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by

Maura Ryan
This document is dedicated to lesbian bravery. Our families, our love relationships, our life stories, and the documentation of our life stories exist because of it.
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Abstract of Thesis Presented to the Graduate School
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CHANGING BODIES MEAN SHIFTING WORLDS: LESBIAN WOMEN AND
PREGNANCY EXPERIENCES

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This research examines the social experiences of pregnancy for lesbian women. It utilizes eighteen in-depth qualitative interviews with lesbian birth mothers to investigate their thoughts, concerns, and experiences in their families and in their social worlds. This document discusses the ways in which lesbian women who become mothers through pregnancy must make sense of their pregnancies in a world that privileges and assumes heterosexual pregnancies and the coping strategies they employ to legitimate their pregnancies and families.

This thesis uses a specific lens for viewing lesbian motherhood, one of sameness and difference, where lesbian and gay family researchers are encouraged to design projects that seek to understand how gay and lesbian families simultaneously experience similarity with and difference from heterosexual families.
CHAPTER 1
INTRODUCTION AND HISTORICAL SIGNIFICANCE

Introduction

Motherhood is the ultimate embodiment of womanhood; lesbianism is the antithesis of true womanhood. Motherhood is something all women should accomplish; lesbianism is something that is seen as a failure of character. Motherhood through pregnancy is something all women should do; lesbianism is something no woman should do.

This is what our social world offers us in understanding the role of mother and the role of the lesbian. While the above list may look rudimentarily dichotomous, there is rarely any complexity in the way that we culturally understand the two identities. It is rare, for instance, to see cultural references to motherhood as being detrimental to women or to see lesbianism celebrated as a fully woman-identified phenomena; such cases are not seen in wider culture, but in the cultural criticisms written by subgroups of feminists and queer\(^1\) people. It is perhaps even rarer in folk knowledge to see an overlap of mother and lesbian identities. The lesbian mother is, in our cultural imagination, an absurdity, an oxymoron, an impossibility. Academic contributions have articulated the socially constructed dichotomy between mother and lesbian and the paradoxical implication of placing the words next to each other as in, lesbian mother (see DiLapi, 1989; Lewin, 1993; Hequembourg & Farrell, 1999).

\(^1\) Throughout the thesis I use the word queer to indicate people who identify as gay, lesbian, bisexual, or transgender [GLBT].
Lesbians who want to be mothers have an initial project that most women do not have: to convince themselves that it is possible for them to become mothers. While it is assumed that heterosexual women should and will mother, which can be damaging in other ways, lesbians must prove to themselves (and sometimes gate keepers in acquiring children or acquiring sperm) that they are able to mother. This is why, in addition to many other scholars, I am interested in lesbian mothers. I am specifically interested in lesbian mothers who choose to use their bodies for pregnancy. Pregnancy offers us a window of understanding into the world of motherhood; it is the time of transition; it is a time of visible motherhood.

This research offers a qualitative study of the pregnancy experiences of eighteen lesbian women. In its offering I hope to make the complex nature of their experiences more understandable and to make the socially constructed nature of pregnancy more approachable for investigation.

**Historical Significance**

In 1990 Newsweek made the famous claim that the United States was in the midst of a “gayby boom,” wherein gay men and lesbians were making the choice to become parents (Salholz, 1990). This was a historical shift in the way gay parenting occurs because gay men and lesbians had the social capital to establish families of their own in combination with the still existing, but older model where a once heterosexual parent comes out as gay or lesbian, couples with a member of the same sex and raises his/her children in the context of a same-sex relationship. Both the women’s movement and gay civil rights movements have probably been influential in increasing the numbers of lesbian parents in the United States (Lewin, 1993).
Although lesbian families are becoming increasingly common and current demographics of the United States tell us that conventionally, intact, two-parent families are making way for alternative family forms (Lewin, 1993; Flaks et al., 1995; Baca Zinn, & Eitzen, 2004), there is a cultural reluctance to accept family forms that stray too far from what is considered conventional, especially gay and lesbian family formations (Flaks et al., 1995; Shore, 1996; Clarke, 2001). According to Judith Stacey (2003), gay and lesbian families are starting points in understanding nuanced forms of kinship and exist as evidence that there is a publicly unproblematized gap between the ways families are and the way institutional bodies and legal systems expect them to be. This gap results in a dangerous legal, social, and political climate for gay and lesbian families. As Kristin Joos (2003) points out, “the existing legislation does not accurately represent the needs of LGBT families today. Although there has been progress, there has also been backlash. Laws vary from state to state and county to county. Some courts represent these families fairly while others persist in denying their legitimacy as well as their very existence.”

While in the last thirty years there have been great academic strides in incorporating an understanding of gay and lesbian families into a social science understanding of families, we fall short in some major areas. Most existing research on lesbian motherhood, for example, has focused on a feminist analysis of negotiating conflicting identities of lesbian and mother, on the decision-making processes in creating lesbian families, and on the creation and maintenance of lesbian families. We know very little about how lesbians experience their time of pregnancy and the ways in which their pregnancies exist as times to prepare for loving their children, for existing in their families of origin differently, or existing in new (motherhood) communities. All of what
we know about lesbian motherhood must begin in pregnancy: it is the time that lesbians begin to see themselves as mothers; it is the time that we can most clearly see the different treatment in the same experience. Just as lesbian mothering is assumed to be wholly different from heterosexual mothering, the heterosexual imagination (if it can imagine or understand lesbian pregnancy at all) treats lesbian pregnancy as wholly different from heterosexual pregnancy. The difference is that while mothering is a social experience, pregnancy is assumed to be solely a biological one. Mothering may or may not be different across sexual orientations or between different individuals, but pregnancy is largely the same body process. Through the conception of what differently embodied pregnancies mean and through the public treatment of those pregnancies, we can see more clearly our skewed views of lesbian mothering and the socially constructed nature of pregnancy.

Historically, we still know very little about lesbian pregnancy and motherhood. Lesbianism, firstly, is a relatively new social construction, occurring as a social category somewhere in the late nineteenth or early twentieth century (Faderman, 1991; Katz, 1995). Women who are now understood to be lesbians, in the early twentieth century, were educated women who partnered with other educated women in Boston marriages, arrangements that were like conventional marriages except for their assumed asexual nature by outsiders; children were not part of these family formations (Faderman, 1991).

