteronormative conventions (see discussion earlier in the chapter).

infertility (FSA 2002). Under these policy and legislative conditions, it would be difficult to persuade most hospital ethics' committees that an IVF procedure was justified if a woman was capable of becoming pregnant using her own ova. However, there is a measure of support among lesbians for gestational/genetic distributed maternity in cases where the partner who wants to give birth qualifies for IVF access due to medical infertility. In a recent submission to the Victorian Law Reform Commission, one lesbian couple wrote:

I believe that as long term lesbian partners we should be able to donate our eggs to our partners *if theirs are considered unsuitable for fertilisation*. In this way, our children would truly be raised by the women who made them. [my italics]³¹

One Melbourne-based fertility counsellor confirmed she had seen two lesbian couples in 2003 in which the older partner was attempting to become pregnant through implantation with an embryo formed from donor sperm and her younger partner's ovum.³² Recently lesbian couple, Jacqueline and Sarah, wrote of their intentions for Sarah to conceive their second child through the implantation of cryo-preserved embryos formed from Jacqueline's ova and donor sperm (Jacqueline Sarah & David 2005). In each case, as in Rochelle and Marg's attempt to share breastfeeding, use of the IVF procedure falls within the dominant paradigm of medical treatment, in that one partner is having great difficulty in becoming pregnant and sustaining a pregnancy to term utilising her own ova. A remedial reason justifies the use of medical intervention here and any kinship goal achieved as a by-product of this is a subsidiary benefit rather than the motive for the intervention in the first place. This emphasis on the requirement for medical infertility may reflect women's knowledge of what is feasible given Australian law rather than what they would ideally like to do, given a choice. However, it may also indicate belief in the principle that interventionist procedures such as IVF are only justifiable for reasons consistent with medical infertility.

³¹ Submission 157, VLRC Assisted Reproduction and Adoption Reference, 2004.

³² Personal communication, Marilyn Mannerheim, Royal Women's Hospital fertility counsellor, 15.10.03.

Even so, some women are likely to resist distributed maternity solutions to infertility due to political objections to IVF, as Fiona McKenna's dilemma conveyed. Fiona, 40, lives with her partner Felicity Price, 33. Fiona has been trying to have a child for several years. Ideally, both women would like to bear a child, however, Fiona's fertility problems have recently led them to reconsider this. Fiona has political and social objections to IVF, and for this reason is considering 'handing over' the option of pregnancy to Felicity. The infertility experience led Fiona to reflect on what was of uppermost importance in the decision to have a child. At the time of the interview, her commitment to joint parenthood rather than biological motherhood and distaste at the idea of IVF looked like overriding the desire to explore medical options that would facilitate her biological motherhood:

Fiona: I'm almost at the point where I've decided [IVF] is not really anything I'd pursue...Partly because it would then be a medicalised procedure and we've really tried to keep the medical intervention in this whole process to a minimum.

I: What were your reasons for that?

Fiona: Partly because I'm not really keen on unnecessary medical intervention generally. And I'm not really all that keen on some male doctor being involved...Yeah, I've always said I wouldn't use IVF...That if I couldn't get pregnant, rather than me having IVF, we would try with Fiona, move on to her womb, so to speak. Because, I mean, I know, I have a friend who's going through it and sometimes it's really invasive, totally disruptive to your life. Fiona is totally prepared to parent my child, my biological child, and I'm totally prepared to parent her biological child. And the view we took was that ultimately if one of us can't have a child but the other one can, then that's enough because we can still have a child. This would still enable us to have a child together and it doesn't really matter which one of us has it.

In contrast to Karen Bell who, as discussed earlier, was quite insulted at a doctor's proposition that her own and her partner's abilities to bear children could be construed as in any way instrumental or interchangeable, Fiona was prepared to consider pregnancy constituted the means not the ends. There was a hint in Fiona's account that the radical feminist critiques of IVF as predominantly male intervention in women's natural reproductive capacities (see previous chapter) were still relevant. Further to this, for Fiona, the prospect of giving birth was not the result of many years spent yearning for children or construed as intrinsic to her sense of womanly subjectivity. Earlier in the interview, she had revealed that she had only really thought about

having children once she found herself in a secure couple relationship. For Fiona, having a child was not so much about connecting her to the past, reproducing herself, or affirming her womanhood. It was about sharing a fulfilling life and future with her current partner:

A whole lot of factors meant that having children wasn't on my agenda for a long time. Then once I got into a long-term relationship, it started to surface as something I might want to do. Just having someone that you talk about your life with and you talk about your future plans with. So we started to talk about the possibility of having kids in maybe the second or third year of the relationship.

Fiona's deliberations convey very well how lesbians may consider fertility a resource of the couple rather than the individual woman. Political objections to medical intervention, coupled with strong convictions about the equivalence of biological and social parenthood as a basis for fulfilling and meaningful care may lead to resisting distributed maternity.

Conclusion

There are many points at which biological connections, broadly conceptualised, become a consideration for lesbian couples in the process of achieving a sense of equity as parents. The meanings attached to biological connectedness, whether at the level of maternal subjectivity, family history or lineage, or beliefs about natural bases for early infant nurture and care all had considerable bearing on how this processual goal could be played out. What is apparent is that 'equal' does not need to mean 'the same', in respect of divisions of caring or biological labour. As Carrington (1999) found in his study of lesbians' and gay men's divisions of domestic labour, notions of equity can be used to signal what seems fair given the respective practical circumstances, beliefs and feelings of each partner in the couple. For instance, biological maternity may be unproblematically the domain of one woman, it may be reluctantly forgone in favour of the other partner in the event of infertility or it may resolutely need to be alternated. In a similar vein, the identity mother may be shared between both members of the couple because of a commitment to equal stature, or because they alternate primary care of the children, or, only in the event that pregnancy and birth are undergone by both members of the couple.

The manner in which parental stature and labour can be shared and the authenticating strategies lesbian couples can comfortably pursue in establishing their joint parental status are highly dependent on what having children represents to each woman in the couple. For women like Jill Westmore, Fiona McKenna and Kath Denholm, children represented foremost an opportunity to care or share within the supportive context of an intimate partnership. In this regard, the children are emblematic of the couple's conjoined future of love and care. For other women, like Karen Bell, the desire for a child is more fundamentally connected to a sense of place or belonging in a family-of-origin genealogy. Other women like Gabe Attard indeed conflate motherhood with womanhood.

The feminist studies referred to at the beginning of this chapter sometimes infer that lesbian couples, in their attention to achieving equitable divisions of parental labour, are consciously enacting a critique of the inegalitarian divisions of labour that characterise heterosexual partnerships. However, the themes explored in this chapter also invite speculation that some non-birth mothers' interests lie elsewhere. Rather, they may be pursuing equalised participation in childrearing and foregoing work or career interests as a powerful authenticating strategy. There are no reliably solid cultural conventions non-birth mothers can count on to establish connectedness from the children's point of view apart from those established through care. Non-birth mothers have little choice but to establish their parentage through care-giving and its associated domestic responsibilities. Although it was apparent that for some women, naming the children and obtaining legal recognition as a parent served as a very effective strategy in subjectively authenticating their parenthood, there was also a sense in these stories that in the absence of blood ties, naming and legal recognition cannot exclusively create meaningful equivalence between birth mothers and non-birth mothers. Tina Gray made this point very succinctly when she declared: 'a child becomes yours through wiping its bum'.

Regardless of how motherhood and parenthood were conceived and enacted, for the lesbian parents and prospective parents whose stories appeared in this chapter, the notion of a socially and legally bounded family unit, with a co-parenting sexually intimate couple at its centre or core was very appealing. Given the prevalence of self-

rather than clinical inseminations, the management and strategic mobilisation of paternal connections took on a great deal of significance in the enactment of families. It is to this subject I turn in the next chapter.

Chapter Six

Lesbian Parents and Paternal Connections

Debating the ‘pros’ and ‘cons’ of known versus anonymous sperm donors is a popular exercise among lesbian prospective parents. At *Lesbian Parenting 2000*, I observed 30 or so women taking part in this activity. Supporters of clinic-based anonymous donor insemination emphasised its main benefit as the lesbian couple’s or single mother’s ability to have full parental responsibility with no ‘interference’ from a biological father or his family of origin. It removed the stress of worrying about how children understood the relationship with the known biological father and/or his family and, in the worse case scenario, a legal challenge to the lesbian parent(s) primary caregiver status. Conversely, supporters of known donor insemination tended to emphasise the benefits to the child of having the option of learning the donor’s identity. Some women also desired ongoing social relationships between known biological fathers and children.

The distinctions between known and anonymous generated by these kinds of discussions perhaps oversimplify how anonymity operates within clinics. According to Daniels (1998), clinical models are predicated on at least two different sets of assumptions. Where the man providing semen is conceptualised as largely instrumental to a pregnancy, this generally results in policies and clinical practice supportive of permanent anonymity and the creation of social distance between donor and recipient family. This pre-empts the implicit threat that knowledge of the donor’s identity may pose to nuclear family relationships (Price 1999). The limited information serves to preserve his privacy as well as the desires of the infertile heterosexual couple not to disclose their infertility to the children, family or friends (Haines & Daniels 1998; Walker & Broderick 1999). In an alternative clinical model, such as exists in the State of Victoria, the man providing semen is acknowledged as having an inalienable connection to the resultant child. In this case, although he remains anonymous while the child is growing up, ‘identity-release’ provisions will be made so there is the possibility for a future meeting between him and the child.

In the first characterisation, the semen can be thought of in terms of what Strathern (1988) would call *commodity logic*. Regardless of whether money changes hands in the course of the transaction, the semen is imagined as alienable. It is an independent substance instrumental to a pregnancy. In the second characterisation, the donor is regarded as a human being whose genetic material is considered to some degree inalienable. His person cannot be so easily disassociated from his substance. A kinship rather than a commodity logic is in play, in that the donor is perceived to remain present in and forever connected to that child, albeit in an intangible way. However, the connections lesbian parents and intending parents imagine and experience between themselves, their children and men providing semen allow for a more complex range of possibilities. These often reveal an ongoing tension and oscillation between kinship and commodity logic. Exploring these possibilities in more detail is the purpose of this chapter.

Clinical insemination and donor anonymity

In a recent survey of Victorian lesbian prospective parents, at least one third of 43 women were attempting to conceive through clinical inseminations interstate (McNair et al. 2002). However, the women in this study who opted for clinical inseminations interstate were limited to Gabe Attard, Kath Denholm and Jo Sorby.

For Gabe and Kath, travelling to a Sydney clinic for inseminations from an anonymous donor represented the means to parenthood which was most supportive of their parental autonomy: ‘We want to create a situation where we are a family unit, Kath and me and the child’, Gabe explained. The women preferred the clinical option because it would enable them to raise their child without any concerns about having to meet either the biological father or his family members, and thus potentially face any social or legal challenge to their parenthood. They were very happy with the decision now Gabe was six months pregnant. Equally, though, Gabe emphasised some reservations. The trade-off was permanently foregoing knowledge of the semen donor’s identity—an issue believed potentially of significance for their child:

The hardest thing has been, not so much that he is anonymous, but that through Sydney we can’t ever identity-release. That’s something that we really wanted the option of doing. You know, once the child turns 18 being able to seek out who their father is.

Jo Sorby also emphasised familial autonomy for herself and partner Rita Leach as the main benefit of this means to conception. However, she did not want to compromise about 'identity-release' provisions and, at the time of the interview, there were no clinical sources of semen available to her in Australia where donors were mandated to register their identity. As Jo and her partner considered themselves able to afford the costs of importing semen from the US, this became their preferred means of having children:

The only option really available to us was using sperm from America, cause then we could choose identity-release sperm. Which means that when the child gets to 18, they can find out about their father.

So far, Jo and Rita have spent over AUD\$5000 on semen purchase, transportation and storage. Although Jo has travelled interstate several times to the Sydney clinic where the imported semen is stored, inseminations have yet to result in a pregnancy.

Studies conducted abroad suggest, counter to these women's concerns, that the donor's permanent anonymity is not invariably perceived as problematic by lesbian parents. Vanfraussen, Ponjaert-Kristoffersen and Brewaeys (2001) found that three quarters of the 34 lesbian parents recruited through a Dutch reproductive medicine clinic preferred the donor to remain anonymous, with only 18% wanting his identity to be registered. Furthermore:

In 54% of the families (n=13) the parents hardly talked or thought about the donor. It was something they had come to terms with a long time ago. Some of the mothers felt there was no difference between a donation of spermatozoa and a donation of blood. Only a little piece of a human being was involved. (p. 2002)

This suggests the biomedical model of donor insemination can sometimes very effectively create a psychic and social separation for the women between themselves, the donor and the child. The anonymity of the donor, coupled with the fact that only a tiny amount of his detached body substance is perceived to contribute to the child's formation facilitates the application of commodity logic in relation to the sperm. It is presumably seen as a minimal contribution in comparison to the birth mother's combined genetics and gestation, and the caregiving of both lesbian parents.

However, these researchers give little detail about how the women they interviewed actually described their understanding of the semen provider's significance. They also

perhaps falsely equate ‘hardly talking’ about him with ‘coming to terms’ with this conception method when this could actually suggest otherwise. An Australian lesbian mother recently wrote a moving and thought-provoking discussion of watching her friend’s and her own anonymous donor insemination conceived sons grow up. She comments on the silences that may surround discussion of the semen provider as children grow, despite early disclosure to the child of the donor insemination conception. These silences evoke the semen donor’s permanent absence yet indeterminate presence in and for the child. They may be particularly pronounced in the discussions about family likenesses commonplace among friends and family members when talking about babies and young children:

As he grew older, I became aware that there was a small silence around Adam. This was the silence about his donor. I knew that Hilary had conversations with him about the donor. I knew she didn’t want her son to feel that other people knew more than he did about his donor... [However] she never mentioned the donor in his company. And I have never heard Adam, now a teenager, allude to the fact that he is a child of anonymous donor insemination...[two pages on] Another part of me is worried that all this speculation about the donor’s appearance and ancestry was bound to underline whatever question marks were going to form for my son. There would be a constant reminder of the influence of someone unseen...As a child grows there is a running commentary going on around him, about his developing body: his size, his build, his hair, the width of his shoulders. Perhaps this is where the silence around Adam was located...I wanted to escape that silence for my son. (Hogan 2005: 218 & 221)

This mother’s reflections emphasise that although the man who provided the semen is permanently absent, he may remain present in an intangible and potentially discomfiting way.

Little is known to date about the sense children of lesbian parents make of their anonymous donor insemination conception. Vanfraussen, Ponjaert-Kristoffersen & Brewaeys published a study in 2001 of 41 children of lesbian parents, aged between 7 and 17. Their findings show how variable children’s responses can be. Fifty-four percent of the children preferred, at that point in time, for the donor to remain anonymous and forty-six percent wanted to know more about the donor. Most of the latter group wanted to know the identity of the donor, with boys outnumbering girls

among the children who wanted identifying information. Perhaps the most interesting findings, published in a follow up article in 2003 by the same authors, were that the quality of the caregiving relationship between the lesbian parents and child, and the emotional and behavioral well-being of the child appeared to have little bearing on the child's desire (or not) to have more information about the donor. Curiosity was the reason the children mostly gave.

A desire for information

Gabe, Kath and Jo, in common, emphasised the benefits of having as much information as possible about the anonymous semen provider, whether or not his identity could be known in the future. On this theme, Jo enthused about the kit sent to her and Rita by the Californian clinic: 'It was really great. They sent us pages and pages of all kinds of stuff. Health information and interview notes with the father'. Kath and Gabe would also have liked this opportunity, particularly to know more about the biological father's family background and hobbies:

We did look into getting sperm from the [United] States, but ultimately that was far too expensive for us to even contemplate. The benefit was you actually got more details on the donor. Like about what his interests were, what his father did. Everything, which was really nice.

The only information Gabe and Kath had been able to obtain about their child's biological father from the Sydney clinic was his colouring, blood group, height, weight and ethnicity. Kath commented that this 'did not seem like enough information' to be able to share with their child in the future.

In Australian clinics, limited information is available to recipients of donor insemination about the donor's health status, ethnicity and physical appearance. Some clinics may allow men providing semen a couple of lines on the intake form to describe their personalities and reasons for donating. Historically, the information available has been for the purposes of discrete 'matching' of certain physical characteristics between the sperm donor and the infertile man in the heterosexual couple while enabling the donor to remain anonymous (Trounson 2003). Cannell (1990) comments, of the similar practices in UK-based clinics, that this policy stance arose to support a dominant ideology of nuclear family in which use of sperm from a third party facilitates a 'natural' family. The goal is often for the children to pass as

the couple's biological children, and many heterosexual couples do not tell their children that they were donor conceived (see Kirkman 2005).

In the media debate at the time of the *McBain v Victoria* decision (see Chapter Two), lesbian mothers were castigated for seeking to import semen from the US, on the basis that the detailed donor profiles available there allow for selection on the basis of superior physical and intellectual attributes. This was believed eugenicist and contrary to Australian mores, policy and law regarding assisted reproduction, in that it enables the creation of so-called designer babies: 'Essentially, this is a babies-to-order scheme because the US clinics selling the semen provide considerable details about the ethnicity and physical characteristics of its sperm providers' (Editorial, *The Age* 2000: 12). However, Jo Sorby gave quite a different rationale for why having as much information as possible about the biological father was important. Her uppermost concern was in keeping with conventional beliefs in the importance of biogenetic inheritance to identity. The detailed profiles allowed her to ascertain a more complex sense of the man's personality, skills and interests:

They get to talk about what they like and are they good at mechanical things and are they interested in the arts, that kind of thing. And that stuff was so important to us... There was one guy that was obviously just anti-social and so full of himself. All he wrote was 'I don't like sports and I will not play them'. That was his sole answer to 'What do you do in your social life?' I think it is very hard to get a sense of someone through a few paragraphs. But certainly one or two of the donors that we liked the sound of were interested in the arts and theatre and seemed to have a bit of a sense of humour about them. We thought that was really important for our child.

Jo believed this information would be of potential importance to a child, 'just to provide them with that sense of who they are, I guess.' The profile represented a means of giving a child insight into aspects of his or her own character through knowing about their biological father's character. This implied she believed these traits may be inheritable through the sperm. At the same time, Jo emphasised the man's compatibility with her and Rita as the conceiving adults, as much as the child's inheritance of his purportedly genetic traits. She was keen to know this man was a person she and her partner could like. As Hertz (2002) notes, of single heterosexual women receiving anonymous donor insemination from US clinics, women may try to transform what Hertz calls the *paper father* of the clinical profiles into a humanised or

imaginable person. In anticipating having to explain the absence of a father to their child as well as the characteristics they believe the child may have inherited from their biological father, it is important to have a positive impression of him for the child's sake. With the possibility of meeting him that 'identity-release' provisions allow, it is also important to feel as though there would be common ground in the event of a future meeting.

A desire to select physical attributes that could give their child a competitive edge or advantage was evidently not Jo's or Rita's main concern. Yet, it was apparent that in participating in this semen-broking marketplace, lesbians, along with other women who use these services, cannot avoid perpetuating some eugenicist kinds of considerations about children's physical or intellectual attributes. The commercial semen banking industry in the US is already stratified by hierarchies of socio-economic status and physical appearance. Schmidt and Moore (1998) argue that many sperm banks are invested in the creation and marketing of *technosemen*; the better and stronger semen-as-product obtained only from the presumed healthiest and most fertile men. The kinds of information sperm banks use to construct their donor profiles encourage women as consumers to value attributes such as high intelligence and sociability, and to view these as properties contained in the semen. Further, these profiles create and reify differences between men based on social and physical power, reinforcing certain types of hegemonic masculinity.

On the above theme, willingness to 'identity-release' and a compatible personality were not Jo's only criteria. Other more eugenicist considerations about the biological father had informed the selection process, on the grounds that a choice had to be made between different candidates. Jo explained further that she was only interested in the men of above average height. She also steered away from men who had similar imperfections to herself, on the grounds that any child would be more likely to inherit the defect if both biological parents had it: 'I've got really bad eyesight', she explained, 'So we wanted someone who had decent eyesight, to give the kid a fair chance'. There were also more aesthetic considerations:

Rita's got a thing about skin, so he had to have good skin. When you're given the choice you start to get quite picky. We thought we didn't want a

donor who had had bad acne as a kid, because, well, when you're given a choice, why would you choose that?

Jo also found in her dealings with several Californian reproductive medicine clinics, that all the men listed were university-educated. Furthermore, the semen providers she and her partner were most interested in were similarly in demand by other users of the clinic and there was a long waiting period for their semen. These were characteristically tall men with negligible family history of serious illnesses such as cancer and also less desirable minor afflictions such as bad skin. Jo's suggestion is that when there is a choice that promises to exclude undesirable physical or health traits believed potentially present in the sperm, there appears no choice but to attempt to exclude these, in the interests of making a decision beneficial to the child.³³

For other women, perusing information about the anonymous men providing the sperm evidently evokes stronger misgivings about the type of discrimination that beckons when making these kinds of choices. The following account appeared in a Melbourne newspaper, written by a lesbian prospective parent trying to make a decision about whose semen to opt for before undergoing an IVF procedure at her local reproductive medicine clinic:³⁴

Do I care that one of the men says he jogs regularly? Does the fact that I jog regularly mean that at least we have something in common, and does that matter when it comes to choosing a donor? Or am I attracted to that option because it probably means the donor is a fit and healthy person, and ideally I'd like a fit and healthy child? And what about education...Why should it matter that the donor left school at 16? I know that school-leaving age is no measure of intelligence. Then again why am I assuming intelligence should be a criterion of choice? Smart people aren't necessarily happier and above all I want a child who is happy...I'm madly trying to read between the lines, and yet I still don't know what I'm looking for. (Anonymous *The Age* 2002: Extra 4)

³³ The dilemma confronting a gay male couple, Jay Powell and Marty McArdell, when selecting an ovum donor from a US-based reproductive medicine clinic catalogue produced an almost identical set of considerations to Jo's:

It comes down to the most superficial things that in choosing a partner, you'd never ever consider...You deal with all those criteria that otherwise you wouldn't want to. But because they are there, you know, you'd be silly—you look at the potential egg donor, and you say: 'Well, has her father got a full head of hair?' Because if not, your child could inherit male pattern baldness. Because you have the chance you consider them.

³⁴ This woman qualified as medically infertile and was therefore eligible for IVF.

Some women are troubled by possible prejudices that may be revealed when making an inevitable decision about the relationship between the semen, the man producing it, themselves and the child conceived.

The 'known donor'

Studies of planned parenthood among lesbian couples and single women in Canada and the UK, countries where lesbians' legal access to clinical insemination also remains somewhat restricted, indicate greater reliance on known semen providers (Nelson 1996; Tasker & Golombok 1997; Tasker 1999; Dunne 2000; Donovan 2000). Saffron (1994) proposes English lesbians continue to prefer self-insemination because it is cheap and easy to do in the privacy of one's home and because the feminist critique of medical intervention in conception is still influential.³⁵ In Australia also, available evidence indicates negotiating with known men continues to be more popular among lesbians (McNair et al. 2002). There are a range of ways in which relationships with these men can be expressed once children are born.

For some women, their uppermost preoccupations with regard to selecting the man were the inheritable traits believed present in his semen that may be expressed in the child. They made little distinction between the criteria that might be applied in a clinic and those applicable to known men beyond the clinical setting. Marg Andreas gave birth to her first daughter Stella after the husband of a friend agreed to provide sperm. Marg explained that Stella's biological father had been chosen because he was agreeable at the time, willing to undergo testing for fertility, HIV and other STIs and his family medical history was considered 'sound enough'. When she wanted to conceive again several years later, she had lost touch with Stella's biological father. In light of her experiences with Stella, Marg brought a more comprehensive set of health considerations to bear when finding a man to give sperm the second time around:

The second time it was more about health stuff in the family. Cystic fibrosis, 'cause that runs in families. Stella had such bad eczema and that

35 Self-insemination usually implies ongoing negotiations with a known biological father. Although in the US, it is possible to for women to inseminate at home with 'frozen' semen obtained from clinics, this opportunity is not readily available in Australia. The use of 'go-betweens' discussed in chapter four, which allows for self-insemination and donor anonymity appears to have fallen from favour.

was really hard to deal with. Knowing if they got eczema as a kid 'cause that's really hereditary. He had a lovely personality too, very laid back and gentle and that was really important. He had lots of friends and was very easy to talk to. I wanted that sort of personality, not someone who was aggressive 'cause some of those characteristics would carry through and that would be more difficult.

In Marg's account also, it was very clear that she believed popularity and a placid temperament as well as various physical ailments were attributes her child could potentially inherit through the sperm. As in the case of her eldest child's biological father, there had been negligible social contact between this biological father, Marg and her partner or children since their youngest child was conceived.

McNair and colleagues found the most popular reason women in Victoria nominated for utilising semen from a man known to them was 'desire for the child to know the identity of all biological parents' (McNair et al. 2002: 43). Women in this study typically emphasised more than knowledge of identity; they thought it important for their child to have the opportunity for social contact with the biological father. When Karen Bell had wanted to get pregnant, she contemplated travel to an interstate clinic. However, the analogy she drew between adopted children and donor insemination children had led her to decide on finding a known biological father:

The experience of adoption has taught us that people's identity or sense of themselves is about origins. Lots of children or adults who were adopted have talked about feeling like there's this hole in their lives because they don't know who their mother or their father is. They feel like something is missing. I didn't want that experience for my child. I wanted my child to be able to have a full picture of who they were, where they had come from and why and I felt really strongly about that.

Karen hoped Matthew, her daughter Lara's biological father, would want to visit Lara a couple of times a year while she was at pre-school age and be amenable to more social contact if Lara wanted this as she grew up, at her and partner Therese's parental discretion. This was what she meant by 'the full picture'. As to the social content or the stature of that relationship, Karen remained unsure, apart from her assertion that the paternal relationship would not be parental nor encompassing of an assumed social kinship with Matthew's family-of-origin: 'We didn't want a dad and paternal grandparents for our child', she explained. By agreement, Matthew had not told his family about the baby. Given the respectful and amicable relationship established with Matthew so far, all three adults were prepared to 'play his future involvement by ear'.

Nadia Sharpe, the single mother of one year-old toddler Ethan, similarly emphasised a conviction that children should know the identity of their biological father and have a face to put to the name when the time came: 'I wanted someone there for when Ethan starts to ask questions about his father. Obviously there is going to come a time when he does'. Nadia was raising Ethan with 'some involvement' from Daniel, the biological father. However, she articulated a viewpoint that was much firmer than Karen's with regard to how the acknowledged connection between her son and Daniel should be expressed as a social relationship. Although Nadia described Daniel as 'easy going' and 'a friend', she placed limits around his contact with the baby. Foremost, she was adamant Daniel was never going to be Ethan's 'daddy'. She explained: 'Ethan has a lot of male role models in his life and so to me Daniel should just be like my brother and just do fun stuff with him'. In calling him like a brother, Nadia considered Daniel should be a playmate rather than a caregiver and decision-maker in the child's life, on a par with the friendly yet distant connection she expects her biological brother will assume at the level of Ethan's daily care.

Nadia began very early in Ethan's life to disperse among the other male members of her family-of-origin the types of authoritative, symbolic and intimate gestures or activities she viewed as either father-like or family-like. For instance, she had refused Daniel's request to join Ethan up to the Melbourne Cricket Club and had asked her father who had a membership to do this instead.³⁶ She had already asked her elder brother if he would be willing to give Ethan sex education when he approached puberty. Nadia had also prepared Daniel for his exclusion from events in Ethan's life she saw as of familial significance. For instance, he had been told neither to expect invitations to the child's birthday parties nor to participate in the celebrations customary within her family-of-origin at Christmas, Easter and New Year. 'If I had

³⁶ Many middle-class and sports-mad Melbourne fathers put their newborn sons on the waiting list to join this very traditional and exclusive club. The child's name will generally reach the top of the list around the time of their 21st birthday. Although women as well as men can now have memberships and bestow them on daughters or sons, the gesture retains strong overtones of patrilineal privilege; fathers 'pass on' their memberships to their sons, who generally continue on the tradition with their own children.

wanted a daddy, I would have gotten married to a man and had a child with a man, and that's how I sort of view it', she explained.

