

BECOMING A MOTHER BY "AID" WITHIN A LESBIAN COUPLE: THE ISSUE OF THE THIRD

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Using data from clinical psychoanalytic research on lesbian couples undertaking Artificial Insemination by Donor (AID), this article explores the position of the third as it appears in the family project of lesbian couples. The third is examined through the analysis of constructions surrounding the image of the anonymous donor, the impact of the medical act of insemination on the women's psychic economy, and the search for other promising bases for triangulation. The complexity of the issue of the third in same-sex parenting is highlighted. Excerpts from clinical interviews with two lesbian couples are used to illustrate and support the authors' hypotheses.

Keywords: Same-sex parenting, lesbians, artificial insemination by donor, medically assisted procreation, parental roles, research, sociology, families, reproduction, family romance, analytic third, triangular relationships, homosexuality.

SAME-SEX PARENTING IN THE LITERATURE

British and American Literature

Innovations in Medically Assisted Procreation (MAP) techniques, along with changes in attitudes, have led to the emergence of new parenting models, including that of homosexual couples asserting their

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right to a child. Preexisting (biological, legal, and social) understandings of paternal and maternal functions have thus had to expand in order to accommodate these models. With this in mind, we note that studies on same-sex parenting take on a particular value in the social evolution of the postmodern era, and the resultant data may be usefully applied in many disciplines, including sociology, law, anthropology, political science, clinical psychology, and psychoanalysis.

The English-speaking world was the first to delve into this new field of research. Initial studies, dating from the 1970s, were mainly empirical (Gross 2003; Grossman 2001). They examined the cases of gay and lesbian parents and their children, and included the apprehensions of magistrates and social workers concerning the children's educational and emotional development. These numerous studies, which were sometimes longitudinal in nature (such as Tasker and Golombok's highly reputed study of 1997), aimed to identify a number of potential problems: identity and sexual orientation, emotional and intellectual development, the children's social relationships with peers, and risks of sexual abuse (arising from confusion between homosexuality and pedophilia). However, these studies failed to identify any fundamental differences between children raised by homosexual parents and those raised by heterosexual parents.

More recently, a number of British and American studies have tried to move away from this comparatively exclusive point of view between homosexual parenthood and heterosexual parenthood (which tends to demonstrate developmental normality of children raised in families with same-sex parents), instead favoring different approaches. On the one hand, some studies (Goldberg 2009; Gross 2005; Perry et al. 2004; Vaughan 2007) directly question the "social laboratory" of families with same-sex parents by asking: How are family relationships organized within these families? How are parental responsibilities distributed? How is the legal status of each parent negotiated in the light of family law, which remains largely ill-equipped to deal with same-sex parents?

Other studies, more clinically oriented, draw on their authors' psychotherapeutic work with members of families with same-sex parents (Friedman 2007; Heineman 2004; Martin 1998; O'Dell 2000). These clinical studies, which are essentially systemic or psychoanalytic, deal

with such diverse issues as the impact of new procreation techniques on the psyche of those involved, the psychosexual development of children, the relationship between clinical and cultural aspects, and the development of new narrative scenarios. The first publication on the subject in the *International Journal of Psychoanalysis* appeared in 2009, under the heading "The Analyst at Work," and concerned Smolen's analytic work with a boy adopted by homosexual parents.

It is indeed interesting to note that numerous English-language studies on same-sex parenting adopt a feminist stance and are generally inspired by the theoretical current of gender studies, a field of research that is well developed in the United States. One of the main objectives of this concept is to deconstruct traditional conceptions that, until recently, had been taken by many to be the constitution of sexual differences in our society. The theoretical developments put forward by Butler (1990, 1997) play an important part in this concept. This position also seems to characterize a great number of studies that are clearly presented from a psychoanalytic perspective (Burch 1997; Glazer 2001; Mitchell 2008; Stuart 2007).

The frequency of a feminist orientation and a commonly seen relationship to gender studies are not the only differences between the British/American approach and the French approach with regard to the question of same-sex parenting and psychoanalytic thought. It is nonetheless interesting to note that, in the United States, over the last fifteen years or so there has been a huge increase in the number of collective works and scientific articles focusing on the issue of same-sex parenting from a psychoanalytic perspective.

The French-Language Literature

In the French-speaking world, it is important to note that family sociologists and anthropologists (Cadoret et al. 2006; Fine 2006; Le Gall 2005) show a greater interest in same-sex parenting than psychologists do. However, psychoanalysts have also become invested in a public debate, but with greatly contrasting ideological positions on the matter. Mehl (2006) outlined the history of this debate, which was sparked by the institution of civil partnership in France (the PACS/*Pacte Civil de Soli-*

darité); the controversy around this issue was at first based on arguments against same-sex parenting, most of which were drawn from Lacanian theory (Winter 2010).

These arguments can be summarized as belonging to two main lines of reasoning: first, the importance given to the difference between the sexes (and indeed, between generations), which is associated with, second, the implication of the symbolic order, perceived to be the basis of our civilization.¹ However, other authors, psychoanalysts, and anthropologists (Cadoret 2002; Delaisi de Parseval 2008; Faure-Pragier 2008b; Nadaud 2002; Tort 2005) are opposed to this kind of Lacanian interpretation. They challenge both the fact that symbolism is based in reality (through the importance placed on the physical nature of the father), and its *passé* nature (i.e., the belief that the past guarantees what is good and true). They also believe that same-sex parenting already exists in the form of adoptive families, reconstituted families, and through MAP. In their eyes, since these families exist, the central focus should instead be on determining ways in which they can be supported.