In Kennedy and Davis’ (1994) work on lesbian bar culture of the 1930’s, 1940’s, and 1950’s, there is some mention of early lesbian pregnancies. Men who wanted to have intercourse with lesbians would enter lesbian bars and offer to pay to have sex with a masculine, or butch, woman in the bar, because masculinity signified real lesbianism;
due to economic hardships and a lack of other money-earning avenues, butch lesbians often found work this way. When they would become pregnant they would make up stories that they had large tumors in their stomachs or that they had gained a lot of weight recently; when it was time to give birth they would leave town and return afterwards, never speaking of having been pregnant. It is significant that our first narratives of lesbian pregnancies are ones that exist because of a lack of economic and social options and are carried out in shame.

Still other knowledges of lesbian pregnancy exist outside academia in the personal narratives of lesbian pregnancy. A more famous example of these narratives is Cherrie Moraga’s *Waiting in the Wings* (1997) in which she offers a diary written during her pregnancy that reveals her changing emotions during the gestation of her now son, Rafael Angel Moraga. In these pages she describes a negotiation of two distinct experiences: the raw physical nature of gestating a child and how odd it felt, at times, to have a pregnant body as a lesbian woman who was trained to not see herself as a mother. Do to academic inattention to pregnancy experiences there is a current disconnect between the ways in which lesbians in the popular press are navigating their experiences with pregnancy/motherhood and the ways in which academia is attempting to understand lesbian motherhood. To understand motherhood, we must understand the transition into it. To understand the ways in which lesbians feel they have a viable cultural space as mothers, we must examine the ways in which pregnancy is imagined, decided upon, treated in the cultural landscape, and the ways in which it is retold as narrative.
To build an academic understanding of lesbian pregnancy experiences that is mindful of the historical and social meaning of the endeavor, I asked the simple research question, *how do lesbians experience pregnancy?*

In what follows I offer an investigation into how the eighteen women I interviewed experienced their pregnancies in terms of its relation to the standard heterosexual model of pregnancy; in their negotiation of the semi-biological nature of their families due to their biological relationship with their children and their partners’ non-biological contribution to the family; in the ways that their pregnancies have served as legitimating functions for them as citizens, members of their families of origin, and sometimes, in their lesbian communities; and finally, in the ways in which they become publicly accountable for their pregnancies.
CHAPTER 2
RECENT RESEARCH AND THEORY

This chapter offers an overview of the theoretical and empirical contributions on lesbian mothers that have been most prominent in recent years. The overview is separated into three areas: theoretical contributions on the negotiation of identity, decision-making in creating lesbian families, and the maintenance of lesbian families. In each section it will be clear that there is a gap in our knowledge on lesbian mothers and lesbian families: the period of pregnancy experiences for lesbian women. Although we now know a lot about the ways in which lesbians strategize to become pregnant and the ways in which they build their families after acquiring children, we know very little about how lesbians describe their experiences during pregnancy.

Another more subtle gap exists in the current research on lesbian mothers. This missing part of our body of knowledge is more subtle because it is one of focus rather than empirical contribution. What I mean by this is that most empirical work on lesbian mothers has chosen to focus on the difference in experience or in the similarity of experience lesbian women have in comparison to normative heterosexual standards. The idea of the lesbian mother necessarily incorporates sameness and difference at once; it is inescapable. For that reason, I am convinced that the researchers who have produced these studies have been mindful of this inextricability: if they have chosen to focus on difference it is because they have assumed the inherent similarity of being a mother; if they chosen to focus on similarity it is because they have assumed the constructed difference in being a lesbian and looked to the ways lesbians create sameness despite
their marginality. Still, without a theoretically clear stance that sameness and difference are simultaneous, we are left with a missing piece in understanding lesbian motherhood.

What it is more, in relation to this specific study, the simultaneity of sameness and difference can be seen most clearly during the time of pregnancy where lesbian women can experience identical body processes, but be treated much differently and experience their pregnancies much differently than heterosexual women.

**Theoretical Contributions: The Negotiation of Identity**

Theoretical contributions in the area of lesbian motherhood have incorporated a view of sameness and difference by focusing on the negotiation of conflicting identity categories: mother and lesbian. For lesbians, the difference of their sexual orientation must be understood in the context of their newly found sameness (in terms of an experience of womanhood) of motherhood.

In popular imagination, the idea of the lesbian mother is imagined as an oxymoron. The separate roles of mother and lesbian, which are juxtaposed as good women, who reproduce within the natural context of heterosexuality, and failed women, who violate the natural order as necessarily non-procreative beings, are difficult to reconcile (Flaks et al., 1995; Lewin, 1995; Hequembourg & Farrell, 1999).

Alongside the cultural ideal that all women must become mothers there exists a motherhood hierarchy composed of women who make appropriate mothers and those who make inappropriate mothers, where heterosexual women are the most appropriate and lesbian women are the least appropriate (DiLapi, 1989; Hequembourg & Farrell, 1999). What results, for individual lesbian mothers, is a combination of their marginal identity, which consists of their lesbianism and a mainstream identity, which consists of their motherhood role (Flaks et al., 1995; Hequembourg & Farrell, 1999).
The social proscription against lesbian motherhood is based on an ideological system that makes motherhood a primary identity category for women; women must achieve motherhood to be successful women and they cannot be lesbian and be successful (Woolet & Phoenix, 1991; Lewin, 1995). Furthermore, the ideology that parenting situations must include a father has not only left lesbian families suspect and problematized, but discriminated against in terms of acquiring children (Breways et al., 1997). So, while individual lesbian mothers must work to negotiate their complex social locations, the societal solution for treatment of lesbian mothers has been to marginalize them for their unacceptable type of mothering situations, ignoring the complexity of their multiple categories.

With the exception of Hequembourg and Farrell (1999) there has been more theoretical contribution to this lesbian/mother category divide than empirical works that investigates how lesbian mothers actually cope with it. The theoretical contributions, though, bring up interesting questions as to how these necessary negotiations are carried out within a social setting that dismisses their motherhood because of their lesbianism and more specifically, how these negotiations are accomplished during the transitional moment of pregnancy.

**Lesbian Decision-Making in Starting Families**

Much of the literature on decision-making in the creation of lesbian families has come from a standpoint of difference. It would be difficult to construct an empirical work that focused on how lesbians decide which partner will become pregnant, on child attainment through insemination clinics, or on the discriminatory nature of insemination clinics through an assumed lens of sameness. Understandably, then, this literature’s focus is on the different experiences lesbians have in creating their families.
This literature often begins with the assumption that lesbians do not establish families in order to assimilate into a heterosexual society that prioritizes child rearing (Schneider, 1997). On the contrary, lesbian families undermine the heterosexual model of families that dominates our social understanding of the entity and for this reason should be considered quite radical (Dalton & Beilby, 2000; Dunne, 2000).