Karen's and Nadia's respective articulations of this relationship with the biological father, indicate that like 'identity-release' semen providers to sperm banks, the men are primarily valued for the potential emotional connection the child may impute from the biogenetic connection. The state of being in this relationship to a child for the men could be called *donorhood*. It is a friendship or acquaintanceship with the lesbian parents and child predicated on the biological connection. However, although the amount of contact is sufficient for the biological father to stay socially connected, it is insufficient for him to assume the responsibilities, commitments or entitlements of parenthood.

The known 'father' or 'parent'

Not all self-insemination conceived children of lesbian parents have donors. Dianne Schmidt spoke of Ian, a close friend of 15 years duration, as intended 'known and involved father' of the two children she and her partner Paula Young hope to have. Dianne has been trying get pregnant for the past few months. Ian is part of a the circle of 'biological and friendship family', as Dianne described it, with whom she and Paula spent significant occasions like birthdays and Christmas every year. He has moved closer to the women's house, to make the logistics of conception by self-insemination as easy as possible and in anticipation of some shared childrearing activity between their two households. Dianne described the relationship between Paula, Ian and herself as a 'friendly little triangle' and embraced the prospect of her child growing up with 'two mums and a dad'.

Dianne: The first preference was actually to have not just a known donor, but a father...and there was really only one option for us. We approached him and said: 'Look, think about it and come back in six months'. He thought about it and came back in three.

I: So is Ian someone you've known for a long time?

Dianne: Yeah, it's incredibly close...It's incredibly comfortable. We have keys to each others' houses and we're in and out all the time. Very, very relaxed. He bought a house close by and part of that was that we had already had discussions about parenting. He is a really lovely man and he

loves children and spends a lot of time looking after [our mutual friend's] children.

Although Dianne, Ian and Paula had discussed and agreed that the child would live with the women during infancy and early childhood, the women were open to the prospect that the potentially difficult teenage years may bring changes to that arrangement. Choosing a friend with whom there was a warm and socially connected relationship was perceived as a decision benefiting the child's well-being in the future, if they sought care and guidance during a period of teenage rebellion:

He's part of our lives; he'll be part of their lives. We don't have any expectations in terms of particular levels or types of care or financial contribution. But I think we'll find he wants to be pretty involved. We have 100% trust in him. Actually, the one criterion we had was that he [the biological father] be a really nice person so that when the child is a teenager and hates our guts, they'll knock on his door and won't get rejected. You know, they'll be someone who will care for them and look after them and be kind to them.

Jill Westmore and her partner Marita O'Neill were raising their three year-old son James together with his biological father Steve Sykes. Since he was six months old, James has been cared for one day a week by Steve, a single gay man who lives alone near the women and toddler. Marita is pregnant again and Steve is also the biological father of the second child. Jill anticipates a similar shared care arrangement will be negotiated with Steve once the new baby is six months old. Like Dianne, Jill acknowledged, 'there was friendship stuff there with Steve', that was relevant to the decision to ask him to be an involved as a carer in their son's life. However, it was more child-focused reasons for the decision she emphasised:

Jill: I've always really thought that kids need to know their fathers.

I: Do you mean you think it is important for a child to know their father or know who their father is? Do you distinguish between those two things?

Jill: I think it's ideal that they know them.

I: Any particular reason why?

Jill: [pause] Well, part of it is the literature around kids who've been adopted [pause]. And I just think that kids have a father.

I: So it's a gut feeling?

Jill: Yes—Like everybody is created by sperm from somebody and so to not know who that is is really not fair... For us, to have a father who was

going to be actively known was important too. So that it's not socially— what's the word [pause] disjointing. You know, so James can talk about him and have photos of him and be part of the life of having a father.

Jill believed it a given or fact of life that the man's contribution of sperm is the basis for more than knowledge of his identity. Because sperm came from a specific man's body, it was important that the child have a chance to know the man. In attempting to see how a child may view the biogenetic fact, Jill could not psychically separate the social and biological connection.

In Jill's story too, it was apparent that Steve and James had a routine that revolved around regular care-giving rather than occasional visits or play, unlike the much more distanced social relationships other women considered desirable. The toddler had his own room at Steve's house and an independent relationship that was not always mediated by the women. So Jill and Marita were also valorising an ideal of fatherhood in which there was attentiveness on behalf of the biological father to responsibility for and care of children, more in keeping with contemporary expectations in heterosexual families (see Lupton & Barclay 1997). Jill considered the relationship with Steve successful because he had demonstrated he could put in some time and labour associated with bringing up children and forego some of his own financial and work interests in the process, as well as engage in the more fun or recreational aspects associated with parenthood:

Marita began expressing milk when James was a few months old. First, Steve would look after him for short periods here, then James started going to his house, probably from the time he was seven or eight months old. Steve dropped his days of work so that he could have him for the one whole day...He is really flexible and so are we...He's certainly very consistent and takes very good care of James. The days that he's there, sometimes they just dag around the house. It's not always going off to the children's farm or showing him off.

Fathers were not always valued for their care-giving or ongoing involvement in children's daily activities or routines. For Rosa Petrovich, it was the past as well as the present that had come to the fore in her decision. The emotional significance of her Polish ancestry had been fundamental to approaching ex-husband Bill Jacobs to become the biological father of son Nathaniel. She had wanted this sense of security and continuity for her child partially to counter what she referred to as her own sense

of shame or denial about her heritage when growing up as the child of immigrant parents:

Rosa: Part of the stuff of growing up in the fifties as wogs in Melbourne was that it was really important to deny your past. I'm really interested in families and the past. Family is really critical. My mum, it drives her berserk when I ask questions about the war or the past. She says: 'Why are you looking to the past, you should look to the future'. But that's been a really important thing for me.

I: So you have a strong sense of connection to your ancestors or ancestry?

Rosa: Yeah, we've been back to Poland just this year.

Asking her ex-partner to provide sperm was also due to the fact that his place in an already established network of extended family relationships was strong, secure and known:

The good thing about having him was that his parents have always been very dedicated and loyal grandparents to Nathaniel, so again, family is important. Even though me and Judy chose to have this child in this kind of less typical way, maintaining the family links has been really critical. So I would not have gone and chosen anyone else. Does that make sense?...I would have felt really uneasy about that. I sort of think family is so critical, that sort of old-fashioned notion of needing to know where you come from and that connectedness and the belonging and stuff. I also know it's not the absolute be all and end all.

Nathaniel, Rosa's 17 year-old son, had always known Bill as his father, although Bill had never been asked to be the kind of father who took responsibility for regular care. On a social basis, it was the involvement of paternal extended family that Rosa had envisaged as crucial. Her son enjoyed a very close relationship with his paternal grandparents, who had, in turn, been pivotal in keeping him socially and emotionally connected to Bill.

No lesbian couples who were co-parenting with gay male couples came forward to participate in this study. However, lesbian couple 'Ruth and Betty' and gay male couple 'John and Charlie' recently featured in a four-part Australian radio documentary, in a scenario in which John, Charlie and the women were all resident parents of 'Jake'(ABC Radio 2002). The arrangement came about when Ruth and Betty decided they wanted to have children and, initially, neither had wanted to be a primary carer. Fortuitously, they met John and Charlie, two men who had very much wanted to be resident dads. Ruth conceived with Charlie's sperm after which time Jake was born. Although the women initially wanted the men to be Jake's resident

caregivers after the first three months of his life, the arrangements between the four adults evolved over Jake's first year into 50/50 co-parenting between the women and men. Until he was two, Jake lived half-time with his cohabiting mothers and half-time with his cohabiting fathers. By the time Jake was three, the women had moved in with the men and a second baby was about to be born, this time with Betty and John as biological mother and father.

Ruth explained the various reasons why she and Betty had wanted involved fathers who would also be resident parents:

Ruth: Betty and I had talked about having children for a few years. Betty was more committed than I was to the idea that the fathers had to be involved. I certainly saw it as preferable but probably would have been willing to use some other method if I couldn't get a situation where that was going to work...

I: Did you want that more 'cause you wanted men involved specifically or because you wanted to not have the children twenty-four hours a day?

Ruth: A mix of those sorts of things. Not wanting that sort of full-on responsibility and to some extent, I guess, not being sure that I was up to taking on that responsibility. I guess you also sort of go back to your own childhood. I know that because of my childhood, I was seen as different because I had only a mother and then I didn't have any parents. I think that choosing to have a child that, you know, is, is going to be identified as different—For me it's important to try and have those other bases there that give it just not as many challenges.

In addition to the fact that neither woman had wanted full responsibility as carers, Ruth accentuated her own childhood feelings of 'difference' growing up as the child of a single mother as relevant to a preference that any children she raise have male as well as female parents. In this regard, known fathers who are actively involved in the children's lives as parents signified for her normalcy, or an attempt to anticipate and reduce any hardship her and Betty's children may experience, as the children of lesbian parents.

Paternal 'relatedness' and paternal 'relationships'

In some lesbian parents' family concepts, the biological father was a man who was legitimately divested of a conventional paternal relationship and kept at a social distance, valued because he assisted the single mother or lesbian couple to have a

child who may be interested in him in the future. For these women, the biological connection conferred no concomitant entitlement to be part of the day-to-day life of the immediate family. Conversely, other women rejected the conventions of social and emotional distance that have historically characterised clinical donor insemination, in considering the biological father to be an acknowledged close relative involved in childrearing on either a non-resident or resident basis. These women tended to embrace the prospect of the ongoing social and psychological presence of one or two men known to the child from birth as 'dad'.

Available evidence suggests more Australian lesbians are interested in relationships resembling what I have called donorhood or a limited form of ongoing sociality with the biological father akin to friendship, rather than sharing ongoing parental responsibilities with the men who provide them with sperm. McNair et al. (2002), in a recent survey of 270 Australian lesbian mothers in Victoria, New South Wales and South Australia, found that 88% of 62 prospective lesbian parents through donor insemination envisaged the child's resident parents would be the birth mother and her same-sex partner. Involvement of the biological father, where it was expected, was imagined as non-resident recreational contact or occasional childcare. Millbank (2003a) reports similar findings from an unpublished survey of 84 women who participated in a lesbian parenting conference in Sydney in 2000. Among 66% of the women, although the biological father of the children had social contact, he was perceived as having neither parental entitlements nor authority to make decisions on their behalf.

Edwards' (1999) distinction between kin 'relatedness' and kin 'relationships' is useful to some degree in considering the manner in which known biological fathers are regarded by lesbian parents. When paternity is acknowledged as relatedness the paternal biogenetic connection is meaningful in a symbolic or abstract way, rather than necessarily giving rise to a socially realised tie as a close relative. In contexts where kin relatedness is emphasised in preference to kin relationship, Edwards asserts, 'the connections do not do anything but represent much' (Edwards 1999: 63). When Edwards talks about the connections not doing anything, here she presumably means that they do not determine social practice, or dictate how the relationship should be conducted. The relatedness/relationship distinction is best understood as fluid and

flexible rather than a rigid classificatory schema. Relationships between lesbian parents, children and known biological fathers proved difficult to conclusively categorise given the tendency for social relationships to shift in significance over time. Or in other words, donorhood could become more akin to fatherhood under the right socio-legal conditions, as Tina Gray's story indicated.

The invented father

Tina described the arrangements that had evolved with her partner Barb Petrie, their children and the children's biological father Brian Stafford. These exemplified very well the complexity of the process by which known men providing sperm, initially valued by the lesbian parents as a source of knowledge about 'origins' for children, could be reconfigured or transformed, under the right social conditions, into more father-like figures with regular non-resident participation in the women's and children's lives. Tina and Barb share their inner Melbourne home with their six year-old son Henry and two year-old daughter Milly. The women have a Family Court order which gives them shared legal rights and responsibilities for the children's daily and long-term resident care. Brian, the children's biological father lives alone several suburbs away. He is now a weekly visitor to the women's and children's home, sleeping over on some occasions because the children like him to do so. Brian's transformation into 'Pop' has occurred over time and with a number of changes from the scenario initially imagined by Tina and Barb.

Brian initially agreed to become the biological father under conditions of 'having very limited contact' and 'no say' in the children's lives. When Henry was born six years ago, Brian came to visit several weeks after the birth, then saw him only a couple of times until he was about six months old. During those early months, Tina and Barb were each establishing their parental relationships with Henry, came to feel very secure in these relationships and over time could see the benefits of introducing Brian into Henry's life in a more substantial way:

I knew that I didn't feel threatened by him and Barb certainly didn't and I think that's the big thing. It happened very, very slowly. He didn't see him that often, but it slowly developed that they have a special sort of relationship. I guess the trust was there. And we could see what a huge benefit it was for him to baby-sit. [laughs] That sounds terrible, I know. We could just suddenly see there were a lot of advantages for the children.

The kids call him Pop now...I've told Henry he can start calling him 'Daddy' if he wants to, but at this point in time he just goes 'Oh no, he's Pop'. Brian is sort of a parent now, but not a day-to-day parent. He's more of a resource parent. They're absolutely his kids...He's like my brother. He's just part of our family now.

Brian began as a colleague, 'a friend, but not a close friend', and progressed to being a 'resource parent', 'like a brother' and 'part of the family'. Here, Tina's reference to Brian as 'like my brother' was markedly different from the manner in which Nadia Sharpe had used the same phrase to describe her son's biological father. Whereas Nadia was using it to emphasise the playful and distanced rather than parental dimensions of the relationship, Tina used it to indicate the relationship with Brian had shifted over time from a collegial friendship to a kin relationship. Arguably, this is because the developing relationship between biological father and children creates intimacy and shared concerns between the adults as well as perceptions of more unconditional and enduring ties. Tina's (and also Nadia's) comments regarding Brian's sibling stature reveal no threat of perceived incest nor confusion imputed in the idea of having a man who is 'like a brother' as the father of one's children. Weston (1991) and Harding (1998) have pointed out how the lesbian sexuality of the semen recipient can serve to thoroughly remove the notion that semen transfer is a 'sex act' between donor and recipient, an understanding that may prevail when heterosexual women receive donor sperm (See Haimés 1992 and Hirsch 1999).

At the same time, Tina's comments also revealed that this relationship is distinguished from a legal parental relationship: 'I don't want that, I don't want him to have any right.' In a sense, Brian was only permitted to become a father to the children after proving to the women he was capable of divesting himself of a sense of entitlement to expressing his paternity as parenthood. He had to demonstrate he was not interested in usurping the non-birth mother's negotiated place in the family, or exercising authority over the children before he could be reconceived as a father and incorporated into their family concept and relationships. Arguably, there is a legacy here of the radical feminist critique of fatherhood. At a symbolic level the idea of a father appears inextricable from an association with a relationship of authority and dominance. Despite Brian's demonstrably respectful behaviour, the patriarchal father continued to exist as a spectre and potential threat.

Paternal links

Whether biological fathers were known men or anonymous providers of semen to clinics, it went without question that paternity could establish significant links, between children, their lesbian parents and extended family members. Sometimes these links were welcomed in the interest of creating and maintaining connectedness or a sense of belonging and at others they violated notions of appropriate kinship. Preoccupations with genetic inheritance were clearly in play in a number of ways.

Finding a semen provider through the non-birth mother's family-of-origin is a possibility often discussed in lesbian and gay parenting manuals (e.g. Martin 1993). This approach provides the lesbian partner not giving birth with a biogenetic connection that may affirm her sense of place in the child's kin network, in the absence of legal and social support for her parental status (see Hayden 1995). If the non-birth mother's brother agrees to be semen provider, she will be the child's biological aunt which may consolidate her sense of connection to the child, through traditional markers of familial relatedness such as physical resemblance (Martin 1993). It may also reduce the social complexity of determining the child's place within an extended network of kin. For example, there is no potentially competing claim to a grandchild's affections between the man providing semen and the non-birth mother's respective parents as they are the same people.

As Fiona McKenna's deliberations indicate, establishing a biogenetic connection to the child for the non-birth mother through the biological father raises a number of considerations. The quality of the social relationship between the parties, the proprietorial social significance his paternity may take on to extended family members and the women's sense of his maturity equally play a part in the decision:

We did talk about the possibility of getting one of our brothers, because we both had brothers, to donate to the other person. So the child has the genetic heritage of both of us. But I don't know, the genetic heritage part isn't that important, frankly. Felicity's brother is very young, he's quite a few years younger than she is so it seemed kind of inappropriate to ask an eighteen year-old to donate sperm to us. Like that seemed a pretty momentous decision to ask him to make. My brother's not so young, but I don't have a very close relationship with him and I didn't really like the idea of him being the father of our child. Even if he wasn't the father in

any social sense, that society might well regard him as the father and my parents might well regard him as the father.

Marg Andreas explained how she and partner Rochelle had initially wanted the same biological father for their two youngest children, Ivy and Nina, so the siblings with two different biological mothers could have a 'biological link'. 'We thought it would help make the girls feel more like sisters', Marg commented. As it happened, the desire was thwarted in its realisation. Ivy's biological father had had a vasectomy by the time Rochelle decided to approach him again and the women did not feel they were in a position to ask him to undergo a reversal of the procedure. Hayden (1995), who has also observed a preference among co-parenting lesbian mothers for utilising sperm from the same man for each sibling, comments 'genetic continuity, whether literal or implied, becomes an integral resource in attempts to bring a certain unity to lesbian parenting families' (1995: 53). This understanding sits well with Rochelle's comments about wanting her and Marg's children to feel like sisters, where family unity is implicitly produced at least in part by the children's sense of belonging to each other by virtue of the knowledge of their biological connection, and possibly too, physical resemblance.

Yet the oft-expressed desire that children born to the same lesbian couple or single mother have the same biological father was not only a consideration associated with privileging biogenetic notions of relatedness and/or continuity. More than one biological father, when children were being raised as part of the same family, was perceived as potentially troublesome because the men concerned could establish different kinds of relationships with the children and thus create feelings of disappointment, competition or disharmony between the children:

I'd love for the children to be related. Yeah, I reckon that would be really nice. I've seen a lot of families where [big sigh]—I've seen situations where children have different fathers and different relationships so you know, one gets a present on Christmas Day from their father and the other doesn't from their father and it's like—I would imagine that that's pretty complicated stuff to facilitate in a family. I think if we can avoid that, that would be good. That would certainly be my preference.

For Karen Bell, sharing the same biological father would make her children 'related' and this, for Karen, was ideal. Karen had heard from other lesbian parents that family

dynamics between the siblings could be ‘upset’ when more than one biological father was involved.

Clinical inseminations and troublesome links

Paternal links could also be very problematic. A number of women found it a cause for great consternation that their children could have half brothers and sisters being raised in other families. Concerns here centred on the policies of a number of Australian reproductive medicine clinics, which currently enable the men donating semen to specify whether their sperm can be made available to unmarried women. This is despite the fact that such policies most likely contravene sex discrimination legislation (Sisely 2005). Jo Sorby explained the potential repercussions of this policy stance: ‘We were told by one clinic that there were only two donors that were prepared to have lesbians use their sperm’. Other lesbian mothers report there being only one available semen provider for lesbians and single heterosexual women at any given time at some clinics in New South Wales (Hogan 2005). Anecdotally, the actual number of available donors appears to vary from clinic to clinic, depending on the size of the donor insemination program and the clinic’s policies.

All Australian clinics limit—generally to 10—the number of families receiving a particular man’s sperm so as to restrict the number of children born genetically linked and raised in different families. The rationale usually articulated for this is that it reduces the likelihood of donor-conceived people meeting and marrying or forming incestuous sexual relationships (see VLRC 2004). A number of submissions to the VLRC Assisted Reproduction and Adoption reference expressed concern about the current discriminatory policies, for the reason that they do not allow lesbians access to a sufficient ‘pool’ of semen containing an adequate supply of genetic traits:

The lesbian community is fairly close-knit and the idea of having children that may be related to those of friends or acquaintances is disturbing for many, raising a number of issues, not least that of limited gene pools. The small pool of donors is in part the result of clinic practices which allow donors to specify whom they will and will not allow their sperm to be used by. (Submission 149 VLRC 2004: 25)

Despite the limit of ten families, there is a very good chance that biogenetically related children of lesbian mothers conceiving through anonymous insemination

will—knowingly or unknowingly—meet their half brothers and sisters. There are obviously a number of contexts in which this is likely to occur: in the limited number of playgroups specifically organised for children of lesbian mothers; at those inner-urban schools that gain a reputation for being lesbian and gay friendly; and just generally in the course of growing up with parents who are part of a numerically small and somewhat stigmatised group in the Australian population.

However, concerns about limited gene pools go beyond the prospect of sibling incest. They are also an affront to influential ideas about discrete and distinctive family ‘units’. Tina Gray, commenting on a similarly reduced number of donors available to lesbians some years ago at a sperm bank in the Australian Capital Territory, remarked, ‘the children born to lesbian mothers all started looking the same’. Although Tina did not specify exactly why she found this so problematic, indiscriminate paternity somehow violates an appropriate distinctiveness pertaining to appearance that should distinguish children growing up in discrete family groupings from each other. In Western culture, physical resemblance is a powerful signifier of belonging to specific parents and a particular family, yet at the same time, the distinctiveness of persons is also highly valued (Edwards & Strathern 2000). Tina’s preoccupation with the children’s sameness resonated with oft-expressed fears about cloning or uniformity in empirical studies on assisted reproduction (see Edwards 1999; Hirsch 1999). Other lesbian mothers have revealed that the thought of their child having so many half brothers and sisters in other families feels disturbing or wrong because it somehow diminishes the ‘specialness’ of their child (Hogan 2005).

The sense of *mystical commonality* (Schneider 1980) often attributed to biogenetic connections may also have bearing on concerns about the small numbers of semen providers available to lesbians patronising clinics. Concerns about a phenomenon known as ‘genetic sexual attraction’ featured in some submissions from lesbian mothers to the VLRC Assisted Reproduction Reference. Stories about this phenomenon appear in the media from time to time and refer to biological brothers and sisters falling in love or experiencing sexual attraction to each other without knowing they are genetically related. Genetic sexual attraction emphasises sibling meetings as destined rather than merely possible or probable within a small population, and further fuels fears about sibling incest.

In another evocation of troublesome sibling links, Fiona McKenna expressed her distaste at the prospect that her and her partners' children could have half-brothers and sisters 'floating around in other families'. This was one reason why she and partner Felicity had chosen to have children with their gay friends David and Karl, as opposed to asking heterosexual male friends who already had children to contribute sperm. They believed the gay couple was 'unlikely to go off and have children in other families' once they had agreed to give sperm to them. Fiona's image of unanchored or nebulous connections conjured up that of the ghost-like or anonymous sperm donor discussed earlier whose absence is nonetheless a presence. Lack of knowledge about the biogenetic siblings in other families constitutes an unacceptable indeterminacy or vagueness about relationships. The biogenetic connection thus seems to demand some possibility or feasibility of a social connection in the future.

Paternity politics

Despite the broad spectrum of social arrangements with known biological fathers documented throughout this study, women tended to express rather strong opinions about how paternal connections should be socially expressed. For some lesbian parents, the suggestion that their children had 'fathers' rather than 'donors' was a source of considerable ire (see also Donovan 2000; Haimes & Weiner 2000). As Bourdieu (1991) observes, ways of speaking or writing create and maintain rather than merely reflect or describe the social reality they gesture towards:

The act of social magic which consists in trying to bring into existence the thing named may succeed if the person who performs it is capable of gaining recognition through his (sic) speech for the power which that speech is appropriating for itself...that of imposing a new vision and a new division of the social world. (p. 223)

The characterisation of known biological fathers as donors was sometimes not just a conventional way to describe a man who gives his sperm by non-sexual means. It served as an authoritative act marking out the boundaries of a clearly delineated two-parent or single mother family. It could attempt to ensure the boundaries of that family were enforced and respected by all who came into contact with the women and children.

Catriona and Ellen Thomas were raising their two year-old daughter Fleur with very occasional visits from the man both women referred to as ‘the donor’, who was never named in the course of their interview. According to Catriona, who commented that these arrangements were echoed among most of the lesbian parents she socialised with, this man had visited with the women and their daughter three or four times. Catriona articulated an ideological conviction that ‘the lesbian family’ was a specific family type in which a donor rather than a father was appropriate. She characterised lesbian-led families with a more active father figure known to the child as ‘dad’ as homophobic and inauthentic because they take refuge in ‘pseudo-heterosexuality’:

I think that lesbians have done quite a lot of work on the importance of coming out as individuals. And we’re starting to—I think—around coming out as couples as well. But I think lesbians are still struggling with coming out as a family. That’s new ground and it’s difficult emotional territory to really feel that it’s ok and that we don’t have to fulfil pseudo-heterosexual roles or anything like that... We do hide behind our own phobias when we say: ‘I want our child to be able to talk about their dad’, at kinder or at school. I think there is a level of homophobia in there. That we are afraid about the fact that we’re a lesbian family and that they don’t have a dad, they have a donor. The reason they don’t have a dad is because we’re lesbian parents. It’s the same reason that heterosexual families don’t have two mums. We don’t have to keep convincing people that it’s alright because our child is going to have contact [with their biological father].

Elsewhere in the interview, Catriona raised the prospect of pseudo-heterosexuality again. Commenting on the family arrangements of an unpartnered lesbian mother she knew who co-parented her three year-old child with a single gay man, Catriona deemed the liaison a ‘sham marriage’. This was because, she believed, the arrangement allowed the parties concerned to pass as a heterosexual couple and thus avoid confrontation with homophobia. Whether in evidence as sham marriage or the existence of a ‘pseudo-dad’, pseudo-heterosexuality was believed to constitute an unacceptable capitulation to the ‘children need fathers’ values often perpetuated in the media.

Rosa Petrovich took a less forceful stance that, nonetheless, resonated with Catriona Thomas’ evocation of fake and real lesbian families. Rosa had reframed her own decision to instigate a family with a visible social father as akin to ‘cheating’. She now had some regrets about having acted on the strength of what she called ‘old-fashioned’

kinship beliefs about the value of genealogical and biogenetic connections as the basis for socially realised fatherhood, rather than a notion of family that would have construed ex-partner Bill as more socially distanced:

I'd do it more politically now. I'd be braver about it I think. In a sense, the fact that Bill was Nat's father was cushioned by the ex-heterosexual relationship...This is a child of ex-partners, you know. Some would say that's legitimised it...Sort of like it's a cheating way of doing it. That's why I kind of somehow regret that we haven't been more political about the boundaries around it.

Rosa's explanation of her change of heart about the decision to have a father made the stakes in these familial identity politics very clear. A father in the family potentially obscured the parental identity of the lesbian partner who did not give birth. In hindsight, Rosa believed her son Nathaniel's relationship with his biological father and father's relatives had proceeded as if he were born in the context of Rosa and Bill's rather than Rosa and her partner Judy's intimate relationship. Rosa now believed this had been at the expense of Judy being fully acknowledged within their extended family as Nathaniel's significant other parent and carer:

It's really hard for Judy as the kind of non-biological parent. It's particularly hard because we were never political about it in the first place. We never sort of said: 'You've got two mums'. You know, it was always this is your mum, this is your mum's partner and this is your distant father and we've paid the price. I think Judy has paid a bigger price for that and that's why I would do it differently too now.