It is interesting to note that, in contrast with the Anglophone world, little research has been done in the French-speaking world on same-sex parenting in terms of clinical psychology or psychotherapeutic work, except as evidenced by a few rare texts in the journals *Divan Familial* (2004), *Dialogue* (2006), and, more recently, *Le Bulletin Freudien* (2009). The work of Delaisi de Parseval (2008) on a variety of clinical and ethical issues surrounding new MAP technologies and the creation of new kinds of families occupies a central position. Furthermore, Ducouso-Lacaze (2006a, 2006b) is one of the few authors to have developed a

¹ The term *Symbolic* was introduced by Lacan (1953), who separates three main domains in the realm of psychoanalysis: the Symbolic, the Imaginary, and the Real. The Symbolic refers to the nature of those phenomena relating to psychoanalysis, inasmuch as they are structured much like language. The Symbolic is a concept that brings together Lacanian psychoanalysis and the structural anthropology of Lévi-Strauss (1947). It specifies differences both between the sexes and between the generations as the foundation of humanity and humankind. The theory of forbidden incest, linked to the foundation of culture, corresponds to the theory of the symbolic law (Name of the Father), establishing the subject. Overcoming the symbolic law leads to social disorder or madness, which is why some believe that same-sex parenting should not be legalized.

metaphysical reflection based on clinical analyses, which shows that, for homosexual parents as well, becoming a parent causes oedipal conflicts to resurface and create links that might support the symbolic changing of positions in oedipal configurations.

In recent sociological and clinical French-language works on the subject of families with same-sex parents (Delaisi de Parseval 2008; Descoutures 2006; Gratton 2008), we have noticed that the data provided is often based on contributions from contemporary anthropology (and this could be considered another difference with respect to the Anglo-American literature). This is particularly notable in works by Godelier (2001, 2004).

Godelier can be considered the forerunner of these researchers, who have attempted to consider the links between the Symbolic, the Imaginary, and the Real (Lacan 1953) from a different perspective. For him, sexuality and relationships between the sexes are not based on biological reality, but are part of a wider social set that stems from a system of collective, constitutive representations of the collective imaginary. In this sense, the Real is not the cause of the Symbolic; it is instead the Imaginary, transformed into the Symbolic, that has real consequences in terms of control, obligations, and prohibitions within a society. Each society consequently constructs its own Imaginary.

Unlike Lévi-Strauss (1947), Godelier holds that the Imaginary prevails over the Symbolic rather than the other way around. He draws on a collective Imaginary, which is both shared and evolves over time. This understanding is thus radically different from that of structuralists, who consider the Symbolic to be fixed and unchanging. For Godelier, humans are not simply adaptive beings, but also and more important, they are inventive beings capable of creating, transforming, and reinventing themselves. As a consequence, this author highlights the different changes that may be experienced by the family, along with the importance of social parenthood. According to Godelier, the recognition of sex differences is not directly linked to family design, but rather to the ability of each person to identify otherness.

It is interesting that both approaches to exploring contemporary family makeup (anthropological, and psychoanalytic/clinical psycho-

logical) seem to converge on the importance of the imaginary and the structural function of fantasy for renewed understanding with regard to same-sex parenting.² This was found to be true in both Anglophone and Francophone works.

It also seems that some Francophone clinical studies (Delaisi de Parseval 2008; Ducouso-Lacaze 2006a, 2006b; Faure-Pragier 2008a, 2008b) support the contributions of some English-language analysts who, in their practices, have examined the fantasy constructions of parents and children in families with same-sex parents. Corbett (2001) used the concept of a family romance as one of the main driving forces behind his therapeutic work with families with same-sex parents. From this shared family romance constructed at the heart of the family, the child will be able to access an internal object that can act as a support structure.

Ehrensaft (2000, 2008) studied fantasies and defensive constructions about the father in families using Artificial Insemination with Donor (AID), among both parents and children. Her research showed that the introduction of a donor to the family makeup activates a process that both constructs and destroys the father. In heterosexual families, the genitor is often denied, whereas single and lesbian mothers attempt either to fantasmatically reduce the donor to a partial object, or to create a fiction in which this man becomes an ideal figure or a persecuting object. Whether he is praised or downplayed, the donor consequently plays an important role in the child's internal world and in the construction of the child's identity as he comes to occupy a place in primal scene fantasies. This led Ehrensaft (2000) to observe that "you can take the reproduction out of sex, but you cannot take the sex out of reproduction" (p. 386).

² Anthropologists and psychoanalysts question the possibility of a subject's development when it is constructed outside traditional family models (as would be the case, for example in a same-sex family). By accounting for the impact of the collective imaginary on the structuring of social links (from an anthropological perspective), on the one hand, and the mobilizing force of fantasy in the human psyche (from a psychoanalytic perspective), on the other hand, they try to understand how "children and families develop both against the 'logic' of the normative social structure," and "play within a family reverie to metabolize and mentalize the shared reality of their non-traditional family" (Corbett 2001, pp. 603, 615).