Unlike established dominant patterns of child attainment, there is no one model for gay and lesbian families. While the heterosexual model may not be strictly followed by heterosexuals (evidenced by cohabiting couples who raise children or by the increasing number of single parent homes), there is no model for gay and lesbian families. As Hayden (1995) points out, lesbian women, in creating families, may do the following: partner with another woman to raise children who were conceived in a heterosexual partnership, adopt children, foster children, or decide to reproduce children through the impregnation of one or both of the lesbian partners; there is no one model in which that lesbian parents find their way to motherhood. Often, she notes, in deciding to have a child in the context of a lesbian relationship, pregnancy is an attractive option because of difficulties in the legal adoption of children by lesbians and the legal precedence assumed in biological connection, which, through pregnancy, one mother will have. This is especially true in the state of Florida, one of the few states that specifically bans gay adoption.

Ellen Lewin (1993) tells us that although children have been raised in the context of lesbian relationships for decades now, it is becoming much more common because of the women’s movement, the more visible gay rights movement, and reproductive technologies.
However, reproductive technologies, while helpful for lesbian women, were not established to help them form families and often exclude them. Because of the socially constructed importance placed on a father’s role in childhood development, many clinics that perform invitro fertilization discriminate against lesbians in their practices (Breways et al., 1997). Lewin (1993) notes too that the available technology of artificial insemination is often complicated by a physician’s unwillingness to cooperate due to value systems that are prejudiced against lesbians and lesbian families.

When the technology is available, it is often inaccessible. Murphy (2001) argues that lesbian discrimination occurs in the refusal to diagnosis physician-assisted insemination as medically necessary (and therefore covered by insurance) to lesbians. She argues that while there is no medical dysfunction, as there might be with heterosexuals who seek artificial insemination technologies, the assistance of impregnation is medically necessary for lesbians and lesbian couples. Ignoring this medical necessity means that the cost of insemination becomes prohibitive and the non-impregnated partner is not automatically seen as the second parent (as they are in heterosexual situations).

The journey to motherhood through reproductive technology, once the obstacles have been navigated, reveals a dynamic process in which the co-parents of the future child make strategic decisions that concern choices of the characteristics of the donor (Chabot & Ames, 2004).

While this lens of difference is possibly more useful than a focus on sameness in understanding the ways in which lesbians experience motherhood, it ignores the possible similarities found in motherhood experiences. I am interested, for example, in the ways
in which similarity is experienced in preparing for loving a future child, the ways in which partners are incorporated into the pregnancy experience, and in the public receiving a pregnant woman, though difference must be present in all of these experiences as well. Although difference is a key component in understanding lesbian motherhood and pregnancy decisions, similarity must be a simultaneous component of our understanding.

The Creation and Maintenance of Lesbian Families

Unlike the empirical work on decision-making in creating lesbian families that generally has a lens of difference, the literature on the maintenance of lesbian families takes an either/or approach where either a work focuses on the different ways in which lesbians do family or it focuses on the ways in which lesbians strive to create legitimacy, or sameness, in the comparison with other family forms. I discuss important contributions from both foci below.

The difference approach in discussing lesbian family forms has been used in empirical studies that seek to understand how the nature of lesbian parent households disrupts normative assumptions surrounding the workings of gender in families, specifically in delegated work and child care responsibilities or it has focused on the alternative ways members of lesbian families define, imagine, and constitute their families. While sameness is probably assumed in these studies, it is not specifically noted in them. Again, this focus on difference leaves us with an incomplete understanding of lesbian families.

It has been argued extensively that the very arrangement of two women as primary parent undermines the gendered foundations on which the model for American families rests [see Hayden, 1995 for a discussion]. While the mere existence of a two mother
household disrupts the gendered assumptions of parenthood and household maintenance, much work is conducted by lesbian mothers to change the gendered meaning of work in the home. Dalton & Beilby (2000) point out, for instance, that even though there is often an existence of two parents in lesbian family forms, they cannot rely on the gendered meanings of the two parent model, mother and father. Instead, according to Dunne (2000), lesbian families work to define the categories of duties in their homes apart from mother and father roles.

A specific work on the gendered nature of lesbian family work is useful here. Maureen Sullivan’s (1996) work illustrates the ways in which lesbian families perform this definitional work. By finding a balance between economic support from outside paid labor and an equitable division of internal household labor, lesbian families strive to create a fair division of labor necessary to household functioning.

While lesbian mothers experience social, legal, and economic sanctions because of their sexual orientation (Shore, 1996), lesbian families have developed various coping mechanisms to maintain their families in a society that does not recognize them (Patterson, 2000; Oswald, 2002; Hequembourg, 2004; Swainson & Tasker, 2005).

Some of the maintenance work in lesbian families relies on GLBT community bonds, or fictive kin networks, where non-biologically related community members are thought of as actual kin members (Weston, 1997; Carrington, 2004). In other words, gay and lesbian people have found different ways to do family when conventional ways to do it have been closed to them. This way of establishing non-biologically related people as close members of the family has been an instrumental tactic in establishing the non-
biological mother, for instance, as a primary family member without outside social or legal recognition of her.

Similarly, it has been argued that lesbian families may not problematize their differences, but insist on opening definitions of family to accommodate them. Swainson and Takser (2005) conducted a study with lesbian family members asking them to draw a genogram, or a family tree. Instead of trying to fit their existing family forms into dominant models (represented by the standard genogram) participants redrew the diagram, adding lines, circles and other symbols to make space for the way their families looked to them. This data was used as evidence to argue that lesbian families reconstitute family formations.

Along the same lines, lesbian families have been found to create new language and symbols that legitimize, support, and affirm their family structures. According to Oswald (2002), members of gay and lesbian families take part in what she calls intentionality, or behavior that seeks to legitimize their family forms, and redefinition, which uses newly formed linguistic structures to challenge dominant paradigms and include their family members.

There has also been great focus on the ways in which lesbian families compare to dominant, or heterosexual families, and the ways in which lesbian mothers are quite comparable to heterosexual mothers. The focus on similar positions as mothers and the strategies lesbians use to act similarly to heterosexual families is documented in several important empirical works. In their focus on similarity they assume that difference is necessarily present, but without articulating it, the window of overlap between sameness and difference is lost in their works.
In her groundbreaking work on lesbian mothers, Ellen Lewin (1993) researched a group of lesbian mothers and single heterosexual mothers finding important theoretical similarities between the two groups. She argued that without the presence of a male wage earner or the protection that comes from a male partner in a romantic relationship, lesbian mothers and heterosexual single mothers were in similar positions in the motherhood hierarchy in terms of economic and legal stability. She further argues that when social acceptance of motherhood is taken out of consideration (as it is with lesbian mothers and single heterosexual mothers), we can begin to investigate the real intentions of motherhood. With her lesbian mothers, she found that while most of her participants had children who were born into previously heteronormative relationships, the raising of their children with another woman necessarily meant a commitment to finding new models of family life.