In Rosa's estimation, she and partner Judy had produced a child in the context of their lesbian relationship, then failed to take pride in announcing that to those around them. At a different point in the interview she framed a very poignant rhetorical question on this theme: 'Why didn't we own Nat together when he was so much a part of our relationship?' It was apparent Rosa saw the price paid for the decision was that of a lesser intimacy shared between herself and her partner in that they had foregone the opportunity of presenting as joint parents to the world outside their relationship. In turn, Rosa suspected Nathaniel saw as more meaningful and significant the relationship with his 'distant father' rather than the other woman who had cared for him on a daily basis since his birth.

Rosa's reflections on her own familial circumstances give some indication of the emotional and social benefits lesbian parents like Catriona stand to gain by

authoritatively positing the ‘two mums and a distant known donor’ family configuration as a ‘real’ lesbian family. In the first instance, this stance demands recognition for two autonomous and equally recognised lesbian parents who are entitled to no ‘interference’ by the biological father or his relatives in their daily lives, while still respecting the principle children’s right-to-know. Second, and on a more speculative note, there is presumably less chance that children will form kin-like emotional attachments to men they know as donors, given that these men are divested of their cultural significance as persons called ‘dad’ in the children’s early infancy, as well as the social proximity to the child of frequently visiting friends or relatives. This means the non-birth mother, as second parent, and her family-of-origin, or the single lesbian mother have fewer symbolic or social competitors for the child’s affections.

Yet, Catriona’s and to some extent Rosa’s position that lesbian-led families with fathers were inauthentic, assumed that all lesbian parents who provided their children with fathers rather than known or anonymous donors were motivated in this decision by what is often called *internalised homophobia* or preoccupations with the stigma of their lesbian relationship. Or in other words, women whose donor insemination children had fathers rather than donors had failed to take pride in creating a visible ‘lesbian family’ in which two mothers shared equivalent social stature. Clearly, some lesbians do consider the social and psychological presence of a known biological father as of foremost importance because it allows them to take refuge in what Weeks, Heaphy and Donovan (2001) have called ‘the heterosexual presumption’, in the interests of shielding their children from schoolyard bullies. Kath Denholm and Gabe Attard’s experiences of disclosing to some other lesbian prospective parents they had decided to use clinical insemination rather than known donor insemination attested to the fact that some lesbians are prepared to castigate their peers for not providing their children with a visible social father to, in effect, hide their lesbian relationship from hostile onlookers such as children’s peers at school:

Gabe: There have been a couple of situations where people have said: ‘Oh, you’re doing the wrong thing’ and it’s not very nice.

I: And what was that about?

Kath: We’ve had other lesbians confront us about—If a child comes from a family where there’s a known father, that child can go to school and be treated as someone with divorced parents, so they’ve still got a mum and

dad. Because that's considered normal now. That's what the conflict has been about when it occurs.

However, the suggestion that a father rather than a donor in the children's family is evidence of internalised stigma or homophobia because the existence of a father fails to liberate or make visible to everyone the 'real' lesbian family only works if one accepts as fundamental an *a priori* or naturalised two-parent family in which those parents are also the cohabiting intimate couple.³⁷ In other words, while passing as a child of divorced parents or a heterosexual couple may be an outcome of having a visible father in the family, or being the child of a single lesbian who co-parents with a single gay man, it is important to consider not all contemporary lesbian parents reconfigure parenthood in a manner that necessitates an ideological repudiation of social fatherhood. This is because they do not valorise to the same extent a re-nuclearised familial ideal.

For instance, in other familial configurations discussed earlier in the chapter, such as Jill Westmore's and Dianne Schmidt's, the idea of having two female parents who are equally respected as mothers sat comfortably among the women with a concomitant notion that children have fathers who also provide them with a sense of social 'fit' or 'belonging' to use Jill's and Dianne's respective words. In such families, one baseline or given assumption was conventional to Western kinship thinking; children have a biological mother and a biological father who are also involved in their social parenting. However, in a reworking of the conventional gender-differentiated *and* nuclear assumptions, the mothers and father are connected by friendship rather than an intimate sexual relationship, do not cohabit and the mother's partner is more centrally positioned than the father as a parent. The value and place of the social father emergent in these women's stories was as third carer and playmate to the children, as well as friend and support person to the lesbian parents, not as an attempt at stigma reduction.

³⁷ This brings to mind Butler's (1993) notion of *ambivalent identifications* when she discusses the radical feminist assertion that gay male drag always constitutes misogyny. Butler maintains it is inherently variable and unstable what drag signifies. Misogyny is only one of the possibilities. So too, with the various performances of 'lesbian family' and the known fathers that appear within them.

Furthermore, sometimes the preference for known and active social fathers (or co-parenting fathers) was articulated in a manner consistent with Women's Liberation era socialist feminist critiques of the nuclear family (see Rubin 1975; Barrett & McIntosh 1982). A few women consciously wanted to resist what Barrett and McIntosh once referred to as the 'anti-social' notion that children should have only two parents who are also a sexually intimate cohabiting couple, the historically recent understanding of family linked to the rise of industrial capitalism (e.g. Shorter 1975). Some lesbians rejected the parental partnership as solely couple-based and nuclear. This was quite evident in prospective parent Fiona McKenna's description of one of her and partner Felicity's reasons for asking their gay male friends to be known social fathers:

We liked the idea of the child having more parents. The more people to provide love and care for it, the better. We kind of like the idea of challenging the nuclear family stereotype to some extent. I don't want to be overly critical of other people's choices, but I do think some lesbian couples do try and replicate the nuclear family except that they happen to be lesbians, but you've still got to just have two parents. And we sort of wanted to challenge that a bit and say look there's a whole lot of ways to have a family and we're not going to feel bound by existing forms.

Fiona and Felicity also enjoyed valued friendships with David and Karl, the men with whom they were attempting to have a baby. Further to their desire to challenge the 'nuclear family stereotype' they also wanted to give those men the opportunity to experience some of the emotional and social rewards of participating in bringing up children:

Obviously, for gay men it's even harder to have children and this can be an opportunity for gay men to be involved in parenting which is potentially a good thing.

Other women articulated a position on involved fathers that could be considered broadly feminist in its sensitivity to the issues heterosexual women are known to contend with in some conventional nuclear families. Julia Murphy, a single lesbian mother who intends to raise her newborn baby daughter with the parental participation of a gay male couple, remarked: 'The donor idea doesn't sit well with me at all. It sends a terrible message to men that they can get away with not taking responsibility for their children, which is what men have always done'.

Attempts to delineate the boundaries of a real lesbian family conceivably serve as a means of normalising families without social fathers for the benefit of those children who are growing up with one or two mums and either a completely anonymous or very socially distant known semen provider. From one perspective, it is understandable that lesbian parents predicating their families on this model want their children to grow up with peers who are living in similar familial circumstances, in order that they feel comfortable, accepted and not unduly stigmatised within their peer group. However, asserting there could ever be such an entity as a 'real' lesbian family is a political stance that brings to mind Stein's (1997) descriptions of the boundary-marking behaviour that gave rise to so much conflict within US-based lesbian feminist communities during the 1980s. For example, that lesbians dress a certain way, have sex of a particular variety exclusively with women and have particular kinds of jobs, lest they be deemed somehow less 'real' as lesbians. Such behaviour ultimately led many women to flee from the increasingly prescriptive rules that membership of the category 'lesbian' appeared to require.

In a more general statement of the problematic philosophical assumption behind asserting the existence of real and fake lesbian families, Clifford notes that us/them dichotomies present cultures—in this case cultures where lesbian sexuality is deemed to naturalise or essentialise a particular family type— 'as organically unified' rather than 'negotiated' and 'contested' processes (1988: 273). Such an ideological position universalises the meaning of the category 'lesbian mother'. It cannot accommodate the empirical evidence of the diverse kinds of social identifications beyond 'lesbian' a number of women in this study held dear and which were implicated in their decisions to become a parent. Women's complex subjectivities give rise to multiple identifications, say, as in Rosa's case, lesbian and the child of Polish immigrants or as in Betty's case, lesbian and the child of single mother with troubled memories of a childhood spent feeling 'different'.

Conclusion

Just as the clinical model of donor insemination is predicated on more than one set of assumptions about anonymity, a continuum of possibilities exist for imagining and bringing into being the relationship with known men providing sperm. At one pole,

this man constitutes a means to a pregnancy. Further along, he is a symbol of genetic or 'blood' links and at the other pole, he is a man valued as a socially connected parent. Known biological fathers may be understood as donors, as fathers and sometimes even as parents. While these designations should not be construed as fixed types, identities, roles or sets of responsibilities, the terminology implied different understandings of the social and emotional proximity of the biological father to the child and the child's immediate family. A historically new relational category—donorhood—has evolved among lesbian parents, enabling women to create social connections between biological fathers and children that do not challenge the primary parenting or familial relationships.

While some lesbian mothers enact and maintain families with no socially present biological father, it remained difficult for most women in this study to apply commodity logic to the sperm, when considering their child's future. For this reason, they often felt very constrained by the sparse information about and permanent anonymity of the semen provider that has—historically—sustained the interests of heterosexual nuclear families. This was despite the prospect of familial autonomy for a lesbian couple or single mother clinical inseminations represented. Particular thought was given to the implications of biogenetic links between siblings through the biological father, and these links could be conceived as appropriate or very discomfoting. When considered appropriate, sharing the same biological father was imagined as a powerful source of connectedness where it was desired the children be raised as siblings. However, when paternal links between children were perceived as uncontrollable, indiscriminate or unknowable, they posed a threat to notions of acceptable kinship.

Although it appears politically obsolete to valorise anonymous biological fathers, ideological convictions about appropriate conceptualisations of the paternal relationship are still in evidence. The subject of what to call known biological fathers as well as the kinds of social and legal relationships they should rightfully assume in respect of children continues to generate considerable ideological heat. When seeking civil rights as parents in line with those taken for granted by heterosexual couples has become the dominant stance among the more activist lesbian mothers, and the premise that children need certain kinds of 'active' fathers for their appropriate identity

development and emotional well-being is a particularly vibrant Australian public discourse, the paternity issue remains extremely politicised within lesbian parenting networks. This raises interesting questions about how the men view these relationships and it is to their stories I turn next.

Chapter Seven

Conceiving donors, fathers and parents

On arrival at Derrick Wittison's warehouse apartment, one of the first things I noticed was a black and white photograph hanging among the bright abstract canvases in the living room. It was a portrait of a bare-chested, muscular man holding a baby in a very close embrace. With a large measure of pride, Derrick confirmed it was of himself and his son Jack, now five years old. The photograph drew attention to the gym-toned athletic build of the adult and the competent and caring manner in which he supported the infant, in the setting of what was obviously a single man's home. Derrick's photo evoked a theme that later wove its way through our interview: an openly gay and sexually active man can celebrate non-resident fatherhood as an emotionally significant and rewarding relationship.

Australian lesbians have always been reliant on gay men to provide them with sperm (Borthwick & Bloch 1993; Wakeling & Bradstock 1995). As discussed in Chapter Four, published accounts by gay men often emphasise political motives for giving sperm. The men regarded their actions as facilitating women's rights to become mothers independently, without the need for sex or the intervention in child-rearing of a social father (Dunne 1995; Van Reyk 1995, 2002). However, a blurrier distinction between sperm donation and fatherhood now exists for some gay men, like Derrick. Negotiations with lesbian prospective parents or single heterosexual women will often occur with a view to having some degree of social contact with the children. Australian gay male couples are also beginning to become resident, care-giving parents through co-parenting negotiations with female friends and acquaintances, commercial surrogacy and altruistic surrogacy-like arrangements.

Weston (1991) proposes that gay men in the US are more interested in having active social relationships with children due to the cumulative effects of living with the HIV/AIDS pandemic. Her suggestion is that having children symbolises generativity and continuity, or, 'counters representations of homosexuality as sterile and narcissistic, by courting life, establishing new family ties where critics expect to find

only tragedy, isolation and death' (1991: 185). In this view, the cultural influence of HIV/AIDS on urban gay male communities has been a far-reaching confrontation with mortality, counter to which children represent hope, renewal and a sense of the future. In Australia, gay men represent 84% of the 6,504 deaths that have occurred since HIV/AIDS-related statistics were collected (National Centre in HIV Epidemiology and Clinical Research 2005: 5). However, the considerable toll AIDS has taken within the Australian gay male communities is a partial explanation at best for the extent to which becoming a biological or social father appeals to some younger gay men (see VGLRL 2001). In the era of highly effective anti-retroviral treatments and safe-sex campaigns, many Australian gay men under 35 have never experienced the loss of a close male friend or partner to AIDS. More pertinently, in the US, where the force of the pandemic has been far more acute, AIDS does not necessarily loom large as a reason for having children in biographies of gay fatherhood.

Dan Savage, well-known US gay sex columnist, in characteristically irreverent style, explains his 'urge' to have children at 33 thus:

'The middle age of buggers is not to be contemplated without horror,' Virginia Woolf is reported to have observed...What was I going to do for the next forty or fifty years? It didn't take me long to conclude I would need something more in my life than money and men...something besides travelling the world collecting Fiesta Ware and intestinal parasites. (Savage 1999: 33)

For Savage who, with his partner Terry, successfully adopted a baby boy, fatherhood represents a meaningful, time-consuming and rewarding goal for his middle age, which he contrasts with the relative emptiness of stereotypically gay pastimes such as wealth accumulation, sex, hobbies and travel. In this viewpoint, there is some acceptance of a conventional criticism of childless, urban, gay male existence: it represents immaturity or arrested adolescence. Savage implicitly makes distinctions between an empty and shallow life without children, and the grown-up sense of selflessness, responsibility and purpose that children are presumed to bring to the lives of their parents.³⁸

38 Savage's rationale for wanting children is becoming ubiquitous in biographical accounts of gay paternity coming out of the US (see also Green 1999; Tupitza 2002).

Bill Calder, the publisher of Melbourne-based LGBT community newspaper, *BNews* has been quoted as saying that the desire to have children represents a ‘mellowing’ within the gay male communities in the 1990s and beyond, ‘in contrast to the liberationist mode of the 1970s and 1980s’ (Szego 2002: 6). In lay terms, this is a more sociological understanding of the increasing popularity of having children—the decentring of gay as protest—than Savage’s more psychological sense of developmental progression in an individual’s life-course. Arguably, such mellowing is a product of the relative success rather than failure of Gay Liberation. As a social movement, it achieved a measure of acceptance for same-sex relationships and somewhat decreased the stigma attached to being gay. While many people and some institutions in Australia remain decidedly unsympathetic to the prospect of lesbians or gay men having children (see Chapter Two), strong perceptions no longer abound of a monolithic group of hostile heterosexuals and *their* institutions against which gay men need to define themselves. More gay men believe themselves entitled to aspire to life goals once regarded as ‘heterosexual’, such as having children.

The influential discourse, children’s right-to-know, has also influenced how gay men view semen provision and the kinds of relationships with children that result from this practice. Some men interviewed by Van Reyk, who provided sperm anonymously to lesbians in the late 1970s and early 1980s, came to view their politically motivated actions differently. ‘Andy’, for instance, now considered he and his peers had been ‘naïve’ in over-estimating the transformative power of their radical politics in the face of the esteem in which notions of biological relatedness are held in Australia:

In the late 1970s and early 1980s we thought about children growing up in a non-patriarchal society...But in another 30 years it won’t be much different from what it is now. Much as we might have beliefs about this, the fact remains that children will become adults in a society where it matters who your father is...That will force a whole range of questions for those children about their own identity, about who they are and what they are made of. (Van Reyk 1995: 83)

For ‘Andy’, political values cannot diminish the significance of identity, and identity remains a question of whose biogenetic substance contributed to your creation. Just as stories about children lamenting the inability to have knowledge of their paternity have been influential among lesbian mothers, some men have come to believe

children with unidentifiable fathers have been disadvantaged by the utopian political convictions of their parents.

In this chapter, I explore the meanings of biological fatherhood to gay men and their understandings of relationships created through semen transfer and surrogacy. The focus is on the relative significance of biological substance and processes of care and nurture in creating and sustaining these relationships. To what extent do men's conceptualisations and performances transform dominant social possibilities for father/child relationships and to what extent do they assume more conventional notions of what it means to be a father or a sperm donor? Of particular interest is the difference between a 'donor', a 'father', and a 'parent', from the men's perspective, as a lived relationship to a child.

Why give sperm?

Although Van Reyk and his Gay Liberation era peers were motivated to give their sperm by the prevailing political sentiments among their inner-urban, university-educated gay and lesbian feminist friends and associates, it would be false to assume the meaning they attributed to semen provision was distinctively gay or feminist. The clinical or biomedical assumptions that carried over into extra-clinical donations reinforced the alienability or object status of semen, and the medical precedent that semen transfer should occur under conditions of anonymity. Daniels (1998), writing about clinical donor insemination, argues that men's motives in providing semen depend on whether or not the transaction in semen is construed by the clinic concerned as a donation or an act of commerce; the dualism he invokes is that of 'gift' versus 'goods' (see also Tober 2001). Beyond commerce, the other dominant understanding has been that providing semen as a third party should be a pure altruistic act in which a donor has no expectations of return or recompense (see Novaes 1989). The kind of altruism assumed appropriate in clinical models of gamete transfer is drawn from Christian, or self-effacing ideals about giving. Gifts should be free or disinterested, with no strings or expectations attached (see Layne 1999). In other words, gifts are not given with the primary intention of creating an ongoing relationship of connectedness or belonging. The donor of semen has been required to

relinquish his legal rights to a relationship with any resulting child, and is also absolved for any ongoing financial responsibility for raising the child.

As Tober (2001) notes, this gift/goods distinction may be more an ideological one than descriptive of how clinics actually operate or decide which men make acceptable semen providers. Here she follows Appadurai (1986) who contends that in Western cultures, gift-giving is a manifestation of the circulation of commodities rather than antithetical to commodity exchange. In effect, Tober claims, sperm banks create a market in altruism, and generally prefer men who express a desire to help whether or not they are also paid ‘incentives’ or outright per ‘donation’, as in some clinics in the US. This is because clinicians and users of sperm alike value expressions of altruism very highly.³⁹ In Australia too, the actual practice of clinical semen transactions may reveal the blurriness between ideas of gifting and commerce. Although payment *for* semen is prohibited, in keeping with reticence about commerce in body organs or substances (see Chapter Two) ‘expenses’ may be paid that are an attractive incentive to low-income men. Among younger semen providers, particularly university student populations, financial incentives may be highly influential in the decision to give sperm. For instance, a story in *The Age* in 2003 revealed a reproductive medicine clinic in New South Wales had had a ‘stampede’ of enquiries from as far away as Russia and the Ukraine after advertising for sperm donors in a Canadian university campus sports magazine. The clinic was: ‘offering a \$7000 package—free return trip to Australia, accommodation for a fortnight and daily allowance—in return for a sperm donation every second day’ (Australian Associated Press 2003: 8).

Studies of men providing semen to clinics document a number of motives beyond cash and Christian altruism. Sexual release or gratification is one possibility (see Kirkman 2005; Tober 2001). Married men who are already happily raising children

³⁹ For instance, Tober found some clinicians believe that a purely financial motive makes men more inclined to lie about an inheritable genetic condition or their sexual history, factors that may have profound implications for women’s and children’s health. This idea has been influential since Titmuss’ (1970) comparison of US and UK blood and organ donor programs, in which the UK voluntary system was deemed safer health-wise and less exploitative of donors. Clients of US-based sperm banks, particularly women without male partners, have been found to prefer altruistic motives to financial ones. This is because they find it more acceptable to tell their children that the biological father ‘wanted to help’ rather than ‘needed the money’ (Hertz 2002; Tober 2001).

tend to express a desire to help other infertile couples, predicated on the joy having children has brought into their lives (Blood 1992; Chapman & Crittenden 1992). Reasons for giving sperm can also depend on the relationship context of the man and whether or not he is already a parent. Childless donors to clinics have reported a desire to evaluate their own fertility (Blood 1992; Daniels et al. 1996; Daniels et al. 1997). Single and married donors who believe they will never be able to have children with a partner sometimes report motives associated with more abstract or ambiguous notions of genetic and genealogical continuity: an interest in 'passing on' their good genes, a desire to perpetuate the family 'line' or 'to father a child' (Tober 2001; Blood 1992).

In 2003, a lesbian couple living in Adelaide set up the Australian Sperm Donor Registry: an Internet site serving as an introduction agency for lesbians or single heterosexual women to men willing to provide their sperm. Interested men supply a range information about their physical specifications, health and reasons for wanting to give sperm to the Registry. To date, about 100 men, 'homosexual', 'bisexual' and 'heterosexual', have posted their personal profiles to the website.⁴⁰ Women can browse through this information, and then be put in touch with the men of their choice for a fee. The profiles of men listed with the Registry are a good source of Australian information into the varied reasons men reveal for providing their sperm.

In reading the available profiles, it becomes evident some homosexual men's stated reasons for joining the register are consistent with the sentiments of altruism expressed by heterosexual donors. One single, 41 year-old man wants 'to help others who want children but can't have them'. A number of men listed with the Registry, no matter what their sexuality, professed a sense of injustice that lesbians were not always eligible for clinical donor insemination in Victoria and South Australia because of their sexuality. Their altruism was more politically oriented towards facilitating mother-right. However, unlike in earlier published accounts by men active

40 These ways of describing sexual orientation are obtained from drop down menus created by the website owners rather than indicative of how men would describe their sexuality given the chance to use chosen terminology.

in Gay Liberation, a notion of discrimination is more influential than the idea of challenging patriarchal family relations. A 23 year-old university student writes:

Simply being a parent is our right in spite of our sexuality. I want to be able to help someone experience this right by donating. Having the ability to help a woman become a mother is empowering.

His sentiments of injustice in the face of the current laws were echoed by a 36 year-old heterosexual peer: 'I would like to help others who have been discriminated against by the current system.'

However, other homosexual men listed with the Registry reveal a much more explicit desire for social contact with the children their sperm would help to create. A single, 22 year-old salesman from New South Wales writes: 'I wish to have children of my own, but I am unable to do it on my own or with a boyfriend'. A single 33 year-old teacher from Perth explains: 'I want to help lesbian couples have a child whose life I can be a part of.' Men interviewed for this study, characteristically, desired and had social relationships with the children conceived through insemination. However, it was also apparent that the meanings and motives they associated with semen provision could change over time.

Terry Page was a regular sperm donor to a clinic that used to advertise on his university campus throughout the 1980s. He also remembers giving sperm at that time to a lesbian couple he was friendly with. Although Terry distinguished between his reasons for the two activities—giving sperm to the couple was 'just about providing something for friends', whereas giving sperm to the clinic was primarily 'a money thing'—in both cases, Terry recalled no sense of attachment or being involved with the outcome. Just as he never knew whether the anonymous donations he made to the clinic resulted in the birth of any children, it had not been his priority to stay in touch with the lesbian couple after the birth mother became pregnant: 'Ah, you lose track of people, don't you?' he commented.

Terry's sentiments were very different at the time he was interviewed. Although he does not regret giving sperm as a younger man, he sometimes wonders 'whether children were born and what they are like'. He has experienced what he called 'a parental urge' over the past few years, now he was financially comfortable and in 'a

settled relationship' with boyfriend Dan. Terry emphasised that wanting to be a parent was associated with a desire to have his personal convictions and values continue on through a caring relationship to a young person. In his logic, parenthood would connect him to a generational rather than a biogenetic continuum:

Parenting is not a biological urge. It's part of the overall fabric of the universe if you like...It's about having some of our values continue on through another person and helping to shape a person...It's about seeing someone grow and develop and evolve as an individual. So it can be your gene pool continuing on, but it's also your thoughts and philosophies. It's where every human being that was is connected to every human being that is to become.

The scenario he and Dan envisage is to find a single lesbian or a lesbian couple with whom they are compatible with a view to co-parenting a child between their two separate households. They have yet to find the right woman or women, but remain hopeful this will happen in time.

So far, I have emphasised that gay men may express reasons for giving sperm commensurate with those already well-documented in the literature on clinical sperm donation; financial incentives, genetic or genealogical continuity or a desire to help. Political motivations, albeit couched in the language of discrimination and rights rather than Gay Liberation era notions of 'combating patriarchy', continue to be relevant. However, gay men and the women with whom they cooperate are also transforming dominant biomedical definitions of a sperm donor in assuming that their biological connection to children through insemination can create viable social relationships from the time children are very young. In the next section, I present three men's stories that serve to illustrate how relationships created through insemination can assume different meanings for men of different ages and backgrounds. The men's respective children are aged eight, five and two. Foremost, the stories emphasise how meanings and social enactments of paternal connections can and are perceived to change over time.

The 'kindly uncle'

Phillip Radford is a 46 year-old pharmacist who has lived alone since the death from AIDS of his partner Bob. Phillip's child Ryan is 8 and lives with his mother, Angie.

Angie, a friend of many years, approached Phillip to contribute sperm and be known in what she called a 'kindly uncle' capacity. He explained:

I had no desire to initiate a child in order to care...Like if it was my choice to create a person, I didn't want to, you know. But Angie wanted to and I just thought I know what she's like and I know that child will be so well-loved and so well looked-after and so well-raised and that was my judgement.

The only condition Phillip insisted on initially was that any child born be told who his biological father was. This request was central to his conviction that information about origins was important to children. Origins represented the web of historic connections and relationships, social, symbolic and geographic, into which he perceived every child is born:

Phillip: It's about having some sort of context of where you've come from ... There's a big reason why you came from these people. You know, this is your father and this is your mother...This is where you were brought up.

I: Are origins about biology?

Phillip: Not necessarily, they're about culture as well. I'm interested in Irish Gaelic. I found out about all my ancestors. A lot of them were from Ireland...My parents' families have been here for three generations, but then when I found out that there are traditions in our family from the old country. I discovered this particular form of music and I really liked it even before I knew what it was about. Then I thought, this is my ancestor's stuff, this is my ancestral language.

A child's origins, for Phillip, encompassed many dimensions of connectedness to ancestral history. Above, Phillip professes to feel an inexplicable sense of connection to the music and language of his forbears, a hint of Schneider's (1980) observation that Westerners often attribute a *mystical commonality* to biological connections. Anticipating his child may feel drawn similarly to such connections, before Ryan was born, Phillip put together a collection of old family photographs in a special folder he gave to Angie, so the child could have a visual record of his paternal ancestors if he expressed interest.

Phillip's understanding of his relationship to Ryan is conceptualised within the conventional Western paradigm of familial relationships, however, it is not premised on identities rigidly defined by a genealogical grid. Phillip found it helpful to think of himself as an 'uncle' because the connection implicit in this claim is an unconditional life-long connection, yet flexible with regard to social and emotional proximity:

I always said I'm happy to help and that's why I think of myself as an uncle. An uncle is someone who is biologically related and he can be very close or very distant. He can live close by or a long way away. He's a family member. He can always get in touch. An uncle might look after them [the children] but ultimately it's the parents that have the yes or no say on what happens. That's how I define my relationship to Ryan and I'm always happy to do things.

As an uncle, Phillip's promise to help is permanent. Positioned within a network of kin relations, uncles have a legitimate claim to keeping 'in touch'; however, they take care of rather than bring up children.

Phillip continually emphasised his love for and sense of connectedness to Ryan throughout the interview, despite the fact that they had never shared a conventional, resident father/child relationship. This continued to develop as Phillip watched Ryan grow up. He recalled many occasions on which Ryan's behaviour and emotional reactions to events and certain stimuli reminded him of his own reactions at a similar age. Phillip was quite captivated by this evidence he attributed to the material effects of biogenetic connection. It was an unexpected and extra dimension to his sense of belonging to Ryan:

It's like that quite a lot. It must be because your brain's hardwired in the same way or something and that is really astonishing to see. There's something a bit more than just social...I think it's just a genetic thing...I think that emotionally makes you think, oh my god...I really am connected to this person in ways I hadn't realised.