OUR RESEARCH

In the light of these studies, we became interested in continuing the research on same-sex parenting, with a particular focus on the impact of imaginary scenarios on the structuring of family ties. We looked at imaginary scenarios focusing on the lesbian partners' construction of the family romance, as well as the unfolding of a family reverie and fantasies of identification with important characters from the family history. In developing our interest in the issue of same-sex parenting as a heuristic paradigm of the rapid alterations affecting traditional families, we initially aimed at a study of the representations of the parental function in lesbian couples undergoing AID.

Our research (financed by the University of Liège in Belgium) took place at a regional university hospital with the collaboration of a third researcher, who observed the interviews conducted by two hospital psychologists with lesbian couples requesting AID treatment. Following these psychological interviews, the researchers met only with those couples who had agreed to participate and whose requests for treatment had been approved by the hospital. There were two meetings each with thirty-two couples; the first meeting took place prior to insemination and included a projective test (TAT), followed by an unstructured interview with each partner. During the second meeting, which took place after insemination, the researcher conducted an additional unstructured interview. These interviews were transcribed in their entirety and subjected to clinical analysis by all three researchers.

In light of the highly restrictive AID legislation in France, most of the women we met in the year 2008–2009 had come from France to undergo treatment in Belgium. The women's sociocultural backgrounds were extremely diverse. We were thus able to avoid a pitfall that confronts most researchers who, in order to locate subjects involved in same-sex parenting, must often work with members of homosexual parenting groups, which could in the long term constitute a significant bias in terms of data collection. The methodological framework of our research stems from qualitative analysis of participants' discourse, which means that clinical analysis of the interview content is based on an analysis of

defense mechanisms—unconscious processes from which a fantasy scenario can be inferred by evaluating each story.

In more concrete terms, during the interview, we wanted to better understand where each of the partners in the lesbian couple situated herself with regard to the maternal/paternal register.³ We did this by exploring certain themes, such as identifications with maternal and paternal imagoes, the place allocated to men in both fantasy and reality, and the construction of a parental project based on a family romance that the women had built up and had been led to reconstruct with the arrival of their future child.

With regard to construction of the parental project, particularly in terms of fantasy, we were interested in two main areas: the role attributed to the anonymous donor, and the process through which the roles of social mother and biological mother were assigned within each couple. These two themes seemed heuristic for metaphysiological reflection on the notions of the third and of bisexual identification as central elements of the psychic work supporting the process by which homosexual women can have access to motherhood. In this article, we will focus on a dimension that emerged from the interview analysis: that of thirdness. For this reason, we will not address the question of bisexuality as linked to that of thirdness, which has been dealt with in previous publications (Feld-Elzon 2010; Naziri 2010, 2011; Naziri and Dargentas 2011).

In the following discussion, we will try to connect the issues that arose from the material in the clinical interviews with some observations that came to mind through an analysis of all the interviews conducted (as mentioned, thirty-two lesbian couples were interviewed). This process allows us to offer our reflections on the psychic work that supports couples' access to same-sex parenting. After presenting case studies from this research, we shall develop our reflections on thirdness.

³ Of course, maternal functions can be described in different ways, of which the following are some examples: the *maternal dreaming ability* described by Bion (1962); Diatkine's (1974) *anticipatory illusions or creative anticipations*; Stern's (1985) *harmonization of affect*; Winnicott's (1967) *holding, handling, and object-presenting* functions; and Aulagnier's (1975) *representative* function. The paternal function can thus be associated with the limiting of capacity, consistence, and the generation of restrictions (Golse 2000).

The Paradox of AID and Thirdness

The aim of our analysis was to illustrate the intrapsychic and intersubjective path of homosexual women who invest themselves in a parental project: a course leading from the assertion of the right to have a child to the often sinuous process of subjective appropriation of this right, which has become possible thanks to the evolution of social norms and medical procreation techniques.

The women we met seemed to have a paradoxical approach: on the one hand, they were transgressing existing norms of becoming a parent and, on the other, they were addressing a medical institution, asking permission to fulfill a right—that is to say, the possibility of becoming mothers through the contribution of an anonymous donor (whereas other options are available, theoretically).

Thus, the paradox of resorting to AID quickly became clear in the following terms: although in a lesbian couple the desire to have a child seems at first to exclude the third, the decision to turn to AID in fact inevitably introduces something of the third through the various constituent elements of the approach. These include the necessity of deciding which of the two women will become pregnant, the obligation to go to the hospital and await authorization, the meeting with a gynecologist and a psychologist who can constitute representatives of paternal instance, the "presence" of the man through the enigmatic figure of the anonymous donor, the physical and psychological consequences of medical insemination, etc.

Prior to the study, we may have had preconceived ideas about the way in which AID enables homosexual women to "oust" men and to reinforce the denial of natural laws of fertility. However, thanks to our analysis of the data, we were able to examine how the third is present in different aspects of the process (much more than we had initially imagined). We also studied how this led to opportunities for important psychic work for each of the women in the couple—psychic work that seems closely linked to the troubling unfamiliarity of the unknown donor, as well as to the overwhelming physical and affective experience of the medical act of insemination.

The Anonymous Donor

Although in the women's discourse, the choice of insemination by an anonymous donor often seemed to be a simple solution when compared with other possible means of becoming a parent, we observed that, with AID, the woman faces other fantasized threats, particularly the threat of "radical otherness." Indeed, we noticed that couples rarely spoke spontaneously about the donor, and the researcher often had to explicitly raise the question during interviews.