Those new models of family life have been researched extensively in the discussion of lesbian parenthood. Dalton and Beilby (2000) found that without the legal sanction of marriage available to lesbian couples, co-parenting replaces marriage as a sign of commitment to the relationship. Once a couple has children (where one partner is the biological mother) both parties work to establish the non-biological mother as a full parent through equal time with babies and the equitable divisions of work in caring for babies through to equal parenting experiences with teenagers. Likewise, Maureen Sullivan (2001) found that the establishment of the non-biological mother, what she calls the Modern Other Mother, or MOM, as another primary caretaker takes place in the context of both parties’ desire to construct a two-parent family based on social, rather than biological, mothering and actual practices that establish the MOM as such.
In addition to thinking of members of their family as full family members in the absence of biological ties, lesbian families have also been active in creating strategic tactics that normalize their family forms. These may take the form of lesbian couple commitment ceremonies or the second parent adoption of a non-biologically related child. While these may be understood as measures to preserve some semblance of legal protection for their families, they can also be understood to be strategies that establish lesbian families as more like dominant (legitimate) families (Hequembourg, 2004).

The literature on the maintenance of lesbian families, whether its focus is on similarity or difference, misses a key aspect in the discussion on constructing the lesbian family: the period of pregnancy experiences. If we are discussing lesbians who create families (and not women with children who come out as lesbian and create families), it is during pregnancy that a lesbian woman would begin to understand the ways in which her lesbianism marks her as a different kind of mother. It is during pregnancy that she would have to learn how she is being interpreted as a mother by strangers, how to interact in public settings as a mother, and how to negotiate the difficult terrain of doctor’s offices, baby stores, and Lamaze classes.

As I have said earlier, we have made strong academic contributions to the understanding of lesbian motherhood identities, practices in becoming mothers, and maintaining family formations. While we have a vast and growing understanding of pregnancy decision-making and lesbian family forms, we are left without much knowledge on how lesbian women experience their time during pregnancy. We know how women decide to become pregnant and how they maintain families while raising
children, but we currently do not know how lesbians transition from planning motherhood into doing motherhood, the period marked by being pregnant.

Looking more generally to writings on pregnancy, there have been recent feminist works in the popular press discussing the ways in which the societal concept of what a mother should be shapes a future mother’s concept of herself, her sexuality, her mothering abilities, and her concept of her former self across lines of sexual orientation; pregnancy, they point out, is the period that initiates these feelings (Gore, 1998; Gore, 2000; Crittenden, 2001; Bright, 2003). While according to Bailey (2001) there has been a feminist inattention to theorizing pregnancy in the academic world due to our essential understanding of the process, several empirical works exist discussing the psychological negotiations women initiate during pregnancy. Early works, for instance, looked at pregnancy as an emotional and psychological task both in the woman’s new conception of her family and in her new conception of herself that was brought on by the transitional period of pregnancy where a woman is taken from non-mother to mother and, as a result, forces her to occupy a new social role [for an overview of early heterosexual pregnancy literature see Valentine, 1982]. There has been an ongoing academic investigation into the ways in which heterosexual pregnant women struggle to understand themselves as people who embody both aspects of the binary between subject and object found in rational western thinking by being subjects who holds objects, or others, in their subjective bodies [for a discussion on the trajectory of this debate and an analysis of an empirical study on heterosexual pregnant women’s negotiation of it see Houvouras, 2004]. In addition, Bailey (2001) has found that the social context in which pregnancy occurs and the ways in which pregnancy is thought to make women feel more womanly
results in individual women actually feeling more womanly. In other words, because of their social worlds, their gender becomes embodied by their pregnancies.

Just as a focus on pregnancy in heterosexual women’s experiences has offered us an understanding of the ways in which women are understood as social actors, paying attention to the specificity of lesbian pregnancy offers key insights into the ways lesbian motherhood is understood in our society, the ways that lesbian mothers make sense of their pregnancies and their families in a social context that ignores their existence, and the ways that identical processes (such as pregnancy) can be constructed by dominant discourse as different (as in lesbian pregnancies) and deserving of different treatment.

In asking lesbian women to tell me the story of their pregnancies and then asking subsequent questions focused on their interactions with partners, family members, and the public, I offer, in some cases, agreement with existing research on how lesbian women conceptualize their families and, at other times, I offer expanded knowledge on the area of family conceptualization, love, the understanding of difference, and shifting nature of primary identity categories. Throughout my findings I offer an understanding of sameness and difference at the same time. The difference in treatment during the same biological process of pregnancy provides knowledge on the nature of lesbian motherhood and lesbian life experiences, but also provides sociological understanding of the socially constructed nature of pregnancy, the ways in which we make meaning through an understanding of ourselves and others, and the simultaneous malleability and stability of families of origin and families of choice.

**Theoretical Sensitivity**

Consistent with the tenets of grounded theory methodology, no single theoretical framework has been applied to the data before its own theoretical contributions were
established. The theoretical frameworks of symbolic interactionism, feminist theory, and queer theory inform and guide this research. These theoretical perspectives are used to provide a backdrop of understanding for the ways in which lesbian women understand their pregnancies in their world, how they create meaning of family, of their pregnancy experiences, and of the ways in which the public interacts with them. What I mean by this is that I am particularly concerned with the practice of meaning-making on an interactional and social level. In addition, it is particularly important to recognize the ways in which meaning-making happens within the institutional contexts of family, medicine, and the legal system, where their parenting desires and experiences are denied, questioned, fraught with suspicion or dismissed and where heterosexuality, heterosexual parenting, and bio-medical definitions of family are privileged.

Symbolic Interaction reflects the idea that people are constantly interpreting their social world through social interaction with other people (Mead, 1934; Blumer, 1969). Through the need to grasp an understanding of the social world, our sense of symbols and language meaning is heightened; human beings, in this way, are distinct from other forms of life because of our unique ability to communicate through shared meaning (Mead, 1934; Blumer, 1969; Stryker, 1980). It is particularly important in symbolic interactionism that while institutional forces may shape an actor’s motivations and/or understanding of his/her motivations, they cannot make the actor act (Blumer, 1969). Symbolic Interactionism, as a perspective that assumes that social situations are built on a dynamic interpretation process provides an orientation for investigating the ways in which lesbian women make meaning of their pregnancies in different social settings: with
their partners; with their families of origin; at the grocery store; in their doctor’s offices; buying baby clothes; at a party with lesbian friends; or when walking down the street.