An invented father

In entering his agreement with Angie, Phillip anticipated that any child resulting from the inseminations may take an active interest in him one day. His experience with older nieces and nephews had alerted him to the fact that children make up their own minds about which people in their social circle they want to forge relationships with as they grow older. Ryan asked Angie who his father was when he was four. Although he knew Phillip well as a regular visitor to his house prior to this, he has initiated more visits and contact with Phillip since he turned six.

I: What does Ryan call you?

Phillip: Daddy, now. Sometimes Phillip, or Daddy, Dad...He started calling me Daddy when he was about five. It was really interesting because I always called myself Phillip and he goes Daddy, but that's fine.

Since he was about six, I've had a bit more involvement...He rings more now and that sort of thing, although I've always told him he can ring anytime. He's just started emailing me, which is nice.

Phillip has gradually altered his self-perception as 'uncle' to accommodate Ryan's growing perception of him as 'daddy' without any ostensible confusion or contradiction. He now sees Ryan about once a week, often taking care of him when his mother works or wants some time to herself, and they have more frequent contact by email and telephone. At Ryan's request, Phillip has started going along to his school concerts and participating in Father's Day projects and events.

Although Angie identifies as heterosexual, the manner in which Phillip has been brought into Ryan's life as daddy reflects the sentiments of the 'known donor' relationship described by some lesbian parents in the previous chapter. In an inversion of conventional patrilineal assumptions, the child invents the genitor as 'daddy' when and if having a daddy becomes important to the child. In this regard, a father does not exist as a social entity beyond the child's developing consciousness of such a person.

'A father rather than a sperm donor'

To return to the man who opened this chapter, Derrick Wittison is 47 and owns an inner-city bar. Derrick met Gayle and Donna, who he described as 'Jack's birth mother and co-parent' some years ago. Although Derrick had never considered having children before the women asked him to be the biological father of their child, the opportunity Donna and Gayle presented him with sparked his interest because 'we all got on so well'. He and the women have maintained an amicable relationship since five year-old Jack was born. They see each other socially, occasionally take holidays together and have a number of mutual friends. They are currently discussing whether or not to have a second child.

Gayle and Donna were living interstate when Gayle conceived and relocated to Melbourne when Jack was 18 months old. Since that time, Derrick has tried to see Jack at least fortnightly although sometimes up to a month passes between visits. He also looks after Jack when work permits, and recently took him on holidays without the women for the first time. Whereas Phillip Radford agreed he would only become

'dad' if Ryan expressed interest in knowing his biological father as dad, Gayle, Donna and Derrick all agreed Derrick would be introduced to Jack as 'dad'. At the same time, Derrick distinguished a dad from a parent. The women are, by mutual agreement, Jack's resident parents although Derrick is included in discussions about major decisions affecting Jack over time; circumcision, vaccination and choice of schools were three he emphasised. Derrick also makes a financial contribution to Jack's education and has made him a beneficiary in his will.

The arrangements Derrick has with Gayle and Donna regarding Jack's care 'suit him ideally' as he does not believe full-time responsibility for children fits into what he called his 'gay lifestyle'. He works long hours, likes to travel during his rare weeks off and also find time to socialise. When I asked Derrick if he had ever considered having a child with a boyfriend, or parenting full-time, he looked at me quite strangely. He found the idea of two gay men having a baby together absurd. 'How would they manage their respective careers?' he asked. 'Surely the relationship would break up, as everyone knows that gay men are fickle', and 'that level of emotional instability couldn't be good for a child'. Just as Derrick did not question that men should have an uncompromising commitment to their work, his beliefs about gay men's intimate partnerships drew on popular stereotypes, circulating within and beyond the gay male communities, that gay men are inclined to a succession of short-lived, unstable intimate relationships (cf. Nardi 1999; Weeks, Heaphy & Donovan 2001; Stacey 2004). Although the evidence is mixed as to whether this characterisation is true, the point is that Derrick saw no deficit in the fact that his social contribution to Jack's ongoing care and welfare was ostensibly unequal with the women's. He was perfectly frank he enjoyed 'the emotional benefits of fatherhood' without the full-time responsibilities of 'being a parent'.

Despite this, Derrick considered himself 'a father rather than a sperm donor'. This sense of himself as a father had not only grown out of the social relationship he had established with Jack; it was linked to his very strong sense of location within the continuum of his family-of-origin. Although not a conscious motive for providing sperm initially, Derrick's father's illness and death soon after Jack's birth had sparked strong feelings about the symbolic importance of generational continuity. When asked to consider what it meant to be a father, Derrick invoked the traditional Western

concept of genealogical descent within which Jack symbolised a connection to the past and future. For instance, it had meant a lot to Derrick that the timing of Jack's birth allowed for no time gap in which his parents were both dead without a grandchild to 'carry on'. The sense of continuity of life within his family-of-origin appeared to represent spiritual sustenance that carried him through the grief of his father's loss:

When one parent goes, it really is very hard you know, but when two parents go, no matter what age you are it's a totally different thing and you suddenly become an orphan. And it was the first time I realised I've carried on the line with Jack. Now I've moved up in the hierarchy of the family...Jack is there carrying on the line, it didn't sort of finish. If my dad had died before Jack was born and just left me on my own even if a year or two later I had a son well there would have been a gap. So there is that wonderful flow, if you like, of birth and death right through that period of time which was enormously supportive to me. To know that my dad knew I had a son and he had a grandson before he died.

For Derrick, there is a kind of existential comfort in having someone beneath you in the vertical family line when the parents above you die. Derrick reinforces a very conventional conviction that blood flows downwards and affirms one's place and obligation to care in a generational order of things (cf. Edwards & Strathern 2000).

'More of a sperm donor than a father'

Michael Meagher is the biological father of two year-old Max. Michael and his partner Jason Burke have 'some involvement' with Max, who is being raised, as agreed, by lesbian couple Avril and Catherine. Michael met the women after he answered their advertisement in the classifieds of a Melbourne LGBT newspaper. The men have seen two year-old Max about every three months since he was born, generally visiting him at the women's home in their presence.

Michael answered the women's ad because he: 'had always wanted to be a father'. Partner Jason, on the contrary, professed no particular interest in 'having my own kid'; if anything, he was concerned about the potential financial commitment to Max in the future, and worried about the uncertain legal status of Michael's arrangement. While both men 'love kids' and spend a lot of time with their nieces and nephews, Jason would have been content to spend time with these children whereas it was important for Michael to have 'his own'. Jason tolerated Michael's quest to: 'become

the kind of father I have always wanted to be' with good-humoured exasperation: 'What Michael wants, Michael usually tries to get, no matter what I say' he remarked.

Thus far, Michael professed to feeling that his relationship with Max was 'more like a sperm donor than a father'. He made this distinction based on the fact that he 'had no say' in how Max was being brought up, had agreed to see him only on an intermittent basis, and was not known to Max as 'dad'. Despite this, it was apparent Michael's sense of connection to Max encompassed a number of different familial and explicitly paternal dimensions. The child was a beneficiary in his will. Michael also expressed a keen interest in genealogy and has traced his family tree back several generations. One reason for giving sperm was to 'leave someone behind when he goes', which further evoked a notion of lineage. Max also represented the possibility for what Michael called 'father/son stuff' in the future. He and Jason often took their nephews out on weekends to various sporting events. Michael looked forward to doing the same 'only more so' with Max when he was a bit older although he realised this would depend on Avril's and Catherine's wishes.

Gay men and 'new' fatherhood

How, then, do these men's respective conceptualisations and social performances of fatherhood and what could be called, in Michael's case, *donorhood* equate with the discourse and practice of contemporary heterosexual fatherhood?

In the past decade or so, sociologists have written increasingly about changing ideals of heterosexual fatherhood; the caring father is one such ideal. This 'new' father is said to eschew the distance and dominance of the traditional patriarch in taking the time to become more emotionally connected to his partner and children through caring labour. Australian heterosexual men's uptake of care-giving responsibilities to children and housework is generally agreed to lag far behind the rhetoric of new fatherhood (e.g. de Vaus 2004; Dempsey, K. 1998; Bittman & Pixley 1997). That said, it is now customary in the developed West for men to be present during the births of their children, and further, to assume more of the 'hands-on' responsibilities for childrearing than their own fathers were ever expected to do (Lupton & Barclay 1997; La Rossa 1997).

Smart and Neale (1999) emphasise there are ‘competing and contradictory’ strands to new fatherhood which incorporate some aspects of the old. For instance, new fatherhood may perpetuate the understanding that fathers are mandatory in order to model masculinity as deeply etched gender difference. It may reinstate the assumption that men as fathers are legitimately authoritarian and should exercise power over women and children. New fatherhood rhetoric may also emphasise men as carriers of rights in respect of children, a stance that may be self-interested rather than oriented to what is good for children or their mothers. These ideas are believed regressive by the authors. Smart and Neale also concede ‘progressive’ elements to the rhetoric and practice of new fatherhood, notably, the emphasis placed on fathers as sharers of childrearing responsibilities. An interesting consideration is how non-resident, socially connected biological fathers like Phillip, Derrick and Michael sit within Smart’s and Neale’s schema.

At the progressive end of the continuum, Phillip was the most disparaging of the idea that fathers contribute to the development of a distinctively ‘masculine’ identity. His distaste (and amusement) at the idea he could serve as an entity known as a ‘male role model’ was understandable when considering the activities he usually engages in with Ryan. They have shared interests in cooking and drawing, activities not valued conventionally for their hegemonically masculine qualities (see Connell 1987; 1995). These are activities Ryan enjoys and cannot share with his mother or her partner who have no particular talents in those areas. Phillip did adhere to a notion of gender ‘balance’. Reflecting on Ryan’s increasing interest in him, he commented: ‘there seems to come a time when boys need men in their lives. Ryan’s got a lot of women in his life and he probably just wants a bit of balance.’ Phillip’s rather humble suggestion here was that it was not his distinctiveness as a man or father Ryan sought. More so, that if there is an overabundance of one sex in their personal networks, children may feel interested in investigating the greater symmetry they observe in the population through the connections they choose to create with adults in their social circle.

Michael Meagher, retained understandings of father/child relationships considered more ‘backward looking’ in Smart’s and Neale’s schema, notably, the idea that mothers perform the daily care babies and toddlers need, and fathers direct and play

with children once they are beyond needing constant feeding and toileting attention or close supervision. When asked about what kind of relationship he imagined with Max in the future Michael said: 'I want more of a proper father/son relationship'. When asked to elaborate on 'proper' he explained: 'It would be about having him over to our house on the weekends. Doing things like bike-riding, playing football.' He also commented: 'it's about having more say in directing the way I'd like him to be brought up. Where he goes to school, how he dresses, that kind of thing'. Michael's concept of the ideal father/son relationship thus revolved around increased opportunities for having the boy to stay in his and Jason's recreational time, active play, and having more authority over decisions affecting the child's daily life and comportment.

Michael was hesitant about this matter, qualifying his remarks frequently with: 'I'm not really sure what kind of relationship I want. As you can see, this is something I'm working through'. However, in his understanding of his child's needs there was an inkling of 'bio-evolutionary' notions of essential difference between mothers and fathers. 'I think Avril and Catherine will realise that once he becomes a boy he will need me for male involvement', Michael explained. 'Boys do. At the moment, he's just a little kid.' Psychologist Steve Biddulph, who has developed a considerable public profile in Australia as an expert on fathers' 'different but necessary' contribution to child development, has written a number of best-selling psychology guides in which he articulates 'father hunger'. All children, but especially boys, are said to experience such a need, particularly once they grow beyond early infancy. Father hunger is conceptualised as a:

...deep biological need for strong, humorous, hairy, wild, tender, sweaty, caring, intelligent masculine output. For long satisfying hours spent learning to be confident and capable in the world...learning the joy of being a man from men who know these things and are willing to share them. (Biddulph 1994: 25-26)

In this characterisation of fatherhood the masculinity men are seen as modelling for children is of the 'rough and tumble' variety, without which children's self-confidence and development is believed compromised. Here it is apparent that some contemporary gay men's beliefs about fatherhood and the kind of masculinity men model for children may be dependent on similar understandings of gendered difference.

For the most part, however, the relationships these men described tended to accentuate the emotional resonance of various symbols of patrilinearity, rather than a sense of entitlement to authority over children's lives that could be considered more patriarchal. Notably, while a sense of pride and exclusivity in the relationship to the child because of the biological connection featured in most men's stories, there was no evidence of a conviction that this connection conferred rights to legal custodianship or to dictate how children would be raised. Phillip and Derrick had both formally relinquished legal rights to the women. Even Michael, who had rather conventional ideas about father/son relationships and was somewhat dissatisfied with his minimal level of involvement with Max, appeared never to question the authority of Max's lesbian parents. Ultimately, he believed that any change that occurred over time in the relationship would stem from the women changing their minds to concur with him it was in Max's interests to have more contact with his biological father.

These men, in keeping with others who had donor/dad relationships with children, tended to be very much engaged with their working lives and other social interests; children represented an 'add-on' rather than a central, all-consuming focus. This is not to say they were not participating in or capable of care. Rather, their involvement in children's lives did not significantly impinge on the sense of emotional freedom and independence from children's daily care that has conventionally distinguished fathers from mothers. Another non-resident biological father, John Caveny, described the relationship as one of: 'Living the life of Reilly. I hardly have any of the responsibility but I get a lot of joy'. John's observations echo Beck's description of the historical place of Western men as fathers:

The joys and duties of fatherhood could always be enjoyed in small doses as a recreational activity...In the context of male life, fatherhood and career, economic independence and familial life are not contradictions that have to be fought for and held together against the conditions in the family and society. Instead, their compatibility with the traditional male role is prescribed and protected (1992: 112).

Understanding the biological father/child relationship as primarily one of freedom from ongoing responsibility does beg the more problematic question about children's

perceptions of how relationships between themselves and their biological fathers should proceed once relationships are established and the paternal identity is revealed. The emphasis on freedom and choice in the father/child relationship by a few of the men interviewed at times neglected much consideration of the child's point of view. For instance, Derrick Wittison went to great lengths to emphasise the freedom available to him in his arrangement with Gayle, Donna and Jack. Despite his obvious sense of emotional commitment and connection to the women and Jack, telling phrases in Derrick's story about himself in relation to caring responsibilities were as follows: 'if it's convenient'; 'if it suits'; 'my choice':

It's purely a question of choice. It's always a question of choice. I mean if I turned around and said I didn't want anything else to do with Jack or whatever, that's my choice. Why I would do that I can never imagine...but if I did do that, he's still got his two parents.

It seemed that uppermost in Derrick's mind was the original negotiated agreement with the women rather than a perception that Jack might think and feel differently about the relationship once it was established. Elsewhere in the interview Derrick made it clear he would have an unequivocal commitment to Jack's care in the event that Gayle and Donna died. Overall though, there was limited reflection on how the emotional or practical needs of growing children tend to impinge on adults' working and recreational lives. This is a strong limitation of the discourse of paternal choice when applied to relationships with children.

Nonetheless, for men like Derrick, Phillip and Michael to express too much interest in the ongoing care and rearing of Jack, Ryan and Max would represent failure rather than success to the women with whom they have these arrangements. In this regard, the schema of 'progressive' and 'regressive' manifestations of fatherhood, that Smart and Neale have devised, would run into problems among many lesbian mothers in equating interest in children's care with unqualified 'progress'. Clearly there are emotional benefits and goals for the men and children in these social relationships. In some men's stories too there was also an inkling of the feminist influence or demand that men take financial and social responsibility for the children they help to create. As such these non-resident social relationships between children and their biological fathers challenge clinical conventions that define semen provision in the absence of sex as socially distanced 'donation'. In the final section, I take up the stories of several

gay men who are full-time parents and look at how their parenting relationships are conceived and maintained.

Gay men as resident parents

When men have the chance to be primary carers, they are capable and responsive as carers (Risman 1986; Grbich 1995; Segal 1990 for a review). However, many people continue to believe that women's (potential or realised) ability to become pregnant, gestate a child, give birth and lactate is the source of a natural propensity for infant care men do not possess. As Chodorow (1989) observes, this assumption has often resulted in: 'a psychological determinism and reductionism that argues what happens in the earliest mother/infant relationship determines the whole of history, society and culture' (p. 89). Some gay men are beginning to challenge such views in becoming parents to babies and young children in the absence of women, as the following two couples' stories illustrate.

Josh Powell and Marty McArdell are both in their mid-thirties and live in a palatial house in inner Melbourne. Marty is a stockbroker and Josh a senior executive in the information technology field. The men jokingly referred to themselves as a 'normal, married couple' although more financially secure than most. In what they consider to be a stroke of fortune, Josh and Marty, with the assistance of a commercially contracted gestational surrogate, Patricia, are expecting twins. After much deliberation, the two men became clients of *Conceivable Options*, a US-based surrogacy agency they found via the Internet. 'Becoming pregnant'—as Josh put it—has, so far, required several trips to the US and a six digit sum of money.

Josh and Marty emphasised commercial surrogacy was a last resort solution to their childlessness in the face of few other options:

Josh: A quick summary is that we looked at foster care and adoption and realised they weren't for us. Foster care is achievable, adoption not really. We then looked at co-parent relationships with lesbians, but that didn't quite seem to work either.

Marty: I think, from our point of view, we weren't selfless enough to devote what was necessary for foster care. We wanted kids, not child minding in a sense. I didn't want to be a weekend dad. I actually wanted to be full-on involved. It also became apparent through talking to people we

knew that most [lesbian] women, if they are going to go through this amount of trouble to have a child, they're not going to want to give the baby up or even contemplate a fifty-fifty arrangement.

The men had been affirmed in their decision from the close circle of friends who 'know we will make excellent parents'.

Russell and Anthony Sorenson were another gay couple dedicated to full-time resident parenthood. Now in their forties, the men had lived together in a monogamous relationship for over fifteen years. They shared a surname to 'reflect their commitment to each other and their child in a family unit', as Anthony explained. Russell, Anthony and their three year-old son, Oliver, live in country Victoria. They decided to settle in the country in the belief that the slower pace and sense of community to be had provides the best environment for raising a child. Anthony and Russell's story epitomised Giddens' (1991) notion of the self-reflexiveness of the late-modern biography. They were united in their view that creative individuals find each other and form their own supportive communities despite the circumstances of their births and upbringings. The two men put a lot of effort into nurturing their relationship and spiritual values, seeking support from a small community of like-minded others, rather than their families-of-origin or the lesbian and gay communities. Their friendship networks revolved around people who shared their interest in eastern philosophies and spirituality, and lived environmentally friendly, non-materialistic lives.

Before Oliver was conceived, Russell and Anthony had spent many years trying to find a way to adopt children as a gay couple. According to Russell, they would have been prepared to adopt 'a whole handful of children'; however, they encountered legal obstacles in Australia and the US. Although they had heard of co-parenting arrangements between lesbians and gay men, the men never considered this means of becoming parents themselves. They assumed the women would invariably have resident care and more control over the parenting and it would not give them the responsibility and autonomy as parents they wanted. Russell explained:

Although we have heard of people co-parenting, unless there was incredible philosophical agreement between the parties involved, I don't see how it could really work. I mean, in a sense, the males are kind of the losers because the women have the child living with them and they're more responsible.

The couple became parents after Wendy, a colleague and friend living interstate, surprised them by volunteering to bear a child they could raise. So far, the arrangement is working out according to the agreement the adults made prior to Oliver's birth. Oliver lives with the men and he knows Wendy 'as a family friend and part of his extended family'. Wendy has offered to have a second child for the men and they are weighing up whether or not to accept.

Establishing parental equity within male couples

Biological fatherhood is ostensibly a more disembodied relationship than biological motherhood (Strathern 1992b). At this point in history, men cannot gestate a baby to term within their bodies or, under ordinary circumstances, lactate. This raises interesting questions about how male couples perceive and accommodate biological disparities when it comes to establishing parental relationships. For two men intending to co-parent, there is no dominant cultural expectation, such as exists for lesbian couples, that the biological relatedness of one of the partners is a natural basis for a child's primary care. Yet, as the stories already told in this chapter illustrate, men's perceptions of connectedness to children implicate biology on a number of levels. Just as biological motherhood introduces asymmetry into lesbian co-parenting partnerships, such asymmetry is to some degree acknowledged and strategically adjusted at the level of family practice for two men.

Josh revealed complex and perhaps unresolved deliberations on the question of whether he or Marty became the biological father. The complexity surrounding the decision emerged partly from the extent and expense of the medical intervention required, in the commercial surrogacy setting:

I: Was it a hard decision to make? Who became the biological father?

Josh: It was quite easy because it was something Marty wanted. I don't know if you have picked up on this yet but Marty first started expressing it before I sat down and really thought about it. It just naturally evolved that Marty would be the sperm provider, the biological father...In retrospect, I am disappointed that I'm not the one...We did talk about it, mixing sperm because it's the actual ideal process. Then we could have a number of embryos and implant them and see which one takes. But it all gets a little too calculated and there is too much room for doubt or resentment when you delve into it. It's also a very expensive process so it's one that we only

did once and there wasn't the chance of 'You go first and I'll do the next one'.

Where Josh refers to *mixing* sperm, he actually means *alternating* semen provision for use in separate attempts to fertilise the donated ova. He later clarifies this when explaining he and Marty decided it was too expensive to have more than one attempt. This suggests the agency's laboratory costs associated with attempts to create IVF embryos are calculated on a 'per ejaculation' basis. Josh—at least, initially—thought introducing a more random element into the question of the child's paternity was desirable. Although it is not entirely clear what Josh means by 'ideal', one possibility is a perceived sense of equity produced by knowing he and Marty have just as much chance as each other of becoming a biological father. Alternating semen provision and producing embryos from donated ova and both men's sperm, because it creates uncertainty, may enable an emotional shift to the importance of love and nurture as the basis for parenthood. Biographical accounts of gay men and parenthood, published in the US, document how men sometimes mix sperm together with their partner before the mother self-inseminates. For instance, 'Billy' comments:

Jim and I had been together 12 years. We mixed our sperm together and a friend of ours artificially inseminated. We're not sure who Tom's 'real' father is. What's important is that both of us love him and are proud to claim him as a son. (Barret & Robinson 2000: 8)

Mixing semen or alternating semen provision to form multiple embryos also evokes here notions of shared substance. The symbolism of shared substance has profound importance in heteronormative Western kinship; notably, it stands for unity and intimacy, in the possibility that two people can become as one in their love (Schneider 1980).

However, the potential for 'doubt and resentment' Josh became aware of, after 'delving into it', suggests the surrogacy agency or perhaps other male parents of the men's acquaintance advised them against both contributing semen. One possibility here is that doubt about paternity is considered less acceptable from the child's perspective given the contemporary importance placed on children's right-to-know. Elsewhere in the interview Josh confirmed this had been an important consideration for him and Marty when selecting an ovum donor. They were only interested in the women who agreed to be contactable in the future, should the child express interest

about the biogenetic mother. Having both men contribute sperm may also be perceived to introduce an unfavourable competitive element into the process, reminiscent of the valorisation of male potency in hegemonic notions of masculinity. As Mischewski (2005) observes, for men, 'Fertility and virility are often equated...A man without "virile" sperm may feel himself to be less masculine' (p. 13). For this reason, heterosexual couples are sometimes encouraged by doctors to have sex after donor inseminations, as this perpetuates the possibility that the male partner is the child's father (see Kirkman 2005).

Reminiscent of discussions with lesbian couples, Josh's and Marty's deliberations about social and symbolic parental practices emphasised the importance of bringing their respective contributions into equilibrium. Having decided Marty would be the biological father, Josh explained 'it seemed a good balance' for him to become the twins' primary carer. Further, the men decided to subvert conventional patrilineal convention in having the children take Josh's surname. That Josh's primary care and the bestowal of his surname are perceived to balance Marty's biogenetic paternity indicate that the men perceive the biological connection as a very weighty and meaningful one. Nonetheless, the lack of certainty regarding paternal biological connections, in comparison with the visible embodiment of pregnancy and birth facing lesbian mothers, could also work in favour of enabling a male couple to present themselves as equivalent in their parenthood. Josh and Marty did not intend to tell their families, close friends or inquisitive strangers which of them was the biological father.

By contrast with Josh and Marty, Russell and Anthony Sorenson were adamant that biogenetic paternity constituted little more than the means to social parenthood. Their reluctance to discuss the identity of their son Oliver's genitor indicated the extent to which they sought to minimise the importance of biological relatedness. This was a very consistent and sustained theme throughout their interview. For instance, both men were somewhat estranged from their families of origin, and professed not to share any of their interests and values. Anthony explained: 'We've got to get past these issues of biology when it comes to family. Family are people who love you and treat you well most of the time. Neither of us feels our birth families have much to offer in that regard.'

Russell's disavowal of the significance of biogenetic paternity was also consistent with his belief that Oliver had spiritual agency pre-dating his conception and was capable of deciding when and to whom to be born. A similar strategy and focus, centralising and legitimating the joint parenthood of a lesbian couple, Catriona and Ellen Thomas, was discussed at length in Chapter Five. Here, a notion of procreation—or the child's coming forth to the right environment—rather than the standard biomedical notion of reproduction legitimated the men's joint parenthood:

Russell: We believe Oliver chose us as parents. These are deep beliefs that we have. I mean, these are more my beliefs than Anthony's. He's more interested in what I think...

I: When you say Oliver chose you, what do you mean?

Russell: Well, karmically, I believe he chose us as his parents.

I: Is that like a Hindu or a Buddhist kind of philosophy?

Russell: I'm not sure. It's more of a personal belief... We do believe that he knows. He chose the situation and our job is simply to provide the best and strongest environment we can for him.

The men did not exempt me, as a researcher, from the strategies they used to present themselves as equivalent parents to others in their social milieu. When asked how the decision about who became the biological father was made, Russell exclaimed: 'That's just *so* not an issue for us. We just don't care.' He elaborated:

Russell: We choose not to disclose who the father is because it's not really relevant, is it?

I: You tossed a coin or whatever?

Russell: Well, we were trying over a certain period of time which means we know who the father is. One of us is the legal father, and that may or may not be the case biologically (laughs), do you understand, yeah? It's more of a personal statement we're making that it's really not important to us. He's our son and that was our way of making that clear to ourselves and to other people.

Russell's suggestion was that he and Anthony took turns in providing semen each month Wendy tried to conceive, in order that they would know who the biological father was. This indicated biogenetic paternity had some significance, despite the men's disavowals, although to explore this further at the time seemed to risk causing offense. Russell strongly hinted they deliberately registered the name of the partner

who was not the biological father on Oliver's birth certificate in order to express their equivalence as social parents. This illustrates how the absence of a prolonged embodied connection potentially creates less emotional asymmetry for two men as opposed to two women intending to parent together. In the course of conducting this study, the suggestion never arose that a non-birth mother's name could replace that of the birth mother's on a child's birth certificate, although a number of women attempted to include both women's names, where possible. That lesbian couples appear not to conceive of this as a possibility, suggests the greater emotional magnitude usually conceded to the birth mother/child relationship, above and beyond the social visibility of that relationship.

Bonding and the de-emphasis of motherhood as nurture

As explored in Chapter Five, bonding is a key concept in Western psychological theories of child development. It refers generally to the strong emotional connection that forms between a pregnant woman and her developing child, and further develops through feeding in early infancy (see Crouch & Manderson 1995). A radical re-deployment of mother/infant bonding occurs in the setting of US-based commercial surrogacy agencies. Here bonding is instead fostered between the birth mother and the commissioning parents, often very successfully, in order that her promise to the intended parents, to allow them to raise the child, will be fulfilled (Ragone 1994). Occasions where surrogacy agreements fail, such as the infamous 1987 'Baby M' case in the US, gain world-wide media and scholarly attention in contrast to the many surrogacy contracts that are honoured precisely as intended. A recent UK-based study of 34 surrogates found that the large majority of the women did not experience major difficulties in any of the following: their relationship with the commissioning couple; the support received from their family members in the decision; or giving the child to the intended parents after the birth (Jadva et al. 2003).