Furthermore, some couples were very aware of the importance of the donor, but the threat that this stranger seemed to represent meant that many of the women mobilized defenses. If, for example, the fantasy of the theft of the child by the donor existed in the couple's discourse, it did not prevent that couple (and others as well) from attributing generous and altruistic motivations to the donor. Thus, the figure of the anonymous donor both took on a threatening quality and became the basis for idealized projections.

Fabienne and Marie

Fabienne and Marie have been together for seven years, and when we met them for the first time they gave the impression of being a solid, stable couple. For each of them, their relationship is the first homosexual experience they have had.

Fabienne is thirty-three years old and will from here on be designated the biological mother. She had previously had a two-year heterosexual relationship with a man. It took her a while to accept her feelings for Marie: "In the end, I understood that it wasn't a matter of gender, but rather of the person, and that's how I deal with it—that's how I get by." Fabienne experienced the wish to have a child early on, but a homosexual relationship was incompatible with this desire: "For me, it was clear that two women could not have a child."

This reticence could be linked to the fact that Fabienne had written a dissertation on the paternal function in single-parent families, which led us to believe she had already questioned the importance of the masculine/paternal role within the family. She had initially decided to set

aside the project of having a child herself, and to continue her relationship with Marie while investing herself fully in the relationship with Marie's daughter from a previous heterosexual relationship, Anaïs.

Regarding her relationships with her own family, Fabienne describes her mother as being particularly invasive and her father as discreet to the point of invisibility. However, she also describes more private moments with her father, with whom she seemed to find a real place "to exist." When she revealed her homosexuality to her family, they were profoundly shocked: "My mother was really angry, she was very aggressive toward me, and my father was more hurt; he felt betrayed that I had not been able to trust him." Fabienne adds that her coming out enabled her to be herself with her family: "I think it was the defining moment that meant I could finally position myself as an adult, and that was really important for me."

Marie (age forty-six), on the other hand, had been in a relatively long heterosexual relationship during which her daughter Anaïs (now fourteen) was born. Marie seems much less ambivalent about their homosexual couple, even telling us, "We consider ourselves a regular couple." Indeed, in the interview she focuses on the success of their couple, whereas Fabienne focuses much more on the difficulties in her relationship with Anaïs.

During the first interview, Marie told us that her desire to have a child originated when she overcame a depressive episode, which led to a suicide attempt at the age of twenty. She then became a mother with a man she describes as not being very involved in his role as father. This led her to describe her role with Anaïs as follows: "I had to be both the mother and the law. There are two roles: that which is permitted and that which is not."

Furthermore, Marie described having a very difficult upbringing with very little support and even some mistreatment. When she was born, her parents became members of a sect that greatly influenced their relationships within the family. She described her father as violent, dictatorial, and prone to angry episodes, and her mother as unavailable due to her own suffering. Given Marie's particularly unstable family background, the project of creating a new family with Fabienne seemed to be

the result of a narcissistic reparation process: "We will be a real couple, real parents, and have a real child who will belong to both of us," she said. From this, we understood that the desire to have a child stemmed primarily from Fabienne, whereas Marie's desire was rather to create a family as an extension of the couple: "The tribe is more important than the baby."

From information gathered during the second interview with Fabienne and Marie, we discovered that insemination was an important moment for the couple. Fabienne raised several questions about the donor, whereas Marie was initially very reluctant to include "a third person" in their family project. Prior to the insemination, Fabienne said she was anxious: "It's a strange feeling, unfamiliar . . . to have something from him. I don't know this person at all and I never will. As someone who always wants to control everything, I find it disconcerting." Nonetheless, with regard to the insemination procedure itself, she stated: "Something happened between me and the donor at that moment, and I was sitting there looking at Marie It is very difficult to explain what happened; there was definitely some kind of encounter between us!"

Fabienne seemed ready to construct a family romance in which the donor might have a role: "That day the donor was present, and it's great because a child will be born from this meeting. There will be Marie and me, but there will also be a place for the donor because there was a third place, an encounter with the father, I mean the biological father, and that will enable the child to imagine him." Fabienne felt "proud" and cheerful after the operation (in contrast to feelings reported by other women), but was nonetheless preoccupied by her partner's possible reactions: "It was a question of betrayal I really needed to know that Marie was at my side, watching, that she supported me, and that she was present."

Marie seemed to reiterate the idealistic discourse of Fabienne, whereas her representation of the donor was more conflicted during our first meeting; he could be both a positive figure (since he was making the donation) and a negative one (since he could have an ulterior motive). Furthermore, she told us that she was somewhat disappointed that the gynecologist did not let her know exactly when the insemination was made.

In conducting further in-depth analysis of the interviews with Fabienne and Marie, we were first led to question Anaïs's role in the couple. Indeed, we were struck by the importance that Fabienne placed on Anaïs, making her the person who had most influenced their relationship. How should we interpret this intense need to include her within the couple? Is Fabienne's attempt at triangulation a defensive reaction against fear of union with Marie? Her discourse is proof of her need for a third person who will save her from the risk of this union. In this context, the project to become a mother could be understood as an attempt to escape from her own mother's control. For example, in order to allow herself to become a mother, Fabienne had to decide not to talk about the project with her own mother, so that Fabienne could preserve some personal space for herself.