I am guided, here, too by Goffman’s (1974) concept of primary frames where members of a given society share overarching frameworks to make sense of their interactions, but where, he points out, “there is an incomplete sharing of these cognitive resources” (Goffman, 1974: 27). While we may have a shared cultural sense of what pregnancy means (that a woman gestates a fetus for around nine months) and the ways in which we should treat a pregnant woman (making sure that she does not lift anything heavy), dominant ideologies surrounding pregnancy allow people to make assumptions about pregnant women’s lived situations and influence the ways in which other people will treat her. If, for example, our shared knowledge of pregnancy is that it happens in the context of legal marriage, a stranger is likely to treat a visibly pregnant woman as if she is legally married whether or not she actually is married. This is particularly important in lesbian women’s meaning-making of pregnancy because, we could say, the primary framework for understanding the social relationship leading to pregnancy is that it happens in the context of a married, heterosexual relationship. The incomplete sharing of cognitive resources in our society, then, means that lesbian women have a different concept of the possibilities in pregnancy and then must constantly understand and negotiate the safest actions they can take to secure their families and their sense of selves.

However, I am conscious of structural forces too. If structural forces cannot make an actor act, they can intensely shape their action or thwart their action. To incorporate a lens that is sensitive to the ways hierarchical power shapes the lives of individuals, I employ the frameworks of feminist theory and queer theory.
According to Joan Alway (1995), feminist theory centers on describing women’s lives, experiences, and subordination; its goal is to uncover the ways in which women’s experiences have been overlooked in the way our world is understood and to make the lived experiences of women’s lives better. Distinct from the practice of using gender as a variable and from the misunderstood concept that feminist theory only reflects the social movement of feminists, feminist theory seeks to make gender a theoretical focal point in our dissection of the social world (Stacey & Thorne, 1985).

More specifically, in the area of motherhood, I take a feminist dissection of the identity and follow Woolet and Phoenix’s (1991) argument that motherhood is a primary identity category for women and its achievement means success; women who do not achieve motherhood in the socially proscribed way face severe social sanctions. In addition, I am informed by DiLapi’s (1989) description of the motherhood hierarchy in which heterosexual women are deemed the most appropriate mothers and lesbian women are deemed the least appropriate.

Similar to the project of feminist theory, queer theory seeks to establish ways of uncovering the overlooked experiences of queer people’s lives, while centering sexuality as an academic discussion and problematizing our taken for granted knowings of sexuality, heterosexuality, and queerness (Stein & Plummer, 1994). This project, as one that seeks to center the lives of lesbian mothers and in so doing problematizes our current construction of mothers as solely heterosexual, fulfills these goals.

Finally, I am guided by a particular theoretical perspective in my understanding of kinship and love. First, I am influenced by Gubrium and Holstein’s (1990) work on family that posits that it is a “descriptive practice,” shaped through various interpretive
processes; created separately from the members who create what we call a family, the family, as we know, is an accomplishment of created meaning. Also, the way that this work views the kinship ties amongst gay and lesbian families is highly influenced by Kath Weston’s (1997) perspective that gay men and lesbians rely on fictive kin networks, or families of choice, to create family bonds. While her perspective does not include parent-partner-child relationships, her focus on friendships as family networks is helpful in conceiving how gay men and lesbians build family formations that are not (solely) based on biological kinships. In the same way, Jaqui Gabb’s (2001) idea that who we love is socially constructed and that because of the sexual and social marginalization of lesbian women they may construct their love relationships outside of those socially constructed love prescriptions. With these theoretical backgrounds in mind, I argue that family formations and love relationships are consciously created and maintained by lesbian parents and that these love relationships are produced, thoroughly investigated, and experienced during pregnancy.
CHAPTER 3
RESEARCH DESIGN AND METHODS

This work, as stated earlier, offers an analysis of qualitative data, 18 in-depth interviews, with lesbian birth mothers who were asked to describe their experiences during pregnancy. This chapter is written in four sections: the process of recruitment for interviews; a description of participants; background on the creation of the in-depth interview; and guide for understanding the analysis of the interviews.

Recruitment

Analysis for this paper relies on audiotaped, in-depth interviews with 18 lesbian women who are currently pregnant or who have been pregnant (and brought the pregnancy to term) within the last ten years. Participants were recruited and interviewed through multiple methods and in different cities during 2005.

Initially my research was localized in the North Central Florida area, specifically in the college town where I currently do graduate work. I quickly found myself in a crisis of recruitment, as I only solicited one interview. While I was in contact with many lesbian mothers in this area, very few of them have gone through pregnancy in the last ten years. I then changed my data collection approach to include tape-recorded, in-depth phone interviews and made initial contacts with friends of my acquaintances and colleagues who knew I was beginning this research. From these initial contacts I employed snowball sampling techniques to reach more mothers. I also e-mailed relevant listserves and organizations explaining my research, including a Florida-based play group for children of gays and lesbians, which garnered ten phone interviews. Other
respondents participated in phone interviews from their homes in the following places:
Seattle, WA; San Francisco, CA; Vancouver, Canada; New Hampshire; Virginia;
Maryland; and Santa Cruz, CA.

Participants

The lesbian birth mothers interviewed were all in their late 30’s to mid 40’s. All of
the mothers identified as white; one identified her ethnicity as Puerto Rican. Three of the
White women interviewed were in inter-racial relationships during their pregnancies (two
with African American women and one with a Latina woman). The white woman with a
Latina partner and one of the women with an African American partner chose a sperm
donor who was Latino/African American, respectively, in order to produce bi-racial
children.