Josh's and Marty's experiences give some indication of how bonding between surrogates and intending parents is facilitated in the setting of surrogacy agencies. *Conceivable Options* encouraged the men to become parents through gestational rather than traditional surrogacy, giving the advice: 'that surrogates are less likely to bond when their own ova are not used'. This indicates the pivotal importance

biogenetic substance can play in creating a sense of entitlement to social motherhood, as much the process of gestating a baby to term. In other words, many surrogates do not feel the baby is ‘theirs’ when it is not conceived with their genetic material. Thompson (2001), in her work in US-based reproductive medicine clinics, concurs that ‘genetic essentialism seems to be faring well’ in the setting of commercial surrogacy in enabling surrogates to relinquish the babies to whom they have given birth. Roberts (1998) observes also that ultrasound technology assists gestational surrogates to bond with the commissioning couple instead of the baby. It gives them great satisfaction to watch the couple’s reactions to seeing the baby and ‘enables them to see themselves as conduits for that couple’s fetus’ (p. 201).

Josh and Marty decided to go along with the agency’s recommendation and opted for gestational surrogacy. Being matched with an appropriate surrogate involved initial form-filling and then arranged meetings between available women and themselves to find out if there was suitable rapport and shared values. Marty described this as a two-way process between relative equals who each had some say in the matter:

We filled out a form with our preferences, that is, telling the surrogate about us, you know, a story about ourselves and why we wanted to be parents. Because, essentially, they are choosing us, it’s not necessarily us choosing them. They have to like us...Surrogates are also invited to have some involvement and knowledge of the child’s development. So that’s important as well that you agree about those things. Then once we selected a surrogate and she selected us back, we had to meet her and have the bonding experience. That was to see if we could get along appropriately and you take it from there if it all works out.

In addition to the emphasis placed on rapport and connection, it is considered important the commissioning couple and the surrogate have shared ethical or religious values about medical procedures such as *selective reduction*—termination of multiple implanted embryos—and abortion in the event of foetal defects. Although they did not elaborate on why, the men found there was insufficient rapport and/or shared values about potential decisions to be made during the pregnancy with the first couple of women they were introduced to.

Josh and Marty were eventually matched with Patricia, who subsequently became pregnant with two embryos created from the donor eggs and Marty’s sperm. The men considered the agency went to great lengths to instill ‘family-like feelings’ among all

parties, and ensure surrogate and intending parents stayed connected throughout the pregnancy. This included encouraging the men to take an interest in foetal development throughout Patricia's pregnancy, despite living on a different continent. Here it is apparent the agency's commitment to fostering relationships of friendship between intending parents and gestational mothers, is a prelude to the anticipated constant contact to hear about the babies' progress throughout the pregnancy:

Patricia's carrying the twins for nine months and we are interacting with her on a week-to-week basis. Like we talk to her about things like the babies' kicks and movements and what the scan was like. It all comes back to the hands-on approach, maintaining a personal approach.

Bonding or sharing family-like feelings with the surrogate is important in order to facilitate the formation of parental connections to the baby. Jay's reference to Patricia as 'carrying' the babies de-emphasises the part her body plays in contributing substance to foetal development and constitutes her connection as a temporary one.

Josh and Marty conceded future relationships were 'all pretty hypothetical' at this stage. However, they hoped to maintain contact with Patricia after the babies were born, believing this may be important for the children in the future. They were very keen to emphasise *Conceivable Options* encouraged respectful and caring relationships between surrogates and commissioning parents, and their relationship with Patricia was proving amicable thus far. The men remained confident these more unconventional notions of friendship and bonding would enable Patricia to fulfil her contract and allow them to successfully attain parenthood.

That said, relying on genetic essentialism and the re-deployment of bonding in the clinical setting to ensure surrogates do not feel like mothers may serve to obfuscate the complex sociality of pregnant embodiment. As Albury (1999) points out:

A foetus is not 'carried' around as if hidden in the boot of a car for nine months; a woman is pregnant. She feels the growing foetus and conducts her life among people who expect pregnant women to become mothers. (p. 176)

Other studies of commercial surrogacy reveal many surrogates do not easily become pregnant or sustain pregnancies. Some repeatedly miscarry and others may be required to undergo time-consuming, painful and distressing medical procedures that substantially impede their daily lives (Ragone 1994). Some women feel used after the

birth when their ‘friendship’ is terminated by the commissioning couple on the grounds it is perceived as a threat to intended parental relationships (Ragone 1994; Thompson 2001). Other surrogates have told of greatly underestimating how difficult it would be to explain the social absence of the commissioned child to other children in their family, and of divorce due to their husband’s inability to come to terms with them being pregnant with another man’s biological child (see Albury 1999).

In Russell’s and Anthony’s story, there was more emphasis placed on the need to be attentive and sensitive to the complex social relations created by their agreement. Here there was no clinical mediation and Wendy was never referred to in the course of the interview as a surrogate. Indeed the men embraced Wendy as a permanent family member. Although she did not live in the same state, she was a yearly visitor for Christmas lunch, a fact often acknowledged to indicate membership of a familial inner circle (Weston 1991). The men kept in touch with her through frequent phone contact, and looked forward to a time when she could play a supportive ‘aunty’ role in Oliver’s life. Russell explained: ‘We all have an idea that when Oliver gets older, it will be really good for him to have Wendy in his life. She’s so great with teenagers. Like an auntie or someone that you can really talk to when you can’t talk to your parents.’

Anthony also stressed the importance of giving Wendy opportunities to withdraw or change the terms of the arrangement, had she at any point started to have second thoughts. According to them, this had not been problematic:

Once we decided to accept Wendy’s offer, we always said to her that she must tell us if she felt like changing her mind. We were incredibly open and encouraged her at every stage before he was conceived. After Oliver was born we said to her ‘If you’re feeling that you miss him or want him or need access to him’, we encouraged that. When we left a few weeks after he was born we were all sad to be parted...But she said all along and she still says ‘I never wanted to be a parent and I still don’t want to be a parent. I was happy to help create him.’

At the same time, Russell’s description of his involvement in Wendy’s pregnancy drew on similar notions of *in utero* bonding with the foetus to those utilised in the commercial surrogacy setting. Here it was apparent dominant ideas about the natural relationship that forms between a mother and child during pregnancy could be re-deployed to fit with intended relationships without the intervention of clinical intermediaries.

I: Was it important to you that Wendy shared your philosophical views about raising Oliver?

Russell: Oh, I tell you what, it really helped. Cause a lot of what we discussed, a lot of the things that we've talked about, we talked about during the pregnancy. We were really—I particularly—was very, very involved in the pregnancy in that we communicated all the time, we exercised together, we read to him.

I: While he was still *in utero*?

Russell: Yeah. We played really good music for him and exposed him to beautiful literature. Things that were important to us, things of beauty and a rich intellectual environment. That was a very big part of the process and part of the bonding and Wendy loved it, she just thought it was so wonderful that parents would do that. Forces in our society have encouraged women to ignore their pregnancies. Women are encouraged to focus on their career or buying their first home or things that have nothing to do with the child, the bonding between mother and child. So it was fascinating for Wendy that we really wanted to do these things. She was so incredibly supportive and interested.

Russell discussed at length his initial bonding with Oliver through becoming involved in Wendy's pregnancy. At that time, he took on a significant role of nurturance in relation to both the pregnant mother and the developing child. Even more so than Josh's notion that surrogate Patricia was carrying rather than contributing her body substance to foetal formation, Russell emphasised a fully fledged *foetal personhood* (Petchesky 2000); in his imagination, the foetus forming in Wendy's uterus was a child with the capacity to hear, learn and understand. There is some consistency here with his beliefs about the child's independent spiritual agency.

Russell's claim that women are encouraged to ignore their pregnancies is dubious. Beck and Beck-Gernsheim (1995) comment on the self-surveillance Western women now subject themselves to throughout pregnancy in the interests of the baby's health—particularly with regard to diet—seeing it as evidence of the increased preciousness of children in this era of low fertility rates. Albury (1999) provides a very different description from Russell's of typical behaviour for Australian women during pregnancy:

In a sense the caring begins before the child is born. The woman enacts the culturally appropriate behaviour of a pregnant woman: eating and drinking the right things, avoiding the wrong things, seeking helpers, preparing her body for the rigours of birthing. (p. 132)

Irrespective of whether it reflects what occurs in practice, what Russell's assertion allows him to do is position himself as the person who has the child's best interests at the forefront and who is, therefore, the more capable parent. His depiction of Wendy as 'fascinated' with his interest in her pregnancy locates her outside or marginal to the experience. Rather, she is an observer who looks on and learns from his expertise. The overall effect is, as Ragone has observed in the commercial surrogacy setting, to 'de-emphasise the importance of biological relatedness as it pertains to women and emphasise...nurturance' (Ragone 1994: 129). Notably, the idea of nurturance here encompasses providing the baby with an intellectually stimulating as well as a caring environment. Although this is purely speculative in Russell's case, in the absence of knowing more about Wendy, this may indicate that socio-economic disparities between the men and pregnant women enable a sense of learned expertise in care to trump an uneducated maternal instinct, as the fitting basis for social parenthood. This raises a final point for discussion: the importance men engaged in resident parenthood attached to home-based care and nurture.

Care, stigma and ambivalence

US census data reveals 26 per cent of gay male couples with children include a stay-at-home parent. That figure represents 'one percentage point more than for married couples and four percentage points higher than for female couples with children' (Bellafante 2004). Although few men in this study were resident parents, those who were emphasised the importance of providing children with nurture and care in the home.

Russell Sorenson's philosophical beliefs about childrearing demanded 'really putting the child in the centre'. He spoke of parenthood as 'the most important job on the planet which receives the least recognition and training'. Russell believed parenthood required the development of considerable skill in order to become observant and responsive to children's needs. Importantly, these needs could only be met within the home. Throughout the interview, Russell returned many times to a passionate interest—advocacy against out-of-home care. He called this 'institutionalised care' and believed it a harmful intervention for children supportive only of the excessive materialism of their working parents. Josh Powell's less vehement yet noticeable

resistance to childcare came across when discussing the household help he and Anthony were contemplating after the twins were born. Josh explained he and Marty expected to hire someone to help them with cooking and housework but not childcare. Their goal was to ‘free up quality time to spend with the children, rather than bring in a nanny’. The thought of bringing in a nanny was evidently distasteful to Josh, producing a very expressive frown.

From one perspective, these men were displaying the reflexiveness regarding parenthood characteristic of many Western middle-class parents today. The general tendency is to have very much wanted children later in life and to possess fairly strong views about how those children should be raised (Beck & Beck Gernsheim 1995). It would be wrong to attribute strong opinions about childrearing or disapproval of childcare solely to the fact that these men are gay male parents. However, disapproval of childcare or uncompromising beliefs about childrearing could also be attributed to the specific sense of stigma produced by the very idea of a gay man being a full-time caregiver. As Goffman (1963) put it in his classic study:

The stigmatised individual can attempt to correct his condition indirectly by devoting much private effort to the mastery of areas of activity ordinarily felt to be closed on incidental and physical grounds to one with his shortcoming. (p. 20)

Here it is important to emphasise the lack of political discourses supporting *parental* empowerment and choice within the gay male as opposed to the lesbian communities. These men’s experiences of parenthood do not have the weight of a social movement behind them and indeed have few historical precedents. They are discontinuous with both the Gay Liberation view of semen donation as a political act facilitating mother-right, and the more mainstream discourse on inherited substance and identity with which many donor/dad relationships are co-extensive. As such, efforts to predicate care on extensive self-education and expertise, or strong disapproval of childcare may stem from an internalised sense of illegitimacy. It is insufficient for the gay male parent to be ‘good enough’. He must be beyond reproach to those who would assert that gay men are not fit to be parents, whether due to gender or sexuality.

A sense of illegitimacy borne of stigma came across strongly in Raymond Chalker’s story. Raymond, 45, is sole parent to teenage twins Mark and Jacinta. The twins were

conceived through insemination, after Raymond struck an agreement with a young woman of his acquaintance, Jenny, who 'wanted to experience childbirth rather than motherhood'. Raymond and Jenny 'were friends, never lovers' who married after she became pregnant so he would have legal rights as a parent. Although Jenny was the twins' primary carer for the first two years of their lives, since that time, the children have resided with Raymond and been his sole responsibility. When the children were two, Jenny returned to study and Raymond began to assume primary caregiving responsibilities. His job as a graphic artist meant that he had some leeway to work from home. When Jenny announced her decision to move out, as the adults always intended she would do one day, Raymond began to work from home full-time and has done so ever since.

Raymond was one man who did explicitly connect the desire and decision to have children with the grief and loss he suffered after a long-term partner's death from AIDS. He described his relationship with partner David and its consequences after he died:

Raymond: We lived together, slept together, had sex together, showered together, did everything together. We were inseparable, simple as that. Losing that you get to thinking of your own life and own mortality.

I: So David's death was a big catalyst for thinking about having children?

Raymond: Yes it was actually. We always joked about it. Let's go and find some lesbians and have some kids. We always joked about it, but then it never happened. That's one of the reasons I thought of having kids. I suppose there were also those other selfish thoughts about who's going to look after me in my old age. Losing a partner does get you thinking about those kinds of things.

Raymond expressed great love and affection for his children and does not regret the decision he made to have them. Nonetheless, over the years, he has had ample time to reflect negatively on what now seem to him the 'bizarre' terms of his initial agreement with Jenny. He appeared to lack a sufficient support network to assist him in the raising of his children. Nonetheless, he was very proud of the fact that he had never used childcare, despite the constant struggle with his dual breadwinner/primary carer status. Raymond's disapproval of childcare was associated with a more generalised reluctance to seek help with his parenting. Coping without help appeared to be a way for him to demonstrate or perform being a good parent to his son and daughter, in the

absence of having internalised this sense of himself. Over the years, he has witnessed the extent to which the twins find it difficult to understand why their mother, who was their primary carer for the first two years of their lives, ‘wants so little to do with them’. Because of this, he was to some extent regretful of the decision, borne of naïveté and grief, to have children in this way:

When the opportunity arose [to have children], I jumped on it. I said yes. I didn’t give it a second thought, really. If you want me to be brutally honest. I was very enthusiastic about the whole concept. Which is probably why I skipped over some of the finer points. Oh dear. And I’m now reaping those benefits of the finer points I skipped over.

Emphasising the importance of nurturing and stable home environments for children was also a means to distinguish oneself from the stigma of sexual excess. Stacey (2004) observes: ‘in short, sexual radicals and conservatives converge in viewing gay male sexual norms and practices as a realm of unadulterated masculine desire that is subversive to bourgeois domesticity and committed family ties’ (p. 182-3). On a related theme, Segal (1990) comments that the ‘public terror’ of homosexual men corrupting children has existed since the nineteenth century: ‘Identified so closely with their sexuality and so often the target of moral panics, gay men have been forced to grapple with almost every variety of contemporary sexual dilemma’ (p. 159). Australian social research reveals many gay men are still fearful about disclosing their sexuality when they work in occupations that bring them into daily contact with children (Irwin 1999; VGLRL 2000).

Raymond displayed keen awareness of sexuality-based stigma as well as the stigma associated with mother absence. With his shift to parenthood, he became isolated geographically and socially from other gay men and lost the sense he had had when his partner was alive of being part of a gay male community. Now Mark and Jacinta are teenagers, he was at the point where he needed to ‘claim some of his own life back’ from his primary caregiving role. However, re-establishing contact with a community of adult gay men emerged as a goal in tension with what he perceives is in the best interests of his children:

Raymond: In a Utopian world I think I’d go and find my knight in shining armour and we would live happily ever after, two dads and two kids. But I guess I’m over-sensitive as well. Cause the last thing I would want is for any partner of mine to force themselves on my son.

I: Force themselves in what way?

Raymond: In a sexual way.

I: So that's something you worry about?

Raymond: Absolutely, I think that worries any parent. I don't think it's likely to happen 'cause as far as I know, most cases of paedophilia are usually from straight men. But I don't want to put myself in a situation where that could happen.

A gay father initiating sexual contact with other men took on a more sinister edge for Raymond. He sensed a gulf between his sensibilities as a parent and those of potential partners. As Raymond began to venture back out into a sexualised community of gay men, he found it difficult to divest himself of the fear that other gay men could pose a threat to his son's welfare. The threat of paedophilia loomed large.

Distinguishing between the values of men as parents, and the sexually voracious gay majority also featured in other interviews with gay male primary carers. Russell and Anthony Sorenson professed to have few other gay men in their close social networks. The values Russell, in particular, saw exemplified in the gay male communities, notably the freedom to have many sexual partners, were not those he aspired to:

With Gay Liberation, as a gay male I'm free to express my sexuality however I want to, but when it comes to being a parent the gay movement has nothing to offer me. It can't help me. There's nothing for me... There just aren't enough gay men who feel the way we do about raising a family so we have no precedent.

At various points in the interview, Russell referred to himself as 'homosexual' rather than 'gay' and sought to distance himself from other gay men. He expressed distaste at the values displayed by gay men in general, believing them incompatible with 'the values of monogamy and fidelity we espouse'. In Russell's characterisation of what it meant to be homosexual and desiring of parenthood there was more than a hint of what Goffman referred to as *ambivalence*. Warner (1999) paraphrases the idea:

A gay man feeling the embarrassment of stigma, feeling cut off from the heterosexual world...and feeling that this stigma is something he does not deserve by his actions, that his actions are in fact meritorious, finds in the behaviours of others in his group the real cause of his own stigma. (1999: 42)

Although Russell's position represented an extreme, far more keenly than in interviews with lesbian mothers, resident parenting by gay men entailed a greater sense of isolation—whether self-imposed or reluctant—from gay male sociality.

Conclusion

As biological fathers, gay men are participating in relationships to children ranging from socially distanced detachment to full-time primary care. Non-resident donor/dad social relationships may be predicated on one traditional assumption of bilateral descent—a genitor is a social father—or subverted, indeed inverted, in ways that attribute agency to children as to whether or not to transform their social identity from one of ‘kindly uncle’ to ‘dad’. These kinds of relationships tended to evoke the emotional resonance of patrilineal ties without a more patriarchal assertion of father-right. That said, some men were also clearly influenced by popular theories about gendered difference, in which masculinity is the property of a sexed male body and constitutes a distinctive role that can be modelled only by men.

Those men who had established or envisaged substantial parenting responsibilities, did so primarily out of a desire to experience the full-time care and nurture of children. Although men who were full-time resident parents attached some meaning in itself to the biogenetic connection, fathering children biologically was primarily valued by these men as a means to the greater goal of a constant, nurturing relationship with a child, in the absence of available permanent alternatives such as adoption. However, while donor/dad performances of fatherhood seem to be achieving a measure of social acceptability within gay male communities, full-time parenthood continued to be perceived as distinctly out of step with a notion of (at least) inner urban ‘gay lifestyle’. Male parents in this study were united in their perceptions that they could rely on very limited support networks within the gay male communities. The indications are there is more going on here than a conventional reinstatement of male fecklessness; i.e. that fatherhood represents a set of optional responsibilities that do not interfere too much with men’s work or recreational pursuits. Men’s stories of full-time parenthood, despite the great fulfilment parenthood brought to those who achieved it, also indicated the influence of sexuality and gender-based stigma.

Chapter Eight

Negotiating Kinship and Family Relationships

‘You’re not just getting a known donor. You could be getting his stropky sister and granny as well’, Virginia Hunter declared. ‘You have to be really clear about what all those relationships mean.’ Virginia and her partner Mia were in negotiations with a third prospective biological father: ‘We’re talking years, a minimum two years to find the right person, she sighed. ‘It’s a really long-term project’. Later discussion turned to the considerable ongoing maintenance that family relationships could require once a child became a reality. The perceived longevity of the relationship with the biological father made finding the right man seem crucial: ‘Deciding to have a known donor is really tough because of this prospect of constant negotiation through the whole life span’, Virginia emphasised. ‘Things change, there’s always going to be negotiation. I keep thinking: are our communication skills going to go the distance?’

The ongoing negotiation with the biological father Virginia predicts is one of the hallmarks of what Beck and Beck-Gernsheim (1995, 2002) call *individualisation*, where relationships forged through love and choice take precedence over those determined by a widely held and relatively homogeneous conventions. When nothing can be taken for granted about the lasting power of commitments or relationships, people are obliged to negotiate over time to sustain interpersonal ties. The high rates of divorce and re-partnering among heterosexual couples, and concomitant renegotiation of step-relationships with children provide more commonplace examples of these tendencies. Virginia’s sense of foreboding about maintaining good communication with the potential biological father illustrates perceived hazards as well as strengths of negotiable family ties. An individualised culture is also a *risk culture* (Beck 1992) in that the long-term consequences of relationships remain to some degree uncertain and unknowable. It is just not possible to predict beyond doubt if negotiated understandings about the meaning of relationships or love, trust and patience will endure over time.

As de Silva and Smart (1999) note, Western laws and policies governing family relationships are not uniformly repressive of variations on nuclear notions of family; the tendency is to inconsistency and contradiction. Australia is no exception here as the discussion in Chapter Two revealed. Nonetheless, one major difference between the lesbian and gay, and the heterosexual context for planned parenthood is that the separation of reproductive identities from childrearing responsibilities occurs in the relative absence of either supportive laws or dominant cultural convention. A lack of widely shared agreement that alternatives to the heterosexual nuclear family are suitable for raising children means that newer family practices cannot presume policy or legislative support. The stability and ongoing viability of negotiated kinship, particularly where children are involved, is reliant on a greater degree of shared understanding, goodwill and commitment among all parties to make the relationships succeed.

Weeks, Heaphy and Donovan (2001) argue that new imaginaries of responsibility arise in the lesbian and gay context, precisely because of the greater absence of institutionalised support for relationships. The considerable community-based infrastructure that now sustains lesbian and gay prospective parenthood provides one good illustration of their point. Parenting groups and conferences, websites, and a plethora of books and pamphlets written by lesbians and gay men have followed in the wake of Women's Liberation era lesbian feminist parenting initiatives. In Melbourne alone, a *Rainbow Families* conference is now an annual event. Support groups for lesbian prospective parents attempting to conceive, and for gay men and lesbians wanting to meet each other with a view to having children, convene monthly. These community forums assist in disseminating a vast array of knowledge about ways of making less conventional parental negotiations work well for adults and children.

For reasons discussed at length in Chapter Two, most participants in this research, like Virginia and Mia, were ineligible to use clinically assisted reproduction in their home state. This required the formation of a *reproductive relationship*, beyond the clinical setting. The term reproductive relationship refers here to a connection made with a person of the other sex necessary for the purposes of having a baby. Reproductive relationships may be socially fleeting or ongoing and may occur with virtual strangers, friends or even ex-partners. They are distinguished from the cohabiting, same-sex

partnerships or romantic and sexual love relationships that often form the basis for childrearing. In the discussion that follows, some ideas and processes are explored that guide the formation and ongoing maintenance of reproductive relationships beyond the clinical setting. Strategies such as carefully worded advertisements, written agreements, and prolonged intense discussions about intended family relationships are considered.

Finding and establishing reproductive relationships

Finding the right reproductive relationship is a hurdle invariably confronted by men and women foregoing sperm banks or commercial surrogacy. Experiences with the quest were diverse for both sexes. Some had success with the first person they asked, whereas others experienced repeated rejection. Some only felt comfortable and responsible approaching people they knew within existing friendship or family networks. Others were prepared to consider acquaintances or strangers. The relationship could ensue from a serendipitous offer, develop out of a long-term friendship, or be the result of a sustained and purposeful search. Making the initial request or meeting a potential reproductive partner for the first time was often fraught with fears of rejection, disappointment or of doing irreparable emotional harm to existing, valued relationships.

Keith Gower and Rowena Merrigan were old friends of many years standing. However, Keith doubted he would have acted on his desire to become a parent had he not heard through a mutual friend that Rowena wanted to approach him about having and raising a child together. After this third party had safely paved the way, making the possibility of a rebuff from Rowena seem less likely, a one-on-one negotiation ensued:

Initially, a friend of Rowena's rang me and said: 'Rowena wants to approach you and ask you something'. I drilled a bit further and she said: 'Actually, she'd like to have a child with you [laughs]'. Having a child was something I've always wanted to do but it was always put in the too-hard basket. When that friend said it was Rowena, it was almost like an instant 'yes' because we were such good friends and I knew that we could actually raise a child together...So I approached Rowena. I told her about the conversation and said: 'Would you like to get together and talk about it'. It was just pretty much 'yes' from then on.

Tina Gray directly asked a work colleague and friend, Brian Stafford, to be the biological father of her and partner Barb's children. She had only felt confident enough to do so after quite a few glasses of wine when they were both interstate for work. Brian, at the time in a similar state of intoxication, had not given an immediate answer. They eventually 'shook on the agreement' several months later, this time fully sober, over lunch. Tina indicated there had been minimal discussion at the time about the finer details of the parenting arrangements, apart from securing Brian's assent to being known to the child and a promise he would leave the parenting up to her and Barb. Her primary emphasis was on a 'gut feeling' about the right interpersonal dimensions of the relationship:

He was a friend of ours, not a really close friend, but he was certainly a friend that we had around for dinner occasionally and stuff like that. I always just clicked with him and felt a real bond to him and that was the thing. There was a trust aspect. I mean, you just know that it's right.

In these examples, reproductive relationships arose out of pre-existing friendships, one long-term and close, and the other more casual and collegial. Other participants were willing to consider acquaintances or strangers. Placing a 'mating ad' (Hogben & Coupland 2000) in the classifieds of the local LGBT press has also become popular in Australia. Josh Powell and Marty McArdeil initially tried this method. When they first started thinking about having children, Josh and Marty placed an advertisement for a 'lesbian couple with a view to co-parenting'. The main criteria they set for selecting the right couple were interpersonal rapport and compatible desired level of involvement in childrearing. They also emphasised what could be called lifestyle issues like financial means and living in an accessible geographic location, and shared values such as a preference for sending children to public or private schools. Josh described the encounter with the first of two different lesbian couples:

We met with our first couple...a couple of years ago. They were really nice but there was a very substantial financial difference between our situation and theirs, and they were from Northcote, which was completely the other side of town. But they were generally looking for a couple like us—co-parenting—and they were fairly clear about that so we thought there was a fair [basis for] meeting. We were talking in that first meeting about our work and finances and what schools you're planning on sending your kids to.

Several days later, after having decided themselves there was not a great basis of either interpersonal or socio-economic compatibility for pursuing the relationship, the men received a polite letter of rejection from the women incorporating a helpful suggestion that they contact the local lesbian prospective parents group. Marty clearly appreciated the women's attentiveness to respectful etiquette while also experiencing slightly wounded pride at their rebuff:

We had rejected them in our own discussions, but we were quite affronted when we got the letter of rejection referring us on to the prospective parents group [laughs]. It was in really nice writing on lovely paper, but we thought: 'how dare they reject us [laughs]'. But I think they concluded very fairly that there wasn't a really good match.

Through the process of meeting with and discussing the possibility of shared parenthood with the two couples, Josh and Marty came to the conclusion that commercial surrogacy was the only available means to parenthood that would allow them to have full legal responsibility, residence rights and authority as parents. Despite deciding against parenting with the second couple they met through advertising, Josh and Marty did form a close friendship with these women. Subsequently, they introduced the women to another gay male couple and the new foursome is now raising their two children together.