This necessity of creating a triangulated relationship can be observed at both a real level and a fantasy one, and became evident via projections concerning the donor. Indeed, when Marie talked enthusiastically about their plans to start a family, Fabienne immediately brought up the question of the third; she used the image of a heart transplant to symbolize the donor's participation. This metaphor seemed to have a specific function within the dynamic of the couple. Fabienne implied to Marie that their couple is not a perfect, self-sufficient whole; the other needs to join the couple, to be transplanted into it, in order for the child to be conceived and for a family to be created. This metaphor is also an indicator of Fabienne's need to introduce a third person between herself and Marie.

If we try to understand the choice of a homosexual relationship for each of them (while remaining aware of the relative value of our interpretations, given the type of clinical material at our disposal), we are led to consider different motivating factors. Marie had little or no experience of positive images of men in her relationships with them (whether they were father, brothers, partner). From this point of view, having a child with a woman probably offers her a double narcissistic reparation: the opportunity to live at the heart of a safe symbiotic relationship, and to be a good parent alongside Fabienne, thus assuming the role of an acceptable father figure.

With regard to Fabienne, how should we understand this same life choice when she finds her relationship with her own mother to be such a threat? We believe that Fabienne probably made a counterphobic choice. According to our hypothesis, she wants to create an intense link with a woman who is already a mother, thus feeding into her fantasied fears. Today, if her homosexual relationship causes her to relive her archaic invasive anxieties, the dynamic of the couple's relationship enables her to deal with those anxieties. In reality, Fabienne uses many strategies to protect herself and to counter her most threatening fantasies (for example, she places a great deal of importance on the fact that they have bought a large house so that they can each have their own space).

We noticed that, for Fabienne, insemination represented an important moment, an encounter that on a fantasy level she experienced as penetration by a man. We also suppose that Fabienne allowed herself to experience this encounter with the donor because Marie was present at the clinic with her. She specified that, had Marie not been there, she would have felt as if she were being disloyal or even unfaithful, which would have presented an obstacle to this intense encounter with a man.

The triangulation (Fabienne/donor/Marie) established at the moment of insemination reminds us, surprisingly, of fantasies linked to oedipal situations. We suggest that Fabienne allowed herself to be fantasimatically penetrated by the donor, perhaps to have an encounter with a man for the first time, because "Marie was watching," and because the following criteria were met: she felt safe under the watchful eye of a caring mother who authorized her to be fertilized by a man/father and protected her from a phallic, overbearing mother. The insemination situation and the importance that Fabienne places on the donor thus restore the father's place as the oedipal fertilizing object, which she was unable to achieve in her psychosexual development or in the re-creation of an oedipal dynamic.

These different elements led us to wonder whether the insemination process may represent, just for a moment, a truce for Fabienne's unresolved oedipal conflict: she can encounter the man without fearing the mother since Marie is watching over her. In this specific context, could we consider AID as both a developmental experience and a differentiating experience of otherness—a rejection of the crushing anxieties of

fusion presented by the introduction of the donor/third before the new triangulation created by the birth of the child could be realized?

A thematic analysis of the other couples' fantasy constructions regarding the donor led us to make a number of additional observations: in the fantasy universe of each of the partners and the couple that they make up, the donor can be reduced to a partial object or recognized as a whole object, as Ehrensaft (2000, 2008) has shown. Furthermore, the question of genetic heritage and physical resemblance dominated their discourse and included the difficulty related to what the child will lack in not knowing the progenitor. The disclosure of this issue also reveals the importance that homosexual women place on biological links, even though we might think that their actions would legitimize a family project founded on the importance of emotional and social links. On the other hand, the donor's anonymity could reinforce the couple's bond (or even symbiosis), and/or contribute to the construction of a family romance within which the donor can be included. In this way, the donor would feed into certain illusions in the parents' relational scenarios.

The clinical material gathered in the second interview with Fabienne and Marie, which took place after the first insemination attempt, led us to notice particularly that this medical procedure caused both partners to reposition themselves in terms of the couple they make up. As a consequence, they went on to explore their difference within a couple, which originated from a search for similarity. On the other hand, it forced them to face the reference to a third—in other words, to question their relationship with masculine figures, both in fantasy and in reality.

The biological mother will have to deal with the insemination, which often includes an experience of intrusion into the body. Indeed, we observed that couples might also experience a feeling of intrusion to various degrees, an intrusion that may sometimes be hard to bear. A sort of gradient running from defensive trivialization to true uneasiness or idealization can again indicate imaginary constructions concerning the donor. The donor is thus present within the couple's relationship, and this "intrusion" can be considered in two different ways: both at the individual level (experienced by bodily and psychic penetration for the biological mother and difficulty for the social mother in finding her place), and also at the level of the couple (an experience of intrusion or

division of the couple, or even exclusion for the social mother). Because of this, the medical act of insemination, initially intended to separate sexuality from procreation, becomes itself impregnated with sexual fantasy, as we have seen with Fabienne, who fantasized about being fertilized/penetrated by the donor.

The Impact of the AID Medical Procedure

Although on the one hand, the AID medical procedure favors fantasies of a sexual encounter (as seen in the previous section), on the other hand, it deconstructs, sometimes violently, the initial fantasy of both partners, who may have imagined that a child could be born from their respective desires. The realization of their project, at the moment the AID is conducted, means they are confronted with the complexity of their actions and the price to pay for obtaining what they desire. AID is not merely a brief moment, but often involves a long and physically painful process. This process is characterized by arduous hormonal treatments, complex medical procedures, and above all the likelihood that attempts at treatment will fail. These difficulties are often experienced as brutal disappointments.