While I neither formally asked participants to classify themselves in a particular
social class category, nor asked for numerical representations of their household incomes,
the jobs that my participants performed marked them as middle class and (in some cases)
upper middle class. Some of the professions represented included nurse, architect,
university instructor, accountant, police officer, guidance counselor, manager/business
owner, and stay-at-home mother. An unfortunate aspect of my research is that it relies on
the experiences of white, fairly affluent, women. From the 2000 census, we know that, in
the United States, forty-four percent of Latina same-sex couples are raising children
under the age of eighteen (Cianciotto, 2005) and that Black female same-sex households
are raising children around the same rates as Black heterosexual households (61 vs. 69%)
and at about twice the rate of white lesbian households (Dang & Frazer, 2004). Those
women are not represented here (with the exception of my one participant who identifies
culturally and ethnically as Puerto Rican, but racially, as White). This may be a limit of
the study in focusing on pregnancy because many lesbian mothers of color in the United States are mothering through adoption and by fostering (Sears et. al, 2005). An alternative explanation of this drawback in my research may be that as White middle-class researcher, I had access to other White middle-class women. Still, deciding to become pregnant and acquiring children through an anonymous donor from a sperm bank is an experience characterized by White affluence. Each experience with family, analyzed below, should thus be taken as my participants specific relationship with society not only in terms of their lesbianism, but also their whiteness and middle-class status(es). While I do not speak to the ways in which their race and class privileges have shaped their experiences in my analysis, the reader should acknowledge that these statuses are necessarily present in the formation and understanding of their experiences with motherhood and pregnancy.

While my participants’ intentions toward and experiences with becoming pregnant may have varied slightly, the majority of them, 14, acquired sperm (or in one case, an embryo) for the purposes of insemination, from a sperm bank. Two of the birth mothers became pregnant using a known donor’s sperm, with whom they do not currently share a parenting relationship and one of the birth mothers (although identifying as a lesbian at the time) became pregnant (to her surprise and eventual joy) during an ongoing sexual relationship she was participating in with a male partner. One birth mother I interviewed, though acquiring sperm from a sperm bank, is serving as a surrogate for another couple. She has two children of her own (conceived in a heterosexual relationship), gave birth to twins two years ago as a surrogate for a gay male couple (while identifying as a lesbian)
and was pregnant with twins, when I spoke with her, acting again as a surrogate for a heterosexual couple.

All of the women interviewed identified as lesbians at the conception of their pregnancies and at the time of interview. While their identification with the category lesbian should be considered the most important, it is also important to note that I operationalize the term to mean anyone who solely partners with women and/or calls themselves lesbian; the presence or absence of sexual contact with men, in this way, is unimportant.

**Interviews**

Semi-structured interviews were conducted with the 18 lesbian mothers and lasted 45-100 minutes. My initial interview took place in the birth mother’s home while her current partner and child played in another room. All subsequent interviews were conducted over the telephone with me in my home and the participants in theirs. While there are drawbacks to phone interviews, in that the researcher cannot measure facial reactions and other non-verbal communications, the ease with which a participant may be able to answer interview question because do to the comfort of being in her home (possibly with her partner sitting next to her) should not be under-estimated.

Before beginning each interview I asked each interviewee what they would like to know about me and/or the study in which they were participating. Many women would ask me if I was lesbian/gay, if I was a mother, or if I intended to become pregnant; one of the White women who has an African American partner asked me if I was White. Sensing that this may be important to even participants who did not ask, and in alignment with my feminist researcher sensibilities that tell me to put myself into my research, I would answer these questions even if the participant had none. In other words, if a
participant told me that she had no questions, I would tell her, *I’m a lesbian, I am not currently a mother and I have never been pregnant, but I do intend to mother in the future.* If she only asked if I was a mother, I would answer that question and then say, *I’m a lesbian and I have never been pregnant, but intend to become a mother in the future,* and so on. Interestingly, this often provided me with additional information; after answering a question from her perspective, an interviewee often gave me advice that I may take into account in my own life.

My participants were offered open-ended questions that focused on their thoughts, feelings, and experiences with motherhood and pregnancy. The focus of the interviews was on their experience with pregnancy as a bodily journey and as a transitional period into motherhood. Integral in this were their perceptions of their public interaction with strangers, co-workers, health care professionals, and their private interactions with partners, chosen family networks, friends, and their families of origin.

Initially I planned to focus interviews on the topic of body image during pregnancy, but the participants found nothing relevant to discuss in their bodily experiences during pregnancy. They felt beautiful even though their feet swelled; it was, according to them, uncomplicated. Following Gubrium and Holstein’s active interview approach (1995) I recognized that the interview was a co-construction and that my participants had an equal opportunity to shape our conversation; building my project on Strauss and Corbin’s (1998) grounded theory, I recognized that I had to follow the themes that emerged, paying closer attention to areas my participants found most important in their experiences of pregnancy. The result is that my findings have little to do with the bodily experience
of pregnancy. Instead, they illustrate the social and public experiences of being a pregnant lesbian.

**Analysis**

Following the audio-taped interviews, I took interview notes on the way certain stories were told, possible connections with previous interviews, and possible new theoretical promises. Each interview was personally transcribed by me and then read several times to establish themes of the interviews.

More specifically, the initial textual material was analyzed with grounded theory methodology for qualitative data analysis (Strauss & Corbin, 1998). As similar situations and experiences surfaced in initial interviews, they were coded and given tentative labels during the open phase of the coding process. I used core, or central, categories to understand the properties in multiple interviews.

In finalizing the coding process, I used Glaser and Strauss’ (1967) approach to the constant comparative method of analyzing data in order to create a set of general themes that can be used as a theoretical basis to understand a given phenomena; it is not concerned with generalizability to larger populations. Instead, I offer, here, a small window to understanding the social world of pregnancies for lesbian women.
CHAPTER 4
THE NARRATION OF SAMENESS AND DIFFERENCE

Stacey and Biblarz (2001) argue that social scientists who study gay and lesbian parents have constructed a narrative of normalcy, designing their research questions to measure the similarity that exists between gay/lesbian parents and heterosexual parents. I argue that it is not only social scientists, but the parents themselves, who work to construct a narrative of normalcy. The parents are active in weaving the tale of normalcy for the same reason invested social scientists might be: similarity proves legitimacy and difference allows for suspicion.

Lesbian mothers know that differences in their parenting expectations or experiences are translated as evidence to the claim that they are less worthy and less effective parents. Even when my participants provided stories of difference they adamantly characterized their entire pregnancies as no different than a heterosexual woman’s experience.

Below I discuss the similarity in experience and the sameness narrative and contrast it with the next section on different experiences of pregnancy. While it is necessary in an effort toward cohesion to separate narratives of sameness and experiences of difference, it is largely counter-productive to do so because the more accurate portrayal is one of sameness and difference at the same time. This is so true, in fact, that difference is often admitted in the sameness narrative and sameness is often hinted at in the different experiences section. The next section highlights how these come to exist in one place as I discuss the interplay between sameness and difference. I then offer two
example sections as evidentiary sites where sameness and difference happen concurrently: miscarriage and the positive treatment of pregnant women in public. These should be understood as thematic illustrations of lesbian pregnancies where there is a constant interweaving between similarities and differences with the standard narrative of pregnancy.