The emotional asymmetry of maternity and paternity

Strathern (1991) argues that Westerners generally assume biological connections to children will give rise to emotional ones. She also notes that this assumption is gendered, in that the emotional relationships resulting from biological parenthood do not seem so symmetrical in the face of embodied disparities between mothers and fathers. This sense of asymmetry was clearly in play among women and men seeking reproductive relationships. It was commonplace for women to make requests to semen providers across a spectrum of parental involvement, from none to full co-parenting. Conversely, it was virtually unheard of for men to ask women to have babies for the men to raise.⁴¹ Men did offer themselves as prospective semen providers, with

⁴¹ The advertisement 'Woman wanted' launching this study (see p. 1) proved a notable exception to a general rule.

variable degrees of involvement with the children. They sometimes initiated co-parenting arrangements in which biological mother and biological father would also take part in the child's daily care. Yet, expecting a birth mother to relinquish parenthood was invariably a much rarer and sobering consideration than expecting a biological father to do the same (see also Hogben and Coupland 2000).

Russell and Anthony Sorenson had nearly set aside their desire to become parents when interstate friend and colleague Wendy Hutton offered unexpectedly to have a child for them to raise. At first, the men were reluctant to accept:

Russell: Our dear dear friend stepped in and made this extraordinary offer to have a child for us...We were reasonably good friends for a few years before any of this really came up. She put the idea to us and we thanked her politely but said: 'I don't think you really realise what you're saying. It's such a huge thing that you're offering, so thanks but no thanks'. Then, she came back and said: 'But, I've actually done this before. I had a little boy when I was younger and gave him up for adoption, and I have absolutely no intention of—I don't want to be a parent'.

The men could only accept Wendy's offer to bear a child after her disclosure that she had previously relinquished a child for adoption without ongoing distress. This information was evidence to them of her emotional capacity not to want to parent. Her verbal consent had not been enough.

To note the emotional asymmetry perceived between maternity and paternity is not to say emotional connections between biological fathers and children were deemed inconsequential. An ever-present consideration for women was how emotionally involved they wanted the biological father to be and what his involvement could mean for future relationships. Virginia Hunter, who attended a support group for lesbian prospective parents every month, summed up very succinctly a theme often emphasised in interviews with women:

Everybody [in the support group] talks about the level of contact and the fear that the biological father will suddenly want to become Father of the Year.

It was widely believed that paternal connections were unpredictable emotional connections. The main concern was that an agreement by men to be known to a child made prior to conception or birth could shift to a desire for a more substantial care-

giving relationship once the child was actually born. The reverse concern, that a biological father would want too little involvement, was rarely, if ever, voiced.

For some women, this unpredictability necessitated choosing a man they liked, trusted and were committed to having in their lives on an ongoing basis. Tina Gray described it as 'human' or inevitable for men to experience a paternal biological connection as an emotional connection. Therefore, it was important that she and partner Barb choose someone with whom they could foresee having a good relationship over time, should relationships intensify once children were born, and despite any expressed intentions before conception. Tina explained:

As much as you'd like to say that you should be able to exclude men, they're humans. And they don't know how they're going to react when they find out that they're going to be a father and they are, biologically. Whether you think that they are or not, for them, they're biologically going to be fathers.

Other women, however, believed that finding a heterosexual man to provide sperm who already had children was the best means of ensuring a biological father did not become too interested in the self-insemination conceived children. Men were often perceived as having finite emotional resources when it came to children, rather than inevitably or invariably experiencing biogenetic connections as emotional ones. Dr Jane Butterworth explained the reasoning she had encountered among some of her lesbian prospective parent clients:

Some women choose older heterosexual guys who have had kids a few years before. I think this is an active decision for some of them. Because he is already putting his emotional energy into raising children, he's just happy to help them out.

Other women took considerable care to establish the relationship with the (usually gay) prospective biological father as a work relationship rather than a family relationship.

Semen provider relationships as work relationships

Discussion of donor recruitment is commonplace in the literature on clinical sperm donation (e.g. Daniels & Hall 1997; Daniels, Curson & Lewis 1996; Purdie et al. 1992). This indicates a well-established precedent for conceptualising semen provision to clinics as akin to work. Hogben and Coupland (2000) conducted a

detailed linguistic analysis of several hundred mating ads placed in the UK gay and lesbian magazine *The Pink Paper*. They note that lesbian prospective parents tended to advertise for male reproductive partners using the lexical conventions characteristic of job advertisements, which delineate key functions or roles, rather than the emphasis on personal attributes or qualities that tend to appear in dating ads. For women who sought very limited or no childrearing participation from the biological father, work language and process could serve as a distancing device.

One of the most fundamental and yet specific ways in which kinship is distinguished from all other kinds of relations is in the separation of home and work...Different things are done at home and at work towards different ends and in different ways by different people. (Schneider 1980: 44-45)

Schneider notes the keen symbolic distinction Westerners make between home and work, in that the relationship with a family member encompasses a 'diffuse enduring solidarity' (p. 49). Family relationships are diffuse because they are based on love rather than confined to a specific goal. They are valued for their own sake and provide a foundation for broadly conceived assistance, support and cooperation. They are enduring because they are perceived as meaningful connections that cannot be terminated even by social distance. In contrast, a boss, employee or colleague may be valued more for reasons of technical competence or adequacy—their ability to fulfil a specific function rather than who they are. The relationship is based on a narrowly defined set of criteria and mutual convenience rather than love. In the world of work, said to be characterised by somewhat distanced interpersonal relationships, there is far less expectation of intimacy or social support.

The distinction emphasised in Schneider's study is now over 30 years old and goes against the considerable empirical evidence on how contemporary heterosexual family or work relationships are actually experienced and practised or even were at that time (see Coontz 1992). Family life may be characterised by estranged and violent relationships as much as social solidarity and love; whereas relationships with colleagues may endure over time, be consistently supportive and caring, and predicated on mutual respect (see Hochschild 2001). A vast sociological and feminist literature now attests to the interpenetration of these so-called separate spheres of home and work and the kinds of relationships said to characterise each. However, for the purposes of this discussion, it is the intuitive appeal or symbolism of a separation

between family and work relationships that remains important and relevant to understanding the special, intimate character often attributed to family relationships.

Karen Bell's deliberations and negotiations with her daughter's biological father evoked a sense of clear separation between family and non-family relationships. This was realised through a metaphoric distinction between home and work. Karen and her partner Therese are now the parents of baby Lara. The women initially approached a gay male friend who they hoped would agree to be their child's biological father:

What we really wanted was for someone we knew to be the father and for Therese and I to be the active parents, but to have a good friend who could be involved in her life like an uncle, I suppose. Someone we really trusted and admired.

They were very disappointed when their friend declined but were, nonetheless, prepared to revise their plans. On the grounds that: 'it's too weird to be setting up this relationship with a stranger based around bringing up a child together', Karen and Therese reconceptualised the relationship with the semen provider from a familial relationship, 'like an uncle', to a much more distant relationship. They composed their advertisement carefully to reflect this, in asking for a man to 'work' with them to 'help us create a family'. In Karen's words, a 'short-listing and interview process' ensued with the five gay men whose letters she and Therese had liked: 'Often they were really long conversations two hours plus, you know, really checking each other out because the men had questions too' she explained.

Karen and Therese selected Matthew Hammond who appealed because he was personable and responsible, 'a really nice and together guy', as well as having motives that were compatible with the women's parenting plans. Karen and Therese met regularly with Matthew over a period of several months during which time, the three adults had more detailed discussions about how their arrangement would proceed after the birth of a child. Karen became pregnant after three months of inseminations. She described the relationship with Matthew throughout her pregnancy as 'more of an acquaintanceship than a close friendship'. She and Therese took Matthew out to dinner to thank him when her pregnancy reached the 12-week mark. He rang them to see how things were going around the time of the baby's due date.

Since Lara's birth, Karen has found the relationship with Matthew has developed beyond the stated intentions. She and Therese asked him if he would like to visit Lara when she was a few weeks old and Matthew was willing. Photos were taken at this event, and everyone seemed to enjoy each other's company. Matthew has called a couple of times in the months since this occasion and plans are afoot for another social function. Karen explained:

I think we will have more to do with him than we originally anticipated. I feel OK about that because I know that he takes our commitment that Therese and I are the parents very seriously. Knowing that, it's easier to let him in a little bit.

Risk management and negotiations with semen providers

Contemporary public health discourse and practice is guided by a philosophy of risk. Gamete donors to reproductive medicine clinics are screened and tested, as is the semen or ova they produce. This is in order to ensure peak fertility that will maximise the chances of successful conception as well as to increase the likelihood that the child born of the procedure embodies optimal health (Tober 2001). As Lupton observes: 'a philosophy of risk presupposes an understanding of reality in which unfortunate events are deemed to be both predictable and avoidable' (1995a: 80). Risk frameworks draw on a particular notion of individual responsibility, whereby the obligation is to engage in a process of pre-empting possible outcomes and taking steps to prevent the negative ones. They may serve to produce an acute awareness of a range of potential threats to the gamete recipient's or ensuing child's psychological and physical well-being.

Most clinics in Australia and other Western countries, controversially, have policies preventing groups with high-risk sexual practices for HIV/AIDS from donating their body substances in order to minimise the probability transmissible diseases will infect clinical supplies of blood and semen. It is now routine for Western medical practitioners, particularly those working within reproductive medicine, to consider disease susceptibility as having a genetic component, and where possible to screen donated gametes for genetic risks as a means of circumventing this (Rose 2001). For these reasons, most reproductive encounters discussed by participants in this study were guided by these biomedical understandings of responsibility and risk. HIV/AIDS and STD awareness is very high within the lesbian and gay communities, and the

possibility of infecting birth mothers or babies with diseases through semen transfer is well understood. At the least, most men who had or were contemplating giving sperm for the purposes of self-insemination indicated they had taken HIV and STD tests to ensure there was minimal likelihood of transmitting diseases. Most women hoping to conceive requested men take these tests prior to commencement of inseminations and sometimes took the tests themselves.⁴²

However, some women took their cues about negotiating semen provider relationships very explicitly from clinical risk management processes and assumptions. Work language and process enhanced their sense of efficiency and control over negotiations with acquaintances or strangers. In bureaucratising the process of finding and selecting a biological father for their child, they attempted to contain a perceived danger element or threat to their desired familial configuration as well as health. Psychological risks to intended two-parent family relationships and physical risks to health for birth mother and child were identified through this process.

Catrina and Ellen Thomas had spent more than a year attending the local support group for lesbian prospective parents before attempting to conceive. With some of the other women they met in the group, they devoted considerable attention to researching questions that should be asked of prospective semen providers and devising a standardised list of questions about family medical history, psychological well-being and intended family relationships. Ellen explained:

As part of the group, we did research on what [diseases] were communicable, what were the genetic things that could get passed down in sperm, so there was sort of that checklist of medical health. And then what they wanted, like how much involvement with the child? Do you want to contribute financially? Questions about their family relationships as well.

Catrina continued:

That was in the sense of a proforma that you get them to fill out. We decided after a while it wasn't actually necessary to get them to fill it out,

⁴² There could well have been a degree of social desirability bias operating here. Macaulay et al. (1995) found that some lesbians seeking semen providers for self-insemination purposes tend to compromise on the requirement of STD/HIV testing if they believe it may mean the difference between having and not having access to sperm.

but it was questions you should always ask them. I remember one guy who seemed really great, but one of the things that really worried me was that his relationship with his own family was very estranged and quite violent. The other thing that concerned me is that he didn't seem to have any awareness or commitment that they might be issues that he'd particularly want to process in some way. I just thought: danger. Maybe he could end up having a whole emotional reaction once there's a child there around his own relationship to his own family. We did so much research. There are a huge amount of issues to sort through.

This passage reveals the degree to which Ellen and Catriona viewed the interview schedule, and the extensive research on health and family relationships on which it was based, as central to responsible and thoughtful family practice. Applying the principles of risk management to the negotiations served as a means of ensuring the information obtained from the prospective biological father could contribute to an adequately informed decision. Notably, inappropriate emotional attachments to children on the part of semen providers are deemed manageable and predictable in this framework. Indeed, imputed psychologically aberrant factors, such as a family history of violence, can be anticipated and eagerly screened out.

Ellen and Catriona decided on Jonathon, the fourth man on their list. In their account, the emphasis was on Jonathon's health and his potential for responding well to any contact with the child:

I: Why did you end up choosing Jonathon?

Catriona: There were physical things. He was physically okay, healthy, we felt good about that...We knew that he was interested in having children and was excited by having some sort of a relationship with the child. I didn't want to have a situation—I don't think either of us did—where our child was being rejected. So, it was sort of a balance between having a situation where the person was keen and valued their relationship as a donor to the child and we felt that the child might enjoy their company and the way they interacted with the child. It turned out I vaguely knew his brother and had seen him relate to children and thought that seemed like a warm way to relate.

Catriona and Ellen's emphasis was on appraising the attributes of Jonathon and his family-of-origin they believed might influence the health and well-being of their child and family in the future. Aspects of the behaviour of Jonathon's family members in

their interactions with children were seen as evidence of traits—the suggestion is, inherited—that assisted in predicting Jonathon’s behaviour with the child.

To shore up a sense of certainty in the negotiated parental entitlements and responsibilities, Catriona and Ellen rounded off their pre-conception negotiations with a series of meetings based on formal agendas through which the trio negotiated the finer detail, in keeping with a process associated conventionally with a legally binding contract. Although these decisions were not written down, the women emphasised the business-like and (implicitly) fixed status of the arrangements that were to govern familial relationships in the future:

Ellen: After he got his [medical test] results, we had a meeting. I had an agenda, we worked through an actual agenda and everyone had involvement in that agenda. That was very specific things like, who’s going to be at the birth and on the birth certificate, who the child will live with, what are the parenting roles, financial support, what will we all be called by the child, a whole lot of other things. So we kind of went through, point by point.

Gay men, in turn, did not always respond well to these attempts to bureaucratise the pre-conception negotiations. Terry Page’s experiences to date indicated there could be irreconcilable differences between women’s and men’s expectations about how either negotiations or relationships should proceed. For a time, Terry had attended a local support group for gay men contemplating paternity. According to Terry, the group maintained a core attendance of between 5 and 15 men over a period of 18 months. It had clearly never achieved the momentum or gay male community support obtained by the very popular women’s support group on which its format was modelled. Terry explained participants had ranged from young men in their 20s, ‘exploring their future options’ for paternity to male couples in their late 30s contemplating foster care or commercial surrogacy in the US. Other men in the group, like him, were interested in finding compatible single women or lesbian couples with whom to negotiate shared parenthood.

Terry recalled in some detail the attempt to team up with some women from the lesbian prospective parents’ group:

They came with this huge document. It was supposed to be a form they wanted prospective donors or co-parents to fill out. It started out sort of

like a stock market application for shares [laughs], a huge number of pages. Some of the guys said: 'This is ridiculous, it's bullshit'. They [the women] wanted to know your parents' background, your grandparents' background and beliefs. Although it was negotiated back to a smaller document, it never took off for the guys. They were more interested in meeting people one-on-one than having a register of potential gay male parents that the women would be able to leaf through and work out who was compatible with them...The impression that came across was that it was more like a bank of men all the way from donors up to co-parents and they could go: 'Oh, I'm interested in a category three relationship so I'll go to that pile' [laughs]. Like walking into a clothing store with all the racks and going to the right rack and sorting through which parents you want for your children.

According to Terry, a number of the men in the group, including him, felt objectified by the women's attempts to bureaucratise or standardise the information sought in order to reduce uncertainty in the reproductive negotiations. They took offence at the idea of an 'off the rack' reproductive arrangement in which they represented a collection of impersonal traits, wanting instead what could be called a more 'made to measure' or personal negotiation with individual women. For Terry, the women were overstepping what Hochschild (2001) might call a *commodity frontier* of work/family relationships. He was repelled by being appraised in terms of his ability to fulfil a function or task rather than valued as a person-in-relation to a couple or child.

Terry's perception that the women had breached an acceptable boundary in deploying these methods of appraisal was obviously not shared universally among men wanting to offer their sperm to prospective lesbian parents. The Australian Sperm Donor Registry discussed in the previous chapter is good evidence of this. Information appears on the registry website in exactly the standardised and impersonal format that Terry found so inappropriate. Furthermore, several women in this study told of how men's responses to the advertisements they placed in the LGBT classifieds included considerable unexpected and unprompted details about physical attributes and health they believed could be passed on in their sperm and even their sperm count, by way of introduction. Some men clearly assumed it was these traits that would be valued by prospective mothers over and above information that would enable the women to assess more interpersonal dimensions of compatibility.

However, Hogben and Coupland (2000), in their aforementioned analysis of advertisements for reproductive partners in the UK-based LGBT classifieds, found that whereas women tend to utilise the linguistic conventions pertaining to job advertisements, men tended to use conventions pertaining to the dating ad when putting themselves forward as potential semen providers. Working relationship conventions do not gesture toward a relationship between equals, rather, a hierarchical notion of employer and employee, whereas the dating conventions do. Terry and the other men in the group who objected to the thought of seeing their family histories and personal attributes presented as part of a form could well have been responding to this positioning of them by the women as less than equal from the outset in the reproductive negotiations. It is easy to see how this would not come across well to men like Terry who were interested in having substantial participation in bringing up the children their sperm would help to create.

Written agreements

Intent is the 'practical reality' underlying the different permutations of choice made possible by assisted reproduction (Dolgin 1997: 178). Western family courts are beginning to participate in this more flexible interrelationship between biological connections and choice, although they by no means do so consistently, in allowing the intentions of parties to play a part in settling disputes. The family thus becomes subject more to the legal notion of contract. In Australia, applying the principles of contract law to parental arrangements is still extremely controversial. However, the intentions of parties to reproductive negotiations may be taken into account in the Australian Family Court and assessed in accordance with the paramount principle 'the best interests of the child'.

In keeping with a focus on establishing intentions, sample parenting agreements to guide reproductive negotiations appear in many of the lesbian and gay parenting books available in Australia (e.g. Martin 1993; Saffron 1994; Pepper 1999). A number of men and women in this study had made written agreements, based on the sample agreements found in these books. In common, these delineated parental entitlements and responsibilities toward any child conceived with varying degrees of specificity. A statement concerning with whom the child would live, who were to be the

acknowledged care-givers and the financial arrangements for the child's upkeep were standard. However, three quite distinct kinds of written agreements reiterated a continuum of intentions for familial sociality.

Standard agreements

Michael has agreed to donate his sperm to enable Avril to become pregnant. Avril and her partner Catherine will be the socially and legally acknowledged parents of any child conceived and Michael will have neither paternal rights, nor responsibilities. He will bear no financial burden nor will he be required to pay maintenance...He will not be legally identified or known as the biological father (e.g. his paternity will not be stated on the birth certificate.) He will be known to the child as 'Michael' rather than 'Dad' so as not to cause any confusion or upset.

Michael Meagher is the biological father of two year-old Max, who is being raised by couple, Avril and Catherine. This trio's agreement was similar in its impersonal and matter-of-fact tone to a conventional business contract such as a tenancy agreement. It was consistent with maintaining Michael's separateness from the family comprising Avril, Catherine and the child. Any social contact that might occur between Michael and the—as yet unborn—child is perceived as more akin to that of a family friend, rather than a relative or parent. What is spelled out in this agreement is the social identity referred to earlier as donorhood. The clear expectation is that Michael should keep his paternity confidential.

There has been a quite heated debate in the academic literature for at least a decade among social workers, psychologists and people conceived of, or utilising, donor gametes about whether secrecy or openness with children about their donor insemination conception is in their best interests (see Walker and Broderick 1999a, 1999b; Daniels 1999; Blood 1999; Lorbach & Lorbach 1999; Rose 1999). The terminology 'secrecy' versus 'openness' has been superseded in the recent literature by the more morally neutral phrase 'information sharing' (see Walker & Broderick 1999a; Daniels 1999). To briefly reiterate, when heterosexual couples use donor insemination through a clinic, the identity of the biological father is not known to the recipient couple. In turn, the couple will often not disclose the means of conception to friends, family or any children born of the inseminations. The assumption is that children should clearly belong to the couple who are raising them, and blurring

nuclear familial boundaries and expectations may have detrimental emotional consequences for all parties.

Lesbian parents are often presumed exempt from the information sharing controversies, on the grounds that it is obvious a third party's gametes contributed to their child's creation; there is no male partner (e.g. see Brewaeys 1997). Brewaeys et al. (1993) find lesbians feel less threatened than heterosexual women about disclosing the donor insemination conception to children because the man providing semen does not substitute for an intimate male partner. The children of lesbian parents are also likely to interact socially with their biological fathers in childhood, as the numerous examples in this study and other sources indicate (e.g. Lewin 1993; Donovan 2000; Haimes & Weiner 2000).

However, in Chapter Four, I considered the elaborate processes whereby some lesbian mothers and men giving sperm (in the 1970s and 1980s) managed rather than shared information in order to ensure that children's paternity was obscured. In this more contemporary statement of reproductive intentions, the information management principle has shifted from anonymity to confidentiality. Although there may be social contact between semen provider and child, this kind of agreement attempts to replicate the goal anonymity achieves in the clinical setting, through a parallel insistence on non-disclosure of the biological father's identity. This renders a social father invisible and allows lesbian parents to ensure a single mother or two female parent family is established as a social entity. It continues to reinforce the assumption that concealment of knowledge of paternity is in the best interests of the child and all others concerned. This emphasis on non-disclosure is also consistent with a traditional tenet of Western kinship that holds a man's paternity to be primarily a question of who knows about it rather than the biological relationship in and of itself (see Strathern 1992b; Dolgin 1997).

Social solidarity agreements

We Felicity, Fiona, David and Karl are embarking on a new and exciting journey. We understand we are all committing to a long-term relationship between the four of us and any child born. This document serves to clarify the rights, responsibilities and best wishes we have for the child born of

our arrangement...The child will live with Felicity and Fiona who will be socially and legally acknowledged as primary carers. We intend that David and Karl will be acknowledged as fathers and have the opportunity to develop a non-resident, yet caring relationship with the child. We imagine there will be lots of visits between all four of us and the child, and although our extended families will not have any rights in respect of the child, we value their love in their roles as aunts, uncles, grandparents and cousins.

A second kind of written agreement between intended lesbian parents and biological fathers was couched in the language of friendship and mutual support. It affirmed cross-sex kinship and some interdependence between the families of the biological father and mother, and their respective partners. It featured strong statements about goodwill, friendship and enduring social solidarity between the adults (expressed in the acknowledgement of visits and extended family love), as well as clarifying their intended relationships to any child conceived. Although these kinds of agreements also stated as a general principle that children would live with the lesbian parent(s), who would be socially and legally responsible for their day-to-day care, they tended to emphasise a more substantial social role for the biological father (and possibly his male partner) than in the first kind of agreement, notably, an acknowledgement rather than a negation of social fatherhood. The man providing semen, his partner and their extended families, were embraced, not as legal custodians, but nonetheless as part of the child's social family.

Co-parenting agreements

The details articulated in a third (and rarer) kind of agreement constituted an affirmation of mutual desire to fully co-parent in the context of a cross-sex friendship.

Rowena and Keith have decided to have a child together by insemination. They are not married to each other and are not in a de facto relationship. They make this agreement in order to emphasise their intentions that any child born has the right to be known by and cared for by both parents and have contact on a regular basis with any other people significant to his/her care, welfare or development, including any future partners Rowena and Keith may have. They acknowledge that the child may reside more with Rowena during his or her early infancy due to care and breastfeeding requirements, however, beyond this, provision will be made for the child to reside with each parent on an equal basis...Rowena and Keith will be motivated in this and all decisions by what is in the best interests of their child.

Keith Gower is very much looking forward to the birth of the child he is intending to raise with his friend Rowena Merrigan. Neither Keith nor Rowena has a cohabiting same-sex partner at the moment and according to Keith, neither wants a future scenario where new sexual partners assume more emotional importance than each other or the child. The two prospective parents find their lives are becoming increasingly enmeshed now the baby is on the way; they go shopping together for baby clothes and other accoutrements, have joint health insurance and a shared bank account for expenses related to preparing for the child. Keith intends to be at the baby's birth and has been accompanying Rowena to ante-natal classes. There are plans afoot for him to buy a bigger house closer to mother and baby, to facilitate his active involvement in the child's daily care. Both adults value some measure of independence and privacy and for this reason do not expect to live together with the child.

Keith and Rowena's written agreement was signed as part of a ceremony conducted with the close friends they hope will play important 'aunt' and 'uncle' roles in the life of their child. This indicated their desire for the agreement to be interpreted as a ritualised statement of friendship and love. Keith explained:

If I was looking at defining my family, the co-parenting agreement signing was very much almost like the defining family moment. That was where we invited several of our closest friends to be witnesses to the agreement that Rowena and I got drafted up. It was very much a special moment. It was almost like a ceremony where we invited them over for afternoon tea and we made cakes and things and bought the witnesses a little gift for signing and all that sort of stuff. We all started lining up for photographs to capture the moment so it was very very significant.

A secular ritual or public statement about the status of negotiated relationships may consolidate them. Otherwise, there may be a tendency towards ambiguity or lack of commitment over time in the absence of dominant cultural support. As Douglas and Isherwood note (1978: 65), rituals, 'pin down meanings so they stay still for a little time.' In Keith's story, this stillness, captured in photographs, facilitates shared memories of a significant occasion that may enhance all parties' sense of responsibility and care for each other and the child in the future.

Standard, social solidarity and co-parenting agreements, like the verbal agreements made between parties, point to a continuum of understandings about the cross-sex relationships and the child's perceived place within a constellation of kin. Each kind of agreement draws on some traditional notions of Western kinship while reformulating or rejecting others. The first kind of agreement, is modelled very strongly on the conventions of donor insemination characteristic of contemporary clinical practice, where 'identity-release' provisions exist. The child is positioned 'as if born to' (see Modell 1999 for the use of this phrase in the adoption context) the birth mother and her co-parenting partner; the goal of the document is to affirm the child's social place in a re-formulated nuclear family. In the second kind of agreement the focus is more on conceiving the child's place within an extended nexus of kin connections. The child is imagined as creating enduring connections between all individuals who were party to his or her physical, emotional and intellectual conception (including the biological father and his family-of-origin). In the co-parenting agreement, the conventional assumption is that biological motherhood and fatherhood both form a baseline for parental rights and responsibilities. However, in a departure from convention, friendship rather than sexual love or intimacy is the emotional sentiment consolidating the parental relationships and cohabitation is not a requirement for shared childrearing. Friendship constitutes the kinship that fosters shared childrearing in this third kind of arrangement (see Weston 1991).

Resisting written agreements

Other women and men were vehemently opposed to fixing pre-conception negotiations in writing and, in some instances, following up with legal orders after a child's birth. There were two main ideas central to this conscious resistance.

Rochelle Andreas emphasised that a written agreement could jeopardise rather than enhance the integrity of a legally ambiguous parenting negotiation:

When [partner] Marg was inseminating she didn't want anything written down. Up until fairly recently, Social Security's policy has been to try and get maintenance from the biological father. Now that's changed and you can actually have private inseminations and have that accepted by Social Security, but until then you didn't want to have a document saying who the biological father was.

Concerns about how unconventional reproductive negotiations dovetailed with policy and legislative constraints motivated some participants to think it wiser to stay out of written agreements. In information forums organised for and by lesbian prospective parents, discussions of Australian Government child support policies often draw the biggest attendance and give rise to questions from the audience that reveal much consternation and uncertainty. Official assumptions about child support responsibilities may remain predicated on biological or marriage ties rather than intended or negotiated relationships. For instance, it is Australian Government policy to attempt to obtain child support through the taxation system from the non-custodial biological parent (generally the father) or legal father if the biological father is clearly not the legal father, rather than grant a sole parent pension to low-income birth mothers. As Rochelle points out, there is at least one legal judgment in Australia that has found that biological fathers by self-insemination are not parents for the purposes of child support.⁴³ However, this is neither universally known about nor trusted as sufficient protection for pension entitlements.

Concerns about who is obliged to pay child support were not only financial; they raised strong fears about the gap between intended and enforced kinship. As Rochelle elaborated, in accentuating a perceived connection between economic and relationship rights in the family:

If someone is going to pay maintenance, then they'd have a right to have a part in the child's life, you know. And that's the last thing I wanted. That's the last thing me and Marg were interested in.