In order to preserve themselves in their project, the couple must accept castration and renounce omnipotence. Unlike infertile heterosexual couples who resort to MAP after having already carried the weight of the failure of their own bodies, lesbian couples suddenly discover the limits of their all-powerful desires or fantasies of a magical conception when they begin the procedure. They can have sex, but they cannot procreate; they cannot conceive a child in the same way as heterosexuals. Exposing themselves to AID does not mean that lesbian women can avoid a castration experience, but rather forces them to deal with significant unhappiness and leads them to reinvent themselves as a couple by calling upon new fantasy schemata that could support the (re)construction of a family romance.

Julie and Emilie

Julie and Emilie have been a solid couple for ten years, and there is a large age gap between them (seventeen years). Julie, thirty, will be the

biological mother and gives the impression of being much more open and spontaneous than Emilie, her 47-year-old partner.

They begin the interview by stressing that their project to start a family developed over time within their couple, and it was always clear that Julie would be the biological mother: "I'm sure that I was born to be a mother. I have always had that idea, and I can't imagine living without it." This project could be achieved, however, only thanks to the balanced and stable nature of the couple, which they emphasize.

Other factors seem very important to them in "legitimizing" their decision: living near their own families, being able to provide for the child, feeling that they have been authorized by outside entities, etc.: "Since (the hospital) accepted our case, we have realized that we, too, are allowed to have a child, because before that happened . . . we thought, you know . . . we would just try our best." AID was also the obvious choice for them since the idea of asking someone to be their donor—such as a friend who offered to help—seemed "weird" to them, but also carried with it a fear that "he would take the child, that he would ask for custody."

When asked about their homosexuality and their coming out, Julie mentioned a "symbiotic" relationship with her own mother: "My homosexuality was not really the problem when it came to my mother. What she had trouble accepting was that I left home, that I had met someone else [Emilie]." Instead, it had been her father, who was somewhat "absent" during her childhood, who "did everything he could" to help them get together. She nonetheless specified that for the last five years, she had seen her mother every day, as Julie and Emilie lived in an apartment over Julie's parents' house.

Emilie said she was very close to her own mother, and described her reaction when she announced her relationship with Julie: "My mother was delighted. She said that it doesn't matter if I am with a man or a woman so long as I am happy." However, Emilie does not want to describe herself as homosexual (unlike Julie), saying, "Both sexes suited me just fine"—until she met "the one for me" (Julie).

When asked about the relationship with her father, Emilie avoided the question and appeared somewhat defensive. She minimized the

emotional impact of the fact that she has not seen her father since he had left her mother for another woman many years previously.

When asked about her desire to have a child, Emilie did not talk about her own desires to carry a child but simply said she was too old, thus justifying that Julie should be the one to become pregnant. She did not seem at all worried about Julie's symbiotic relationship with her mother, and she exhibited admiration for Julie's father's intervention. She also expressed respect for the male professor from the Belgian hospital who dealt with their case: "He made me so happy because he said, 'You know, a lot of heterosexual couples would benefit from asking themselves the same questions that you do!'"

Emilie's attitude toward her status as social mother seemed somewhat ambiguous: on the one hand, she was very conscious of the lack of social recognition, and on the other, she did not seem to be trying to claim a specific role. She said, "The child will have a mother, Julie, and will call me whatever he or she wants."

Nonetheless, Emilie had a lot to say on the subject of the anonymous donor. She particularly questioned his motivations, and at the same time displayed a positive regard for him: "I don't know if they do it for money or something else If so, there are some great guys out there . . . if they do it for women who can't have them." Indeed, she was preoccupied by the coming child, and anticipated the difficulties that he or she might have concerning the lack of a real father and in questioning his or her origins. She even said that, ideally, she would like to be able to show the child pictures of the donor and enable them to meet if ever the child felt the desire. In contrast, Julie preferred not to think about the donor and minimized his contributions, using only medical terms (fluids, sperm, etc.).

After the first insemination attempt failed, the second interview revealed that these representations had changed dramatically. Julie was now deeply upset by the failure she had experienced, whereas Emilie said she was surprised to find that she no longer felt the same way about her own involvement in their project to have a child. More precisely, Julie suddenly discovered that "it might not work the first time," and spontaneously said: "Generally speaking, I have always succeeded in everything I have done, and now having to wait . . . no longer being in

control . . . I find it very difficult . . . I don't know how to deal with this wait because I have always been in control."

This unnerving experience added feelings of intrusion for Julie, who had never had heterosexual sex. She explained, "It was strange for me to have a stranger's sperm inside me, you know, to feel kind of dirty. I have never experienced this before . . . and it's life, it's sperm, it's like blood, it's symbolic. I hadn't really thought about that before, and I became aware of it during the procedure . . . I really accept it."

This failure undermined Julie's overwhelming certitude about the power of her desires and about a miraculous conception from which the man would be excluded. Thus, by the second interview, both partners were extremely thankful and admiring of the "professor" who "enables us to have a child; he guarantees our future life." Julie explained the impact that the following event had on Emilie: since Emilie could not accompany Julie to the insemination, Julie had to have her identification card with her for the AID. Afterward, according to Julie, "Emilie felt really . . . She told all the family, you know . . . She needed my ID card; that means she can't do it on her own."

During the second interview, Emilie told the researcher more about her own feelings: "It's more important than I thought, even if you're not the mother. If you do all this, you're accompanying the future mother. It's really important . . . on an emotional level. You realize that this child . . . I will actually have been part of its creation! It's amazing! I didn't expect this."