**The Maintenance of Sameness**

For the lesbian parents I interviewed, pregnancy felt, as they say over and over again, natural. As Sandy says, “It has felt really natural as soon as I got pregnant – like this is what I’m supposed to do.” While some opponents of same-sex child rearing might raise the claim that their role as parents is unnatural or that becoming pregnant through means other than intercourse is unnatural, my respondents made the claim that the pregnancy itself felt natural for them. They do not reject the idea that they get pregnant differently than most people assume women will become pregnant. For instance, Rhonda says, “There’s definitely [a difference in lesbians getting pregnant] because you’re dealing with science more than you’re dealing with nature.” When I would ask about how lesbian pregnancies are different than heterosexual women’s pregnancies I was told that the pregnancies are not different – getting pregnant and parenting may be different, but the experience of pregnancy is the same as a heterosexual woman’s. Cassandra told me:

> All along the whole process [of getting pregnant], I knew in my mind that once I was pregnant and had conceived and all of that, to me it would be no different than a straight woman being pregnant. I felt like once I had that process done and over with, everything is cool and I can live my life and go on with my pregnancy and the whole gay issue would not be an issue.

Carol makes a similar point:
I think personally, I think…okay, yeah…the very beginning – yeah, it’s different. You know, you get inseminated as opposed to, you know, vaginally or whatever. I mean like the heterosexual way. But then after you’re pregnant it’s just the same, it’s exactly the same as a heterosexual. I mean your whole body process and everything is the same. It’s just the being inseminated that would be different. But then, women have to go through that in heterosexual couples. You know, a lot of heterosexual women go through infertility, so you know.

Although Carol acknowledges that many lesbians become pregnant through different means than most heterosexual women, as through artificial insemination, she maintains that the course of pregnancy is no different. Importantly, she points out that many heterosexual women resort to artificial insemination because of infertility, finding similarity with heterosexual women through the different experience of insemination. Respondents discuss similarity in response to a society that constructs the lesbian body as physically different than a natural woman’s body. In mainstream discourse, lesbian bodies are deviant women’s bodies; they are constructed as women who eschew needs thought to be biological, like heterosexual desire and maternal instinct. Donna and I have a conversation below:

R: There’s a lot of heterosexual women that do not have that maternal instinct, but just because you’re a lesbian doesn’t mean that you don’t have that maternal instinct.

I: Do you think that most people think that lesbians don’t have a maternal instinct?

R: I think they think that, yes.

I: Why do you think they think that?

R: Ignorance. They think of us as a different breed, like we’re not human.

While Donna has come to the personal understanding that her sexual orientation has not discounted her desire to mother, she has had to contend with the societal notion
that lesbianism is the antithesis of motherhood and pregnancy. In her articulation of the reasoning behind this imagined antithesis she states that they think of lesbian women as a different breed, pointing out that dominant ideology constructs lesbianism not just as discounting one’s ability to mother, but one’s maternal instinct. It is not just lesbian women who are different, but lesbian bodies that are seen as incomplete and lacking female bodies. So while the steps taken to get pregnant are in fact different than conventional assumptions of how heterosexual women become pregnant, the desire to mother and the way lesbian bodies function during pregnancy are spoken of as the same. In large measure, when my participants told me, pregnancy is the same, I understood them to mean, my body functions the same way. Lesbian bodies do function the same way heterosexual bodies function during pregnancy. If we keep in mind that there are no lesbian bodies or heterosexual bodies, just bodies that carry out behaviors to which we attach cultural meaning (like sexual orientation), it makes sense that we also attach meaning to sexual behaviors of pregnant bodies. While there may be no observable difference between lesbian pregnancies and heterosexual pregnancies in physicality or intention, the cultural and socio-political meaning placed on lesbian parents means that we assume that lesbian pregnancies are different. Bodies are the same, treatment of bodies is different. Lesbians must make sense of their pregnancies in terms of their experiences and their understanding of how society frames their experiences: they understand that their body processes are the same during pregnancy because they have felt their bodies grow while developing a fetus; they understand that lesbian decisions to parent are treated differently and that for that reason public treatment of pregnant women is only constructed with heterosexual women in mind.
Still, some women maintained that their social experiences, not just experiences with their bodies, during pregnancy were the same as heterosexual women’s. Anna, who gave birth to two children when she identified as heterosexual, is currently a surrogate and pregnant with twins. She said:

I don’t think [there’s any difference], for me personally. Of course, it’s a little more explaining you have to do when you go to the doctor’s office and the OB until they get to know who you are and for those lesbians involved in artificial insemination. I haven’t found any professionals who have taken it any different than any other client or patient of theirs. As far as the “general public” and family and friends, what I have found, personally, is that it confuses them because when they first find out that you’re pregnant they look at you like, how did that happen? You’re a lesbian! Just completely floored and then the next train of thought is she just went and slept with a man so she could have a baby of her own and then it’s a process of educating people, really. I personally have not found anything any different than I did before I came to the realization of my sexuality, with my children and being pregnant [now]. I have not found anything any different.

Notice how this lesbian mother compares her first two pregnancies (while she identified as heterosexual) to her last two pregnancies (while she has identified as a lesbian): people fail to understand how she could become pregnant; they ask her questions; she has to educate people about her pregnancy. Still, she categorizes her lesbian pregnancies as no different than her pregnancies experienced as a heterosexual woman.

To illustrate similarity in treatment, my participants often told me that their health care professionals treated them well. In fact, it should be noted that no one in my study was treated badly by health care professionals. It should be noted also, though, that we should expect health care professionals to treat people well. The fact that my respondents wondered if they would be treated well, asked for recommendations for friendly practitioners, and interviewed their health care professionals to make sure they would
treat their partners as parents should stand as evidence that they understand how pregnant
lesbians are treated differently. Anna, who says that people fail to understand how
lesbians can become pregnant and admits that she is often in a position to educate people,
still says that she finds nothing different about her pregnancy. While Anna understands
that no one wonders how heterosexual women can possibly become pregnant or asks
heterosexual women to educate them about their pregnancies, she sees no difference in
her pregnancy role because she expects this different treatment. If differential treatment
is played out, not in the form of discrimination, but in the form of benign and innocent
questioning, it is expected and discounted as insignificant. Furthermore, questions about
how one became pregnant and how same-sex households parent are not seen as
differential treatment; they are seen as opportunities to dispel myths about lesbian
families. If the way to end homophobia is to prove how similar lesbians are to
heterosexual people, then focusing on how conventional their pregnancies can be is a
specific strategy. Many respondents used these events as times to educate people about
how similar they are to heterosexual households; weaving the tale of normalcy for an
audience who may someday allow their children to play with children who have same-
sex parents or vote for more lesbian inclusive family policy.