Rochelle sees financial independence from the biological father as pivotal to familial independence. If he is obliged to support the child financially the obligation could bring with it a sense of entitlement to parental participation in the child's life, rather than affirm the 'by invitation only' premise upon which relationships with biological fathers often rested.

43 In *B v J* (1996), a legal judgment well-known to many Victorian lesbian parents, Justice Fogarty concluded that a sperm donor was not a parent for the purposes of child support because such a person did not fit the definition of parent outlined in s60H of the *Family Law Act 1975* (Cth).

In another variation on the intuitive home/work distinction discussed earlier in the chapter, written agreements could also be perceived as introducing the world of business—symbolised by legal rights and written agreements—to the private realm of love for a child. They represented a lack of trust or love. Such sentiments came through very strongly in Russell Sorenson’s resistance to formalising his and partner Anthony’s parenting arrangement with Wendy in either a written agreement or subsequent legal orders.

I: The arrangement you and Anthony have with Wendy, has that been written down or formalised in any way?

Russell: No, it’s not necessary from a legal point of view. One of us is the biological father and Wendy has agreed that Oliver will live with us.

I: I meant from the perspective of whether you and Anthony felt you needed to protect yourselves as joint parents.

Russell: No, no, no, because this is based on love...This is not any kind of business relationship, it’s not any kind of legal agreement, this child was created through love. He was a gift of love.

Russell was very resistant to the idea that legal formalities should need to affirm his and Anthony’s agreement with either each other or Oliver’s birth mother. He saw legal or formal agreements as the antithesis of love relationships. Russell and Anthony never referred to Wendy as a ‘surrogate’ or ‘surrogate mother’. However, the child as a ‘gift of love’ has been discussed at length by researchers of commercial surrogacy. Ragone (1994) argues the language of gift and love allows both commissioning couples and birth mothers to avoid constituting the child as an object of exchange in allowing the symbolism characteristic of family relationships to permeate a commercially contracted arrangement. An emphasis on love and giving accentuates the connectedness between custodial parents, birth mother and child despite the fact that money changes hands between the parties. Although no money was exchanged in Russell and Anthony’s agreement with Wendy, similar care is taken not to offend the child’s humanity in Russell’s protestations.

A final observation about written agreements is that it appeared rare for parties to make such agreements prior to the birth of a child solely in order to guide intended parenting entitlements and responsibilities within their couple relationship. For instance, the agreements discussed above appeared not to be made between the

members of lesbian couples conceiving through sperm banks. They were reserved largely for articulating the cross-sex reproductive relationships organised external to the clinical setting rather than the specific details of parental divisions of labour within same-sex couples.

The implication here is that same-sex couples, despite their oft-commented on lack of legal symmetry with regard to parenting rights, prefer to rely on the conventions of love and intimacy rather than legal contracts: i.e., taking things as they come or talking through rather than writing down parental entitlements and responsibilities. This reluctance to fix or freeze the meaning of parenthood in a written document points to how strongly people hold dear the notion that parenting within a couple is not a 'thing' you can attempt to pin down, but a process or relationship between parents and children that is temporally in a state of flux. The pre-nuptial agreements sometimes made by heterosexual couples set a precedent for applying the fixed rules of contract to intimate relationships. However, a written agreement about parenting between intimately involved partners appears to violate a persistent intuitive boundary between love and business, home and work.

Some limitations of negotiated kinship

In the remainder of the chapter I discuss some of the potential drawbacks and difficulties of these negotiated reproductive relationships. One issue that had the capacity to create conflict or dispute between lesbian mothers and children's biological fathers was a lack of shared assumptions about whether or not, to whom and how the biological father would disclose his (current or impending) paternity.

'Re. Patrick': a dispute about the familial status of the paternal relationship

On April 5 2002, Justice Guest of the Family Court of Australia acknowledged a lesbian couple known only as 'the mother' and 'the co-parent' as resident parents of two year-old 'Patrick'. While this judgment awarded daily care and long-term decision making rights jointly to the mother and co-parent, it was actually a loss for the women as they had initiated proceedings in a bid to have the biological father's

visits with the child reduced to twice yearly. The biological father had begun to call himself 'dad' when visiting Patrick and refer to his relatives as Patrick's 'aunts', 'cousins' and 'grandparents'. The women believed this was contrary to the family concept they had agreed to with the biological father. Two letters quoted in the judgment, one from the mother and the co-parent to the biological father and the other, his ensuing reply, go to the heart of the dispute that developed between the parties.

The letter from the mother and the co-parent to the biological father read as follows:

It has come to our attention that during contacts you are introducing your family members to Patrick using familial terms like 'your grandmother', 'your aunt' and 'your cousin'. Presumably you are also referring to yourself or being referred to by your guests as Patrick's 'dad'. This method of introducing your family and labelling his relationship to them is likely to cause Patrick confusion and distress in the future, as it is in direct contradiction to the reality of how Patrick experiences his family and the way in which we will be speaking of you and your family...We are happy to refer to you as the father in Patrick's presence, but absolutely do not accept or support you referring to yourself or encouraging Patrick to call you dad, father or any such title. (*Re. Patrick*, article 29, p. 10)

The women's letter made it clear that they objected to the biological father's assumption that his own family-of-origin also constituted Patrick's socially acknowledged relatives, a stance in keeping with the basic tenets of what I have called the standard parenting agreement. From the women's perspective, it was their right to introduce the biological father as such to the child when the child expressed curiosity about his paternal origins. This was apparent in another section of the letter, in which the women portrayed their family concept as that of a thoughtful and responsible minority group:

Patrick lives in a cultural and community setting in which his family as we define it is acknowledged and affirmed: by us, his extended family, our friends, his playgroup and the broader gay-friendly members of our society. He often hears the word 'donor' and already knows many children in similar situations who have varying levels of contact with their donors. Patrick will grow up knowing the difference between a donor and a father...The decisions we make in regard of how to support Patrick are not made on a whim but rather through extensive personal experience and research. (*Re. Patrick*, article 29, p.10)

The biological father's response to this letter was not only indicative of his disagreement with the women's positioning of him relative to the child; it indicated a lack of understanding of the construct 'donor' put to him by the women:

I have taken on board and accept your concerns about how my relationship with Patrick can best be explained to him in the future...In no way do I wish to undermine your relationship and I haven't sought to do this in the past. I do, however, remain father to Patrick and have not given up any of the responsibilities or rights associated with fatherhood. It was agreed from the beginning that I would be a dad/father to our child and it was never agreed by me that I might be seen simply as an uninvolved donor...I believe that it is important that Patrick should know that he does indeed have a father and one who he has seen regularly and continues to see regularly. (*Re. Patrick*, article 30, p.12)

The biological father's assertion that he 'remains' father to Patrick is linked to his assumption that 'fatherhood' is an ontological state conferred by the contribution of his sperm, in the spirit of the agreement he believed he had made with the mothers. This conceptualisation of the paternal relationship, rather than being a one-off act or free gift of substance, is the basis for an ongoing relationship. This kind of relationship is distinguished from resident parenthood, similarly to the paternal concept revealed by Derrick Wittison in Chapter Seven. As in Derrick's story, the rights and responsibilities the biological father refers to here are not necessarily those dictated by legal discourse. There is a suggestion in the word 'remain' that the negotiated status of the mothers as parents cannot strip the state 'fatherhood' of an intrinsic sense of duty and connection to the child, an echo of Schneider's observation: 'legal rights may be lost but the blood relationship cannot be lost' (1980: 24). The biological father here also indicates that he sees only two possibilities for his social relationship to Patrick. Either he is an 'uninvolved donor' or he is 'dad/father'.

In this extremely bitter dispute between the parties, the facts of the case, with regard to the pre- and post-conception negotiations, were considerably contested and no written agreement had been made between the parties. The child was too young to express an opinion about his parentage. The dispute also revealed how the principle 'the best interests of the child' was sufficiently malleable and subjective to support either of the parties' viewpoints. Two psychologists specialising in child development

produced two different readings of how the paternal relationship should unfold socially and asserted this was in the child's best interests. The psychologist appearing for the women deemed it in Patrick's best interests to see his biological father twice yearly, because that would be sufficient to enable him to 'make sense of his origins'. (*Re. Patrick*, article 208, p. 29). The psychologist testifying on the biological father's behalf asserted it was in the child's best interests to form an ongoing, regular relationship with a man he knew as 'dad' (*Re. Patrick*, article 245, p. 89). Ultimately, Justice Guest found the biological father to be the more credible of the parties, preferred his evidence about the intended family relationships and awarded against the women's request to have his contact visits with the child reduced. He was awarded legal visitation rights approximating those a father would receive when a heterosexual marriage ends in divorce, which were to increase as the child grew up. This was a controversial legal decision that has incited much heartfelt comment and debate.

Australian legal scholars have emphasised the judge's failure to embrace Patrick's lesbian co-parent as an equal parent in his summing up, and have focused their analysis on the increasingly inadequate definition of parent in Australian family law when it comes to respecting or meeting the needs of lesbian-parented families (see Millbank 2003b; Kelly 2002). Further, Kelly (2005) finds in Justice Guest's reasoning throughout the judgment evidence of a dominant compulsion to find fathers for children, no matter what the circumstances of their conception and birth, or the intentions of their lesbian parents. There is certainly some evidence in the judgment that the biological father's interpretation of the appropriate paternal relationship was preferred to the women's because it most closely approximated the conventional idea of a father/son relationship, in which there was more frequent contact, including the involvement of paternal extended family. Several times throughout the lengthy judgment, Justice Guest referred to the women's concept of the paternal relationship as 'irrational' when it clearly constituted the kind of relationship I have called *donorhood* in Chapter Six. He also referred to the child as bearing his biological father's 'genetic blueprint' as part of the rationale for the decision.⁴⁴

⁴⁴ I provide a more detailed analysis of the case and its implications in Dempsey (2004).

However, most legal analyses of the case to date fail to be concerned with how it was unclear throughout whether the biological father had been clearly informed of the women's 'non-familial' expectations for his involvement with the child. A perception that the biological father had been unfairly treated, if not actively misled, by the birth mother contributed to Justice Guest's decision. So too, the observation that the child Patrick thus far had already established a regular relationship with the biological father, was happy and well-cared for in this relationship and could only benefit from it in the future as well as from the relationship he shared with his resident lesbian birth mother and co-parent. Arguably, these are more complex considerations brought to bear on the case than the charge levelled at the judge of an uncritical and more patriarchal imposition of 'fathers' rights'.

In the history of Australian lesbian and gay planned parenthood, and indeed family law, *Re. Patrick* represents what can only be called an extreme case, with regard to the severity of conflict between the parties and the tragic aftermath, in which the birth mother killed the child and herself (see Chapter Three for more discussion of this issue). That said, a number of participants in this study had experienced conflict, grief and disappointments. Neither the risk management nor the love and trust approach to extra-clinical parental negotiations were guaranteed to succeed.

Limitations of risk management

A risk management philosophy could succumb to the notion that reproductive relationships with known persons can be somehow 'objectified'; i.e., entirely fixed by carefully managed pre-conception negotiations. Ellen and Catriona Thomas's reflections on how their relationship with Jonathon, their daughter, Fleur's biological father, had come to deteriorate exemplified the complex interpersonal dynamics that may characterise semen transfer beyond the clinical setting.

Since Fleur's birth, Catriona and Ellen had been very unhappy with the extent to which Jonathon has sought to consolidate a friendship with them and tried to arrange to see Fleur over and above the three agreed visits per year. The women believed, in part, that the year it had taken to become pregnant had produced a false sense on Jonathon's behalf that he had formed an intimate and ongoing friendship to them

which in his mind constituted grounds to see the child more often and, in effect, change the terms of their initial agreement. They did not see why they should be compelled to have more than the negotiated level of contact with him until their daughter expressed interest in knowing who her father was. Due to the growing animosity between the three adults, the women had travelled interstate to a clinic to conceive their second child although they had hoped originally their children would have the same biological father.

Catriona: I said to the donor in the interview that if a friendship developed that would be nice but we weren't going to force it. If you have to see someone because you are ovulating, that's not a really good indication of whether you want to see them or not. So we would much rather that we had had an arrangement where the ovulation was kind of a separate thing and if we chose to see the donor [on other occasions] that would be much more initiated by wanting to see them...If you're having that kind of constant contact with them, a whole lot of other complications happen. The thing with donors is that you feel so grateful for the service they're doing you. You might sort of chat to them because you might want them to feel that you appreciate them sort of thing. Then they might think that you really like them.

In the absence of the option of having Jonathon's semen clinically stored, the emotional and intellectual separation the women had attempted to effect between home and work relationships could not be reinforced by a physical separation of the two domains.⁴⁵ Catriona's resentment of Jonathon makes it apparent she is incredulous that her gestures of appreciation were misconstrued as overtures of friendship or as indicative of a greater level of intimacy between the parties. She emphasises her hospitality as a utilitarian or forced and necessary duplicity; an inevitable consequence of wanting to have a baby and having no other means at her disposal in order to do so. As was evident in other interviews, women who took a number of months or even years to get pregnant by self-insemination were very concerned that the men providing semen would lose interest or a sense of commitment to facilitating a viable pregnancy.

45 At the time these interviews were conducted, it was not possible for Victorian women to inseminate at home with 'frozen' semen from a known donor. Semen can last up to ten years in liquid nitrogen storage, whereas fresh semen must be inserted into the vagina within half an hour of ejaculation, necessitating considerable negotiation and contact with the man providing sperm throughout the time it takes to conceive and sustain a viable pregnancy.

Ellen: We had thought about having counselling with the donor. But then this is someone who's just donating sperm and to say: Oh, can you now come to the lawyer, can you now come to counselling, can you be interviewed by our panel of friends. Well, we should just hand over some money and make it a good old business transaction. It's hard and you do end up being in their debt.

Strathern (1999) contends that referring to third party gamete transfer as 'donation' classifies the act as one of 'disposing of something that is alienable' (p. 183). This in turn raises the strong possibility of conceptualising semen as a commodity. Despite the fact that money does not change hands, the ethics and values of commerce may be evoked. This is clearly the case here for Ellen. Her resentment ensues from her frustration that, in negotiating with Jonathon, the terms of the arrangement could not have been managed legitimately in a fashion that made clear the means/ends rationality of the relationship with the man and what she perceives as his very minimal contribution of biogenetic substance. Payment would have provided a potential solution; however, local laws do not permit this course of action. Exchanges of money, as Carrier observes, may establish relations in which 'the parties are not linked to each other in any enduring or personal ways' (1995: 11). An exchange of money may be perceived as releasing the payer from: 'the necessity of appearing selfless, generous, grateful or otherwise sentimental and can therefore be construed as free from hypocrisy' (Prasad 1999: 185).

Catriona's and Ellen's inability to relate to Jonathon as a psychologically complex person with changing sensibilities and desires recalls the attitude towards men providing sperm that has been fostered historically by some clinicians: 'The myth of blood and flesh has to be uprooted and a state of consciousness has to be achieved in which the donor from the psychologic point of view does not exist'. (Glezerman 1981, cited in Daniels 1998: 185). Their perspective was by no means unique. In other interviews with women, the lack of humanity attributed to men designated as donors was stated even more baldly: for instance, Nadia Sharpe remarked:

Nadia: I should never have mentioned his [biological father's] name. It just slipped out. I know it's confidential.

I: Yeah, it will all be changed.

Nadia: Not a big deal. But it's just that we don't discuss donors as people. They are not people as we see them. They are just donors. Unless, you know, they are going to have quite a lot of contact with the child.

To return to Catriona and Ellen, also left ambiguous, if their analysis of the reason for Jonathon's change of heart is correct, is how Jonathon was expected to understand their gestures of friendship were performed in the service of maintaining a work relationship that would ensure his ongoing commitment to the task of semen provision. Arguably, the women's adherence to the ideology that familial love is nuclear and exclusive to couples and their children, which was stated very explicitly at other points in the interview, shored up by the clinical precedent of positioning men who give sperm as potentially dangerous and invasive strangers (see Haimes 1991) veils such equally compelling questions.

The problem of trusting in love or friendship

Conversely, at the other extreme of the continuum of parental negotiations, leaving future relationships and responsibilities relatively unarticulated and free-floating could prove equally problematic. Commitments could be sorely tested when strong emotions other than love intervened. John Caveny has a daughter Lucy, aged six, who lives a suburb away with her biological mother, Susan. Susan is an old friend with whom John spent several formative years travelling during their twenties. During those trips he saw evidence of the adage 'about it taking a village to raise a child'. John recalled he became interested in the 'relaxed way' children were brought up in non-Western cultures which he contrasted with the 'preciousness of the Western view'. It was he who raised with Susan the idea of having children together, feeling after his exposure to non-nuclear and non-Western child rearing practices that 'it might not be so strange after all for a gay man and a lesbian to have a child'. According to John, Susan was keen, but 'wanted to put it off until she was more established in her career'. Several years after the overseas trip, Susan became involved with Annie and the two women decided they both wanted to have children, with John as biological and social father. John moved in around the corner from them, to facilitate inseminations and his future participation in theirs and the children's lives.

John recalled very little discussion between himself and the women about the details of the parental arrangements, beyond that he would be ‘known father’ and they would be ‘equal mothers’. The one thing that was clear was that John’s boyfriend at the time, who was not a live-in partner, had stated he ‘didn’t want to commit to a parental role’. When asked why the trio had not put their agreement in writing or spent much time openly discussing the parental entitlements and responsibilities, John now put it down to ‘naïveté’. They did not give much consideration to circumstances beyond their immediate good friendship, counter-cultural values—‘we were all a bit hippy about the whole thing’—and excitement at having a child together:

Well, we just didn’t think it through. You know [sighs] there was no contract. It was just spoken. It was just: ‘Oh yeah, it’ll be fine. We’ll all live around the corner from each other and it will be sort of like a commune of people with children’. To be quite honest, we didn’t look very far beyond where we were at that moment in time because we were all so happy and we all got on really well. I was really happy because I was going to be fathering a child...The women were really happy too and content.

Susan became pregnant after several months and soon after she conceived, relational circumstances changed quite dramatically. John’s boyfriend left him rather suddenly, citing the impending fatherhood as a major reason. John recalled his sense of emotional security in the arrangement shifted after the departure of his boyfriend. He remembered Susan’s pregnancy as a time that was ‘rather idyllic for the women’, but for him there was a growing sense that: ‘three was becoming a crowd’. He felt torn between ‘excitement about becoming a father’ together with an increasing sense of marginalisation from the women: ‘It was as if they were creating the life and I was on the outside looking in’, he explained.

When baby Lucy was born, John was still single and still living alone just around the corner. By mutual agreement, he was present at the baby’s birth which reinforced a strong sense of emotional connection to the women and child. He felt his interest in pursuing other significant intimate relationships with men recede for a time. To John, Annie, as the non-birth mother, appeared increasingly ‘jealous and resentful’ of his developing relationship with the baby and his history of close friendship with Susan. Although Susan seemed to him more welcoming of his participation in the baby’s life and regular visits to the house, his relationship with her was also suffering as: ‘she

was trying to make everyone happy while coping with breastfeeding and primary care of a young baby'. John recalled the women began insisting he 'make appointments rather than drop in'; indicative of his perception they were attempting to distance him socially and emotionally. Despite the growing friction and some reservations about the wisdom of the decision, when Lucy was several months old, John followed through with the agreement he would become biological father to a second child for Annie, continuing to hope if Annie also gave birth, relations between them all would improve.

Annie also found it easy to conceive and, from John's perspective, relationships between the three adults did improve for a time. Then, sadly, Annie miscarried late in her pregnancy: the result of a rare complication. Although all concerned were devastated at the baby's loss, the enormity and persistence of Annie's grief eventuated in a diagnosis of depression, during which time, according to John, she 'withdrew emotionally from Susan and the baby they already had'. Susan told John several months after the miscarriage: 'Annie is not a parent anymore to Lucy'. After a difficult year, the women finally broke up and the relationship between them has remained strained. While Annie continues to see Susan and Lucy from time-to-time, and went on to have another child, she never resumed parental responsibilities for Lucy, and relations with John remain cool.

John, who has since re-partnered and now lives with his boyfriend of two years, sees Susan and Lucy on a weekly basis. Apart from regular social contact, in Annie's absence, he has assumed increasing financial responsibility for Lucy's education and daily care, as well as a semi-regular child care commitment. He clearly had no regrets about deciding to have a child with his old friend and her partner and believed many of the difficult circumstances he had been through with the women could not have been predicted. He remained adamant a legal solution to the conflict 'would not have been in anyone's best interests'. John continues to think of himself and Susan as 'sensible adults' with faith in their 'mutual love for Lucy' and their long history of close friendship as providing the means to work through their differences over time.

One final story, Ben Maher's, illustrates a number of points about the potentially fraught and complex negotiations over time between lesbian couples and gay men

providing them with sperm. Furthermore, Ben's file of letters, proffered during his interview, each written at a specific point over the course of 18 months, gives some insight into the sequence of events and issues that have culminated in his exclusion from the child, Barnaby's, life.

Thwarted kinship and gendered expectations

Several years ago, Ben, a 27 year-old single gay man, placed an advertisement in the classified columns of a Melbourne-based LGBT newspaper. He does not remember the exact wording of his ad, however, he does remember using the word 'co-parenting' to describe the kind of relationship he was looking for. According to Ben, there were 'heaps of responses' to his advertisement from lesbian couples and single women. After sifting through the replies and meeting with several couples and single women, he settled on the women he believed were the most suitable respondents. Ben liked Veronica and Jules, two health professionals in their mid thirties, partly because they sounded 'more settled and financially secure' than many of the other respondents. More importantly, the women seemed to be in agreement with his desire for a relationship that affirmed a social place for himself as a non-resident father and the opportunity for his extended family to take part in the baby's life. According to Ben:

They wanted me to have him come to stay every few weekends here and there, as soon as he stopped breastfeeding. They didn't want me to pay maintenance and we agreed on that. They wanted me to be involved as a father...They also said they wanted extended family involvement. You know, so we could have this child together that I could have over to stay at my place every few weeks and build some kind of relationship with.

To everyone's surprise, Veronica became pregnant within a couple of months. The trio did not see each other during Veronica's pregnancy and despite the fact that it had been discussed, no action about a written parenting agreement eventuated. Ben commented that he didn't feel very 'connected' to the women and 'didn't like to intrude too much'. He initiated the two or three phone calls made during the pregnancy to 'see how things were going and keep in touch'. Nonetheless, Ben took it for granted he was 'to be a dad' and that his extended family could be informed of the impending birth. He told all his relatives that Veronica was expecting a baby and that he was to become a father. He rang the women close to the baby's due date, as agreed,

to find out in which hospital Veronica would give birth. Jules rang to tell him after the baby was born.

The relationship between Ben and Veronica started going sour almost from the day the women and baby came home from hospital. In his self-confessed excitement, Ben visited Veronica, Jules and Barnaby every day, sometimes with friends and/or his mother accompanying him. After several days of this, Veronica rang Ben and told him the visits from himself, his family and his friends were inappropriate. Ben explained he was taken aback by Veronica's distress and anger at the visits because he didn't understand what he had done wrong. No one had told him beforehand that he, his friends and family were not allowed to visit. After things calmed down, Ben began to visit once every three weeks, this time, by arrangement with Veronica and Jules. The visits were invariably brief and, according to Ben, the women would never leave him alone with the baby.

When Barnaby was six months old, Ben began to write him a letter after every visit which he kept in a special folder. He explained that his letters had begun as a record for the baby of his father's ancestry and to show 'he loved and cared about him even though he didn't live with him.' One letter read (in part):

Dear Barnaby,

This is the first of many letters I will be writing to you. I hope they will give you an insight into my life at a time when your life was only beginning. I will talk about your childhood through my eyes. I will tell you about your family history, on my side at least, and the people who are part of my life.

I love you lots and think of you daily.

Dad xxx

In these early letters, Ben creates what could be called an origin story for the baby, drawing on conventional tenets of Western kinship such as the family tree. The letters are full of anecdotes about various members of Ben's family-of-origin. They also explain to Barnaby in painstaking detail, names of cousins, grandmothers, aunts and uncles, as if to assure the child he has a firm place in an established network of paternal kin. A genealogical diagram is included, along with affectionate stories about some of the more scandalous ancestors. Ben's letters also describe the sequence of

events leading up to the conception and birth, and selected memories from the baby's early infancy. He tells of his own yearning to be a father, then the process of advertising that led to meeting Veronica and Jules, the self-insemination conception and visits after the birth. He reports details of Barnaby's sleeping and eating habits, as told to him by Veronica and Jules.

As the chronology of the file of letters progresses, increasingly, its content attests to Ben's growing perception that he is never going to have the kind of relationship with the child he believed he had negotiated. The letters and assorted copies of correspondence sent to Veronica and Jules begin to document the process by which Ben feels he and his extended family are being gradually excluded from the child's life. For example, in one letter addressed to Barnaby, Ben tells of how he broached the idea with Veronica that he might take care of the baby at her house for an afternoon or evening, so she and Jules could have some time to themselves:

Veronica shouted at me: 'We are not the kind of parents who leave our children with strangers'...She also said that they wanted to involve you in those kinds of decisions. You are only a year-old. What kinds of decisions can you make? She wants me to form a relationship with you but if she restricts me seeing you, how on earth can we do that? I am sure it will all work out in the end, but god, it's frustrating.

From this point on in his correspondence file, Ben focuses on explaining the extent of his attempts to see Barnaby and recording the women's attempts to distance him from the child. In the letters addressed to the boy he continues to write and not send, Ben tells of the number of phone calls he has made attempting to negotiate contact. One of the cards the women have sent to him included in the file explains why they are unable to spend New Year's Day with 'his family' because they have 'their own friends and family' they spend that day with. At the time Ben was interviewed, he had not seen Barnaby for over a year, nor had he received any of the photographs of the child the women had promised to send him. His last contact had occurred after what he called 'disappointment and frustration' led to a decision to visit the women's house unannounced one afternoon. On this last occasion, Ben was told by Veronica that his expectations for contact were unreasonable given that he was 'only the sperm donor'.

Ben's story cannot supply any ultimate truth about what contributed to the relationship breakdown between him and the women. At the very minimum, his experiences indicate the degree to which the content of 'father involvement' may be poorly understood and minimally negotiated before and after a child's birth. One possibility raised by Ben's story is that the emotional and social demands of meeting three sets of extended families' kinship expectations post-birth may far exceed those anticipated. It illustrates how the very idea that intentions and negotiations can determine family relationships may rest on very individualistic understandings of kinship insufficiently attentive to the expectations and assumptions of an extended network of biological relatives wanting to welcome and claim a child as 'their own'. Ben's account certainly indicates Veronica and Jules were somewhat overwhelmed in the face of trying to integrate into their lives the attention and affections of his extended family, complete strangers with whom they had had no prior contact. Ben conceded that the women were 'very uncomfortable' with the extent to which his family displayed interest in the baby with frequent cards and presents. Possibly they feared he might seek legal recognition of his relationship with the child, including resident parenthood, given the level of interest he and his family showed in the baby.

A second possibility is that Ben's experiences are a product of the compromises that could characterise these negotiations. In the face of relatively few opportunities for becoming pregnant from reproductive medicine clinics, some lesbian prospective parents believe themselves 'forced' into a less than ideal situation with someone not entirely compatible. A number of submissions from lesbian mothers to the VLRC Assisted Reproduction and Adoption Reference emphasised variations on the following theme:

While many women prefer to use a known donor and attempt conception via self-insemination, some women feel forced into these methods by their lack of options. Some women may opt for attempting conception at an interstate clinic because they do not know anyone they trust enough or felt was suitable to ask to be a donor. Women who cannot afford travel to access ART may...enter into less than ideal arrangements with known donors with whom they do not feel entirely compatible. (Submission 149 to VLRC 2004)

In other words, while some women accept constraints to how—clinical or self-insemination—and with whose sperm they become pregnant, they do not accept

constraints to the decision to have a child. This was certainly evident in the extent to which in some stories, the desire for children was naturalised as an ‘urge’ or a ‘drive’ that gained an uncontrollable momentum, the longer it took to conceive.