This occurrence—"the ID card event, which was like a bomb"—designates a parental couple, Julie and Emilie, and refutes the fantasy of a child given by Julie, the omnipotent mother, conjugating both maternal and paternal power. Indeed, Julie became aware of the excessive presence of her own mother in their endeavor: "Maybe I'm exaggerating, but I'm sure that in her head, my mother thinks, 'I'm going to be the third mother!' I haven't cut the apron strings yet . . . It's my fault, too, if I've let her into our relationship too much."

Paradoxically, whereas Julie seems to be attempting to move away from too close a relationship with her mother, Emilie said she was "truly delighted that Julie's mother is part of the arrangements" in preparing for the child. In any case, they both seemed happy that Julie's father

paid for the cost of the second insemination, and said that they are now much more ready to consider adoption if AID fails. They are still worried about the difficulties that the child might have to face every day.

An analysis of the second interview enabled us first to recognize that both partners, each for their own reasons, had let go of certain defensive positions after having experienced the failure of the first AID. Thus, Julie seems much more open when faced with the unknown and the uncertainty of the procedure, and seems to accept having to “suffer this pregnancy and the passivity it involves” (Feld-Elzon 2010) by apparently abandoning a fantasy of omnipotence, and in turn displaying a certain amount of guilt with regard to the transgression represented by AID.

Emilie, on the other hand, has evolved from a position of the third, excluded from the mother–daughter relationship, a mere spectator of the “unusual” mother–daughter union, to become an active partner in the parental project, investing herself as a parent. This change can be attributed to the ups and downs in the AID process, as well as the impact of the institutional support extended to them—and particularly the “bomb” effect experienced by both women when the gynecologist requested Emilie’s ID card in order to conduct the AID. This intervention—the doctor’s authorization—allocates Emilie as Julie’s companion and partner in a parental project (“she can’t have a child without me”), and contributes to Julie’s taking her first steps toward independence from the symbiotic relationship with her own mother, and consequently from a fantasy scenario in which she would have had a child with (for) her mother.

These elements seem to us to constitute a possible foundation for establishing a new space between the two women and initiating a triangulation that would develop toward a more organized thirdness, more in keeping with the parental project. Indeed, Julie and Emilie plan to make their relationship official only once they have become parents. This migration toward an acceptance of the third, if it remains consistent, could lead to identifying movements in both partners that would enable them to experience their parenthood more freely—that is to say, to rely more on a protective paternal imago and thus to free themselves from the hold of a threatening maternal figure.

Despite the inevitable limitations of the clinical material, reading these two interviews with Julie and Emilie led us to question their changes in perspective and the dynamics of their couple after the first interview. The content analysis of the first interview first gave us the impression of a couple implicitly involved in a dynamic in which each of their roles is clear, distinct, and complementary. But this dynamic seemed to us to be less marked by the fantasy of a heterosexual couple than by a dual parent-child relationship: Emilie watches over her partner, discreetly but definitely supporting Julie's move toward independence, and accepting with surprising complacency the "symbiotic" relationship Julie has with her mother. At the same time, Emilie remains aware of the difficulties that their child—a fatherless child—could face in the future.

Julie, on the other hand, seems more carefree and enthusiastic about the fact that both physical and emotional conditions—almost ideal in her eyes—are finally united so that she might at last realize her dream of becoming a mother, and thus she minimizes the contribution of the donor and the importance of the father. This first impression initially led us to believe that Julie could be functioning narcissistically, supported by the symbiotic nature of her relationship with her mother, whereas Emilie was developing more object-related concerns: she displays rich and idealistic fantasies about the donor, identifying herself with the child's need to know about his or her origins and to establish a fantasy link with the biological father.

Nonetheless, certain questions remain unanswered following our first reading: Could Emilie be trapped by the symbiotic mother-daughter relationship, while at the same time she is able to successfully defend herself against an identification with a maternal feminine position that is probably too threatening for her by turning toward the status of social mother? By adopting this parental position alongside Julie, is Emilie fantasizing about attempting to occupy the role of a paternal substitute with her own mother (who was abandoned by her father)?

The qualitative analysis of our clinical material showed us that, for each partner, the desire to have a child evoked her position in relation to her own parents—the representations of the roles of father and mother, and their conceptions of paternal and maternal functions within the context of primal scene and infantile sexual theories. We hypothe-

size that, in homosexual couples, bisexual identifications are particularly prevalent in projects to become parents.

In addition, we offer the idea that, although society and anatomical difference no longer confine parents within stereotypical or predefined roles, their conscious and subconscious history, their unique development and identity construction, can restrict the field of their bisexual expression. The diversity of these identifying positions is accentuated, since they can express an impulsive choice as much as a defensive development.

THE ISSUE OF THE THIRD

The reflections presented above came about not only as a result of the two clinical research examples discussed, but also from other clinical material at our disposal. Our thoughts focused on the importance given to the third and the diversity of the figures that it can assume in the psychic development of lesbian women who want to start a family. We first observed this issue through the relationships that the women had with various institutional representatives; the limitations and disappointments involved in AID; and encounters with men, particularly through the figure of the anonymous donor, who could potentially offer support for triangulation.

It is important to note that we undertook this research on the third by looking directly at clinical material without first trying to define this concept, which is a pervasive one in the practices of many analysts. This approach may give the impression that its use somehow dilutes the application of the concept. Curiously, this is precisely the observation that we ourselves made when we started this research. The concept of the third does not feature in (French-language) dictionaries of psychoanalysis; it would seem that the application of this notion in clinical practice has been diluted and assimilated with other fundamental notions for understanding the human psyche, such as limiting capacity; content and production of proscriptions; access to "castration," to difference, otherness, and lack. It is therefore helpful to (re)connect the fragmented information surrounding the notion of the third, thirdness, and the analytic third in order to pave the way for new understandings.

The idea of the third originated in Freud's (1912–1913, 1923) extensive work on triangular oedipal structure. Indeed, it has been the object of important theoretical developments by French psychoanalysts, who have attempted to grasp the place of the father in his different symbolic representations and interventions from the outset of the primary dual relationship between mother and child (e.g., Lacan on the Name of the Father [1981]; Fain and Braunschweig on the "censorship of the lover" [1975]). Furthermore, Donnet's (1995) reflections on the analytic context and the status of interpretation in treatment, and above all the work of Green (2002) on symbolization and the clinical absence of limiting states, has led to an understanding of the analytic third in the context of the session. It has also brought us to the realization that, in certain clinical situations, the identifiable forms of triangulation are not synonymous with organized thirdness.

On the other hand, British and American psychoanalysts have explored the notion of the third more thoroughly and have highlighted the diversity (and sometimes the incompatibility) of more advanced definitions (Hanly 2004). According to Aron (2006), "modern psychoanalysis is interested in the third because thirdness is compatible with conceptualizing reflection and symbolisation. This is a line of thought which transcends the individual mind, a relational theory of symbolisation" (p. 359).

Indeed, the theory of the third took off in a big way in intersubjective theory (Benjamin 2004; Gerson 2004; Ogden 2004), highlighting the idea of the analytic third as a co-creation shared by analyst and analysand, facilitating the analytic process and particularly the subjectivation process in the analysand (*Revue Française de Psychanalyse* 2005). For this same school of psychoanalytic thought, the emergence of thirdness is entirely possible during preoedipal relationships, although it is constructed and structured during the oedipal and post-oedipal phases: "Conceptually, thirdness nonetheless emerges independently of oedipal triangulation" (Aron 2006, p. 358).

Based on a historical analysis of implicit and explicit meanings of the notion of the third by certain philosophers (Hegel 1807; Kant 1781; Peirce 1903) and modern psychoanalysts from different schools, Hanly (2004) identifies an important controversial factor in psychoanalysis sur-

rounding this notion: notably, that Freud initially took into account the oedipal dimension of the third and even highlighted its importance. More tangibly, Hanly questions “what notion of the psychoanalytical third⁴ best helps the analyst to recognize, understand, and remedy pathological situations and the analyst’s involvement in these situations” (p. 277), through developing transference and countertransference.

Among the different theoretical perspectives on thirdness, Green’s (2002) theory of *triangulation generalized to a substitutable third* seems particularly important to our work:

It is entirely possible to imagine triangular relationships where the third does not represent the paternal function. However, it would seem important not to get trapped in a dual relationship We are in the presence of a ternary structure including the subject, the object and the other of the object, which is not the subject. Thus, for example, the child’s relationship with its mother reflects another object than the mother, a sibling or an object of the mother’s desire which is not the father, the object of some kind of passion. [p. 267; translation by D. Naziri and E. Feld-Elzon]

Furthermore, Green’s position on this matter seems to correspond to the position expressed by Ogden (1987) about the mother intrapsychically containing the third, when he writes: “The paradox of the girl’s transitional oedipal relationship (created by the mother and daughter) is that the first relationship of a triadic object appears within the context of a two-person relationship” (p. 485).

This raises the issue of the convergence or separation of these theoretical perspectives and their use—not only for consideration in clinical situations, but also for thinking about cultural and social occurrences in a context where parenthood seems to have been transformed (*Revue Française de Psychanalyse*, 2005). It is from this perspective that we consider the issue of families with same-sex parents to be a challenge for current psychoanalytic thought.

⁴ Here the author contrasts the Freudian/oedipal third with the relational/inter-subjective third.

CONCLUSION

Our research leads us to believe that parental projects and AID will trigger significant shake-ups in the psychic economy of lesbian women involved in this kind of venture. The primal scene, parental imagoes, bisexual identifications, infantile sexual theories, sexual differences, and castration will be evoked and redefined in this psychic approach. Psychic bisexuality will be confronted with limitations at the same time that it is projected in new directions.

Indeed, a lesbian couple's desire for a child can facilitate access to the maternal feminine by enabling a positive investment of feminine masochism, passivity, and the receptivity imposed by pregnancy. Then, with the birth of the child, triangulation can be formed with the child, the mother, and the other who is not the mother. New identifications are activated, particularly for the social mother, in terms of the function of the third in parenthood—often conceived by the couples as a project for education and transmission of values.

Our research opens the way for further metapsychological reflection on these fundamental notions challenged by new forms of parenthood. We hope to consolidate some of the attempts by contemporary analysts to consider the enigmas surrounding the construction of masculine and feminine identity in a "(current) context of rapid historical and theoretical change" by trying to connect theories around gender, bisexuality, and thirdness (Fogel 2006, p. 1140). We believe it is important to continue studying this issue by including in future research clinical data from psychotherapeutic and psychoanalytic work with (future) homosexual parents, while remaining aware of the dimension of countertransference.

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