Whatever did happen in Ben’s situation, it certainly raises questions about whether extra-clinical reproductive relationships always rest on a *negotiated* relationship ethic, akin to the ongoing and painstakingly rational process Virginia Hunter described in the opening paragraph of the chapter. It also reveals the fraught intimacies and profound disappointments that may eventuate when making the decision to conceive a child with virtual strangers.

Conclusion

For many Australian lesbians and gay men, there is a lack of access to a comprehensive range of clinical reproductive services and clear legal parameters regarding familial rights and responsibilities. Despite this, there was ample evidence that under the right social conditions, establishing reproductive relationships predicated on either a detailed and well-documented negotiation process, or a more relaxed verbally affirmed basis of trust could give rise to amicable and liveable relationships.

Diverse considerations about biological and social connectedness between men, women and children are involved in finding and establishing reproductive relationships. One constant is the degree to which the relationship between men giving sperm and the child is perceived as a much more flexible and negotiable relationship than that between a child and a biological mother. At one end of a continuum, the priorities for the reproductive relationship accentuate the person’s individual character or personality, and the sense of interpersonal rapport or compatibility that characterises a developing friendship. At the other end, there is a more calculated emphasis on the traits embodied in the reproductive partner that may, in turn, be expressed in the child or influence the relationship with the child in the future. In attempting to create ‘work’ rather than familial relationships with semen providers some lesbian single mothers and couples sought to replicate the distanced social relationships between genitor and recipient family that characterise the clinical donor

insemination model. Whether having children was approached largely as a question of trusting in friendship and love, a highly bureaucratized risk management process, or somewhere in between, the levels of predictability or harmony in relationships between adults and children many participants desired were never guaranteed. There was also some evidence to suggest open and thorough negotiations may become less relevant, the longer it takes to sustain a successful pregnancy.

Women's Liberation era lesbian feminists equated self-insemination without medical intervention as the key to 'woman-controlled conception'. However, lesbian activism is now focused on obtaining access to various clinical services which now show signs of enabling rather than constraining the interests of lesbian parents and the families with children they hope to establish. Semen storage and clinical inseminations are not only measures that ensure semen is screened of possible defects or diseases. They allow women and men to avoid sometimes awkward intimacies in the home, and the ambiguity about negotiated relationships that may ensue. In discussing clinical insemination, Wikler and Wikler (1991) allude to the fact that it is this importance of managing relational boundaries is one good reason why clinical donor insemination—despite its technical simplicity—remains in medical hands. The unintended intimacies produced in the quest for parenthood beyond heterosexuality can be a source of fear—particularly for women—when same-sex relationships continue to be marginalised and many people still question the legitimacy of bringing children into these relationships.

Lesbians and gay men have often supported each other to achieve parenthood in the face of continuing beliefs that homosexuality robs women and men of their fitness to parent. However, it is apparent that contemporary gay men and lesbians may have very incompatible expectations of relationships. The suggestion from this study is that gay men would often like a greater degree of social involvement with children than women are prepared to contemplate or allow, although it is equally feasible the reverse is true in families who remained beyond the reach of this study. As such, their reproductive negotiations must consciously engage with rather than assume notions of relatedness based on existing (and sometimes competing) genealogical and clinical traditions, and the implicit gender and sexuality in those traditions. Lesbian mothers and gay fathers negotiating beyond the clinical setting may assume or reject the

conventions of detached altruism hegemonic in the clinical construction of a sperm donor when determining how the biological father is to be incorporated into the life of the child. It is in the interests of all parties, including the children born of these arrangements, that contested assumptions are, as far as possible, exposed and interrogated.

Conclusion

Beyond choice

If our families are increasingly a matter of choice, it remains important to consider the historical, political and biographical conditions that make some choices seem more imaginable, feasible, and indeed, natural than others. It is for this reason that *families of choice* is too unitary a concept to allow attentiveness to the complexity with which understandings of choice are being mobilised, their implications and their complicated inheritance. This exploration of the Australian gayby boom illustrates how lesbians and gay men rely on strategic appeals to choice and biology in enacting families with children. Under conditions of *individualisation* and *enterprise culture*, families generally become more subject to ever-increasing notions of choice, from whether or not to maintain or terminate pregnancies in the face of genetic abnormalities, through decisions about the number and spacing of children, and/or whom to call part of one's family after separation or repartnering. They also remain suffused with biologically derived notions of relatedness. Consider the range of varied and emotive appeals to biology within these pages: pregnancy and birth as sources of womanly identity; preoccupations with children's right-to-know; genetic diversity and links to mark out discrete families; semen and gene pools; the language and culture of ancestors; and generational continuity.

In the remainder of this chapter, I provide a summary of main themes and findings, followed by a fuller discussion of how the study extends or challenges an existing theoretical literature on family change. Finally, I consider the implications of the study for Australian legislative and policy change at a time of burgeoning public interest in ART eligibility issues and how best to give legal recognition to the families created by lesbian and gay parents.

The lesbian baby boom clearly owes a debt to feminist understandings of women's procreative liberty or right-to-choose. Self-insemination emerged at a time when women's health movement discourse asserted women's right to control fertility

through obtaining skills and knowledge gleaned through self-help. It also became popular in the context of a feminist cultural imaginary of lesbian kinship, in which the idea of raising—ideally, female—children within supportive communities of women represented an important challenge to the patriarchal nuclear family. However, from the earliest days of the Australian lesbian baby boom, the feminist rhetoric always outshone what proved possible or desirable to enact socially. Biological mothers rarely relinquished primary parenthood. Timing inseminations in favour of conceiving ‘girl children’ proved even more difficult than the manuals promised. Some children showed far more interest than their mothers desired or expected in the identities of their anonymous and absent biological fathers. Political ideals could also be utopian in that they did not always provide the partners not giving birth with the emotional means to feel like parents.

If feminist ideals could not always give early self-insemination mothers the practical tools to sustain parenting relationships with partners, contemporary lesbian parents are becoming adept at a range of family practices that serve to adjust a perceived emotional asymmetry associated with pregnancy and birth. Insemination rituals, naming, birthing practices and carefully considered divisions of primary care have become important family practices, symbolising unity and egalitarianism in women’s parenting partnerships. However, women’s stories continue to emphasise biological motherhood as the fundamental primary caregiving relationship to babies and young children, and for some women biological relatedness remains central to the definition of a *mother* as opposed to a *parent*. In other words, there is little evidence of choice being the dominant discourse when it comes to social relationships with children following on from pregnancy and birth. Some lesbian couples struggle with the intersection of egalitarian ideals of parenthood and the still-powerful conflation of biological motherhood with womanhood. For this reason, alternating the embodied experience of maternity is preferred by a number of lesbian couples. Shared or dispersed maternity tends to be contemplated only when remedial justifications can be found to medicalise processes such as breastfeeding and ovum extraction. Here, lesbians are guided by rather than challenging dominant Australian understandings of the purpose of medical intervention into their reproductive capacities.

Some Victorian lesbians make the decision to conceive through anonymous clinical inseminations interstate, primarily to ensure the autonomy of a lesbian-led nuclear family. However, the strong preference displayed among women in the study for ‘known donors’ signals the obsolescence of separatist ideologies promoting paternal anonymity in favour of strong beliefs in children’s right-to-know about their paternal biological origins. Many lesbians place greater emphasis on the perceived identity-giving genetic traits or properties of the sperm rather than the social relationship with the man who provided it. For this reason, the current lack of opportunities for Australian lesbians to conceive with ‘identity-release’ sperm from clinical supplies was much lamented.

Still on this theme, the social relationships between biological fathers and children to which a number of women in the study aspired represent the conjoining of two distinctive ideas about the relative importance of biology and choice, women’s right-to-choose parenthood as far as possible on their own terms—either as couples or single mothers—and children’s right-to-know their biological origins. Family practice at the intersection of these two discourses creates a social identity for men predicated on what I call *donorhood*, in which the biogenetic connection may give rise to a social relationship between biological father and child that is not considered paternal or parental. Donorhood facilitates a re-nuclearised, lesbian-led family and relies on an agreement by the biological father to keep his paternity confidential—that is, unless the women or the child decide to bring him into being or, *invent* him as a social father. However, contrary to such understandings of biological fathers’ social place, other lesbians’ family concepts were predicated on different kinship considerations. These included a desire to give male friends a chance to experience parenthood, wanting to create a sense of normalcy for children through the presence of a social father, or to reduce the weightiness of parental responsibility by dispersing it among a greater number of adults, for example, two same-sex couples. These latter conceptualisations and performances of family illustrate that not all contemporary lesbian parents reconfigure parenthood in a manner requiring an ideological repudiation of social fatherhood.

From gay men’s perspectives, donorhood and more conventional conceptualisations of non-resident fatherhood are being enthusiastically embraced. Such distance from

children's daily care has always been more characteristic of how Western paternal rather than maternal connections are socially expressed. Those men involved in children's lives on a non-resident basis tended to be very much engaged with their working lives and other social interests. Yet having children resonated emotionally on a number of levels including a sense of symbolic connection to ancestral history, generational continuity and connectedness achieved through occasional or regular childcare. Those few men in the study becoming parents through gestational or altruistic surrogacy emphasised that in the absence of opportunities to adopt children in this country, biological fatherhood was more a means to parental relationships than an end in itself. However, the question of who became the biological father was still relevant for couples. Practices such as semen mixing and alternating are contemplated, invoking the symbolism of shared biogenetic substance that has always been so prominent in Western kinship.

Furthermore, some men are successfully re-configuring connections between children and biological mothers through re-deployment of bonding discourse and practice. Admittedly, the political and emotional stakes are much higher here, and very few men in this study dared challenge the primary importance of mothers to children or were comfortable with the idea of raising babies and young children in the absence of their mothers. Keeping in mind the very small number of male primary carers represented, there is some evidence that these men valorise committed monogamous relationships and home-based nurture and care for their children, at least in part to manage stigma associated with both maternal absence and the still pervasive belief that gay men are sexual predators on children. Australian gay men are also unlikely to take on parenthood in significant numbers—as opposed to the social alternatives posed by donorhood and non-resident fatherhood—due to lack of opportunities. This is likely to remain so unless Australian legislation and social policy moves toward a more de-regulated market economy in which men are free to buy women's gestational services. So far, few men appear to be arguing that it should.

The study has also revealed how continuing constraints on eligibility for clinically assisted ART lead to imaginative and harmonious, yet also fraught reproductive relationships between women and men. Successful parental collaborations between radical feminist lesbian mothers and gay men giving sperm began in the heyday of

Gay and Women's Liberation, a time when some men's and women's shared political repudiation of heterosexual nuclear family ideology facilitated their mutual focus on lesbians' rights to become mothers. Today, in this post-AIDS era (Dowsett & McInnes 1996), it is evident lesbians and gay men are motivated by a broader spectrum of expectations of the relationships created through semen transfer. Some gay men are initiating negotiations with prospective mothers as a means to active social relationships with children as well as responding to their requests for semen for more conventionally altruistic reasons or in a spirit of political solidarity.

Lesbians, in turn, may welcome or fear this shift, depending on their own kinship goals. Some turn to gay male friends as semen providers, in order to give them the opportunity to have active social relationships with children. Others primarily seek sperm from men prepared to be identified at some point in the future to their children, in the absence of clinical alternatives. In the face of such diverse expectations, men's and women's stories sometimes revealed an absence of shared assumptions about how family relationships should be socially enacted. There could also be a less than transparent relationship between discussions, negotiations, intentions and actions when making agreements about family relationships, and establishing relationships once children were born. The legacy of the bitter and tragic dispute known as *Re. Patrick* constitutes a sobering reminder of the emotional issues at stake in these contested family practices.

Friendship as kinship and parenthood

A number of studies now affirm the importance of friendship as kinship in lesbian and gay cultures. Weston (1991) accentuates how lesbians and gay men invert traditional notions of kinship by transforming friendship into the kind of kinship that endures, while maintaining the possibility that biological connections can result in temporary and negotiable social relationships. In one of the more recent explorations of lesbians' and gay men's intimate lives, Weeks, Heaphy and Donovan (2001) emphasise the extent to which friendships may emotionally displace couple relationships in lesbians' and gay men's daily lives, constituting their most fortifying and significant relationships. This begs the question of how such formulations of the importance of

friendship as kinship are reinstated or confounded when it comes to lesbians' and gay men's parental relationships.

Donorhood requires transforming the social relationships between men and children following from biogenetic paternity to those of friendship, in endeavours to foreground parental responsibilities and entitlements for the single mother or in the lesbian couple relationship. This constitutes an interesting inversion of the friendship as kinship thesis, in which biological kinship becomes friendship. Biological connections are reinstated as enduring and significant yet, in a sense, demoted to friendship. Similarly, men wanting to parent as couples are beginning to explore the possibility of transforming biological mothers into children's friends. The status of these connections is shifted to reflect a meaningful relationship in children's lives, yet one distanced legally, socially and emotionally from daily care and nurture. These friendship connections may also revert back to a kinship predicated on more conventional biological bases depending on how the child makes sense of them as s/he grows up. This study can shed only some light on how children experience and understand these relationships once they know the identity of their biological mothers or fathers; an important if complex topic to flag here for future research.

A very different way in which friendship becomes kinship within parenthood is to predicate parenting partnerships on friendship and biological relatedness. This is happening in situations where the biological mother and father are unpartnered co-parents, or when two same-sex couples enter co-parenting relationships. For single men and women, co-parenting friendships are strengthened and consolidated by the sense of social connectedness assumed to follow from biological relationships with children. In multi-parent models, biological relatedness, friendship and couple-based intimacy are woven together in complex fashion to create the sense of affiliation and social solidarity supportive of raising children. What is apparent is that friendship in and of itself is not widely regarded as sufficient to create the conditions of social solidarity giving rise to parenthood.

Nature, re-formulated kinship and nuclearity

The field of post-modern kinship studies reveals the extent to which the nature believed inherent to Western biological notions of relatedness is shifting ground in the era of assisted reproduction (Strathern 1992a; 1992b; Franklin 1993, 1997; Hayden 1995; Cussins 1998; Thompson 2001). Appeals to nature continue to alert us to what is perceived as emotionally profound, unchanging, real or true in understandings of relatedness. This makes them very political. The stories of parenthood considered in this study demonstrate a number of ways in which ideas of the natural remain seductive and meaningful for lesbians and gay men, in their endeavours to apply—or refuse to apply, as it were—notions of choice to biological relatedness.

Some women and a couple of men spoke of the ‘urge’ or ‘drive’ or ‘instinct’ to have children. This certainly supported the plausibility of Strathern’s (1992b) claim that, in the era of ART, ‘desire for a child has become as natural as the womb’. Once made, the decision to have a child could be portrayed as a non-negotiable decision that must be achieved at all costs. This could lead to perceptions of a hierarchy of options from ‘ideal’ to ‘available’ when it came to deciding how to have children. This particular appeal to nature evokes Beck and Beck-Gernsheim’s (1995) observation of the central place children occupy in contemporary heterosexual women’s and men’s emotional lives. In the developed West, they argue, it is the adult-child bond that has come to represent the only permanent relationship:

Where other aims seem arbitrary and interchangeable, belief in the afterlife vanishes and hopes in this world prove evanescent, a child provides one with a chance to find a firm footing and a home. (p. 107)

Appeals to nature also endured in the images of sexual intimacy and shared substance in insemination practice for men and women, which appeared to symbolise a sense of unity in parenthood. With reference to lesbian cultures and practices, this represents a shift in notions of the natural in a relatively short space of time. In Women’s Liberation era publications on lesbian motherhood, it was the absence of both medical intervention and heterosexual activity that served to—at least, rhetorically—naturalise self-insemination as a means to conception. The contemporary empirical evidence suggests that it is the couple-based privacy and expression of sexual intimacy made

possible in the performance of self-insemination that has contributed to naturalising the idea of two female parents within the culture of prospective lesbian parenthood. This particular manifestation of appeals to nature emphasises the continuing importance also of nuclear notions of family, in which two people join together to create their family. On a similar theme, another implicit appeal to nature emerged in the notion of real and fake lesbian families. Here again, there was an attempt to naturalise a reformulated nuclear ideology of family relationships, predicated on the perceived naturalness of forming a family that includes children with a same-sex partner.

Appeals to the natural accentuate the extent to which lesbians and gay men's family practices are often performed in the service of foregrounding the parental contributions of both members of the same-sex couple. In effect, family practices are often enacted in the service of creating viable family units with a sexually involved and committed couple at the core. Nuclear ideals of family, although certainly not universal within the study, were also in evidence at the level of household organisation, where departures from the co-resident sexually intimate couple and children model appear rare. At a more symbolic level, such ideals persist in distinctions between work relationships and family relationships with men providing semen and of concerns with familial distinctiveness and inappropriate sibling links. Concerns with notions of genetic diversity and having an appropriate pool of gametes from which to select, can at least in part be read as strongly influenced by nuclear family values. Children are appropriately linked only within families, and families are distinguished from each other by their visible differences.

The challenge for activists, legislators and policy-makers

As discussed at length in Chapter Two, Australia is at an historical moment in which questions of how legally to recognise unconventional parental relationships, as well as who is fit to reproduce with state assistance, are hotly contested. Appeals to choice and indeed rights rest on strongly individualistic premises and do not help adjudicate between the often competing assumptions about family and kinship facing policy-makers and legislators. They also veil the power relations that may be implicated in certain enactments of, or appeals to, choice. This study raises a number of complex

questions about how to proceed with legislation and policy supportive of the rights and interests of children of lesbian and gay parents, and the adults who bring them into the world. The following observations are offered in the spirit of a small contribution to current debates.

Since the judgment known as *McBain v Victoria*, restricting donor insemination to women who qualify as medically infertile cannot ensure the State of Victoria only assists in the formation of heterosexual nuclear families. If this was one of the key purposes of the current legislation, the question now is what larger philosophical, ethical or ideological purpose is served by the status quo distinctions made in ART eligibility policy between fertile and infertile lesbians or single heterosexual women. There is little doubt that access to clinical donor insemination where ‘identity-release’ provisions exist represents the ideal for many lesbians. It would allow women to have certain parental autonomy while enabling their children to have access to knowledge of the biological father’s identity upon reaching adulthood. It would hopefully prevent future disputes between lesbians and semen providers who have incompatible desires for, and beliefs about, familial relationships. In Australia, this model of clinical donor insemination is, at present, available only in Western Australia and to women deemed medically infertile in Victoria. Until clinics in other states change their policies on permanent anonymity for sperm donors, it seems likely many lesbian prospective parents will continue to negotiate semen transfer with men they know. They will elect to navigate the uncertain legal and social consequences of these relationships because they perceive this to be in children’s best interests.

A current priority for parenting activists in Victoria is to secure legal rights for non-birth mothers on a par with those of birth mothers, thus endorsing a re-nuclearised lesbian-led family form. The desired changes would apply whether children were conceived through clinical or self-insemination. In keeping with the assumptions of the dominant biomedical model of donor insemination which has, since its legal inception, instantiated the rights of intended, two-parent nuclear families, existing state legislation could be made gender neutral. This would mean lesbian non-birth mothers could have parental rights on a par with those automatically given to birth mothers’ infertile male partners in heterosexual nuclear families. This is certainly, from one perspective, a commendable goal in children’s interests. As this study

reveals, lesbian birth mothers' partners are involved with relationships with children that encompass their daily care and nurture. Lesbian couples participating in this research often predicated their parental relationships on the promise of mutual practical, emotional and financial support. The law does not currently assist very well in ensuring women keep their promises to each other and to children in situations where the adult couple relationship breaks down. The fact that relationships between non-birth mothers and children are not currently recognised in law generates fears and uncertainties for a number of women about paternal claims, and leaves children co-parented by lesbian couples legally vulnerable in a number of ways.

However, there is dubious wisdom in one-size-fits-all legislative solutions to the recognition of parental relationships, predicated solely on extending existing nuclear family models to same-sex couples. Some birth mothers' co-habiting partners do not promise or assume parental participation in children's lives. Not all same-sex relationships are predicated on marriage-like ideals or assumptions about parenthood (see Francine, Catherine, Andrew & Gary 2005). Further, lesbians' and gay men's varied family practices challenge as well as accept the existing biomedical model of sperm donation, notably, the inevitable social and legal detachment between biological fathers and children that has historically been presumed in clinical donor insemination practice. Some women and men are beginning to establish co-parenting relationships predicated on friendship rather than sexual intimacy. Historically, in Australian law, it is the presence of a sexual relationship between biological father and mother that plays a large part in establishing his legal paternity. A significant challenge for legislators lies in how to recognise it is no longer always sex or an intimate cohabiting relationship with mothers that makes biological fathers into social parents, as this assumption currently underpins much existing family law at a state and federal level.

Lesbian activism and legal commentary in Australia tends to take a feminist stance on the power dimensions of men's and women's self-insemination or parental negotiations, in which women are the likely victims of heterosexual and gay male semen providers' transgressions and demands. For instance, the emphasis is placed on the risks to women's health when they inseminate with unscreened donor sperm, the difficulties they sometimes have negotiating with semen providers about appropriate

testing for HIV/AIDS and other diseases, and also the threat of ‘interference’ in the intended lesbian-led family by the semen provider (FAR 2004). The current attention being given to ‘fathers’ rights’ within Commonwealth Government policy circles, and residence and contact issues going before the Family Court has also been proposed as the most important context in which to view likely outcomes of disputes going to a full judicial hearing (see Kelly 2005). These are all important concerns given the censure lesbian parents and prospective parents face in the current Australian socio-legal climate, and their limited access to clinical services in Victoria.

However, contemporary self-insemination negotiations also raise very vexed issues about the meaning of giving sperm, informed consent and who is entitled to be included in children’s social families. The issue of how gendered power is exercised in these extra-clinical negotiations is evidently complex. Some women have strong ideological convictions or beliefs about the meaning of biological paternity vis-a-vis their own family concepts, which they may bring to bear on semen transactions more so than a process akin to negotiation. This raises questions about where the line is between instrumental or pragmatic relationships and those that could be construed as exploitative and de-humanising. Some gay men feel exploited and profoundly disappointed after providing sperm to lesbian friends and acquaintances, and subsequently experiencing exclusion from children’s lives. Should this be dismissed as ‘false consciousness’ on the part of these men or as a patriarchal desire to impose ‘fathers’ rights’ Or is there room to concede that women, children and men deserve to have rights and respect in these unconventional parental negotiations? These are provocative and difficult questions.

Some feminist scholars have great difficulty taking seriously the suggestion that men are exploitable or vulnerable in contemporary reproductive negotiations. This is at least partly because charges of using men or making them redundant are often levelled at single women and lesbians purely because they dare to utilise sperm banks and raise children without social fathers. Such charges—rightly so—are often exposed as belonging to unsubstantiated moral discourses on appropriate family relationships and men’s place within these (see Cannold 2003; Walker 2000). However, it is more problematic when feminists assume the power differentials women and men bring to these negotiations are ultimately fixed in notions of entitlement based on their

anatomical differences. For instance, Agigian (2004) in a recent sociological study of the US lesbian baby boom seems to be arguing that because there is no intrusive medical intervention into the male body in order to obtain semen, men providing semen to lesbians cannot be exploited or dehumanised:

Some mothers minimise the role of the donor, instead focusing on the lesbian family and when necessary on the semen. In other contexts, such a minimising gesture easily could be read as dehumanizing to the donor, and perhaps as cheapening procreation, babies, and hence life in general...The separation of people, mostly women, into commodified sexual and procreative parts...is understood to be dehumanizing. In the context of lesbian AI [alternative insemination], however, these concerns are mitigated by the continuous bodily integrity of women (and men) in AI.

More forcefully, Klein (2005) recently fielded an interview question about whether men as well as women were feeling fragmented or disenfranchised at present by assisted reproductive technologies with the following response:

...how can you disenfranchise men from something they never had? Let's not forget men never could have children, not even now, with or without any technologies. All they do is plop their sperm out. So they're moaning about the loss of something they never had. (p. 104)

In these kinds of statements, semen becomes a kind of waste product or spare part, and little thought need be given to the person who produces it, their motives or expectations, or the circumstances of its production. Such statements seem to deny how subjectivity as a man or woman participating in reproduction is constituted through a range of social and psychic phenomena beyond the categories familiar to biomedicine.

To draw attention to men's experiences here is not to level men's and women's anatomical differences or deny being pregnant and relinquishing a child raises a different range of issues from giving sperm. The ethical issues raised by extra-clinical semen provision are possibly comparable to those relevant in the provision of body substances and organs in clinical contexts. In the clinical setting, there are clear processes in place for informing donors of the uses that will be made of their genetic material and the legal implications of their actions for social relationships. Were self-insemination to be decriminalised in this state, the scene would be set for providing a supportive clinical infrastructure for home-based inseminations. This could include

ensuring adequate provisions were in place for the semen provider's informed consent to home-based as well as clinical procedures and any related loss of legal paternity in legislation.

Law and policy makers in Australia are bound to consider the paramountcy of the best interests of the child in drafting new legislation. Perhaps one of the biggest issues for legislators in the future will revolve around deciding whether it is in children's best interests automatically to re-nuclearise a family based on same-sex couple relationships, or attempt to accommodate and encourage a broader notion of familial sociality. This is not dissimilar to some of the issues raised in the world-wide questioning of whether 'closed' adoptions and anonymous gamete transfer is in children's best interests. Modell (1999)—writing in the US context—has argued that an ethical model for adoption legislation is predicated on 'neither a free market' nor a 'freely given gift'. This is because both of these ideas—that the exchange of money should determine family relationships or that birth mothers should 'give up' their children with no expectations—encourage the parties to think of themselves as autonomous, unconnected individuals rather than people joined in a degree of social solidarity because of the child that links them. This child may conceivably have an interest in and degree of emotional attachment to the people from whose genetic material s/he was created and the people who provide her/him with care on a daily basis.

Applying similar principles to assisted reproduction legislation would mean setting standards that refuse to regard either gametes or children as alienable objects that can be transferred from one 'owner' to the other. No matter whether the agreed relationships between gamete providers and recipients are socially distant or assuming the kinship of regular care and interaction, exchanges resulting in the birth of a child arguably necessitate inculcating the value of respect and an acknowledgement of connectedness between all of the adults who are party to these arrangements. Otherwise, where are the social relations between the adults that give children genuine space to exercise their purported right-to-know?

In suggesting we need to carefully unpack families of choice when considering the case of the lesbian and gay baby boom, the goal is not to find a new catchphrase, slogan or discourse of family that captures how these parental and familial relationships are differentiated from a dominant heterosexual nuclear ideal. This study has succeeded if it demonstrates—at the very least—the importance of being explicit and attentive to which understandings of relatedness and entitlement women and men are bringing to bear on their reproductive decisions and family practices, and the intellectual and political heritage of such understandings. For instance, new appeals to nature and re-formulated nuclear families may be to some extent creative and forward-looking, yet they also raise some very familiar and limiting assumptions about the naturalness of biological motherhood vs. the ‘choice’ presented by fatherhood, and some exclusionary and utopian dimensions to nuclear notions of family. Much recent public discourse in Australia has been invested in appeals to traditional family values which are often countered by charges of discrimination, and equally impassioned appeals to the value of ‘alternative’ families. It is only in moving beyond this rigid dichotomy that we can begin to see the ‘them’ in ‘us’ and the ‘us’ in ‘them’ and make genuine progress towards an informed and reinvigorated ethics and politics of family and kinship in Australia.

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