Some participants were appalled by how I implied that lesbian pregnancies are
different with my question about whether or not they are different. For my respondents
most concerned with maintaining the descriptions of similarity, their defensiveness rested
on a common theme: the non-salience of their lesbian identities. For example, Cassandra
told me:

No, [being pregnant was never at odds with me being a lesbian] because I’m one of those people who – I guess I identify as a lesbian, but
\[ \text{it's not like...some people wear it as a badge. Some people are like, } \text{hey, } \text{this is what I am, and me, I'm like, I'm human first or I'm woman first or whatever you want to say. To me, it was just like, [being a lesbian] is a part of me, but it's not such an identifying part of me that it was somehow threatened by me being pregnant.} \]

Blanche feels similarly:

\[ \text{I think part of the reason why I’m thinking about some of the questions as far as the identity of it [is because] I think that we view ourselves so much as people, no so much as the label. There’s a friend of mine who really put that in perspective for me. He’s straight, he’s married to a woman, obviously because he’s straight and his wife used to work with a girl who had a female partner and I remember asking him a long time ago if this woman had ever admitted to his wife that she was gay because they knew she was and he said, Why does it matter? He said, I don’t go around telling people I’m straight. So, I guess it’s like I know that’s what I am, but I don’t go around thinking of myself as any different than anybody else.} \]

While sexual orientation may not matter to Cassandra and Blanche, it does matter to other people. Beyond Blanche’s interpretation of her own lesbianism or her friend’s heterosexuality, they have different opportunities to discuss their sexual orientations, even if neither of them vocalize their identifications to other people. Blanche, who works on the police force, for instance, may be highly ostracized and risk the security of her job for discussing her lesbianism brother who will not speak to her and parents who are in marginal communication with her because of her lesbianism. These events, though, did not lead them to characterize their pregnancy experiences as different. Admitting difference, in these cases, would be admitting defeat because they would have allowed other people to prove them to be different. while her heterosexual friend’s discussion of his sexuality would be heard without negative retribution. Still, what is important, here, is that the way in which Cassandra and Blanche have chosen to interpret the meaning of their lesbianism, as a non-issue, has lent itself to the characterization of their pregnancies
as no different than heterosexual women’s pregnancies. Still, they can and do recognize
difference. For example, Cassandra, living in Tokyo when she and her partner started
trying to get her pregnant, was worried that she would not be able to find a physician
willing to work with her. Blanche, who grew up Southern Baptist, has a Baptist preacher
Sameness narratives, or narratives of normalcy, exist for multiple reasons. They
may exist to discount unfounded differences, like the myth that lesbians do not want to be
mothers or are unable to become pregnant or they may exist to confront homophobic
assumptions about lesbian cultural difference, like the idea that lesbians parent
differently. They may exist, more simply, because people see their lives that way. In
some cases it is not just that narratives of normalcy are created, but that the interpretation
of lived experiences is shaped to fit in congruence with an ideal of normalcy.

The Experience of Difference

It was rare to find what I would call a difference narrative, where difference rather
than sameness was embraced as the characterization of a lesbian woman’s pregnancy. In
fact, only Michelle, who identified as a lesbian, but was having a sexual relationship with
a man who got her pregnant and stayed with her during the gestation of her child, reveled
in the ways in which lesbians do pregnancy differently. While difference narratives are
not present, the communication of different experiences is prevalent.

It is simplistic to state that the only difference in lesbian pregnancy is getting
pregnant. Different planning and different procedures are often central to the beginning
of lesbian pregnancies. Beyond the assumed difference in conception, though, there is
difference in treatment, and therefore experience, throughout lesbian pregnancies.

In deciding to become pregnant, lesbians do not have the same opportunities to
become parents. Structurally, there are limits on the ways in which lesbians can parent
existing in bans on adoption, difficulty in adoption if not specific prohibition, and bans on insemination or fertility treatments. Culturally, lesbians are limited in thinking about motherhood by a cultural attitude that constructs lesbian mothers as an impossibility. For instance, Blanche tells her story:

Well, I can tell you that originally I battled with…I grew up in a Southern Baptist Church so I battled with being gay and being a Christian and if it was even possible to be both. Ever since I was little I always wanted to have children. I always wanted to be a mom, but in my battle (as far as if it was possible to be a Christian and be gay) I was like, I cannot bring kids into this world, into this environment. It was really when I met my partner. She was trying to get pregnant before we got together. In talking to her I started realizing that who I am is who I am and that should not keep me from having children.

Even after overcoming the idea that lesbians cannot mother, there remain choices in how to acquire children. If we are discussing the sole avenue of pregnancy, because there are often two partners in the relationship who have decided on children, there remains a decision on who will be the one to carry the child. In most situations, my participants told me that the decision of who would carry was based on natural decisions that did not warrant discussion: the birth parent had a more flexible work schedule; the non-biological mother had multiple sclerosis or a history of difficult pregnancies; the birth parent always wanted to be pregnant; the non-biological mother never imagined herself pregnant. Still, in some situations the woman who both partners assumed would be the natural choice for pregnancy was unable to become pregnant and the other, “less natural decision,” had to become pregnant. In heterosexual relationships when a woman cannot become pregnant the couple is infertile. If her male partner’s sperm can be used with a surrogate egg and gestated in a surrogate mother, there may be some emotional work the couple has to complete because the female partner would watch her male partner pass on his genetic
material, in much the same way she wants to, but cannot. Still, there would be no
competition in the ability to be successful female-bodied people because she and her
partner would have different bodies and different gendered expectations to fulfill those
bodily capabilities. When Dot’s partner could not get pregnant, she started treatment and
successfully became pregnant. She describes what that was like:

Um, yeah, we did [have discussions about it]. Not a whole lot of them.
I’m kind of a talker and she’s really not one. It wasn’t really so much that
I was [pregnant], as much as the fact that she couldn’t [be pregnant]. She
was very very hurt by that. Emotionally it was a very very hard time. I’ve
seen other couples who’ve gone through that and there was a real
resentment when the other partner got pregnant. We didn’t really go
trough that at all. I think it was more just kind of a sadness. She was just
very sad that she couldn’t get pregnant and that made me a little less
effervescent about being pregnant. I kind of put the brakes on a little bit
and didn’t quite get as enthusiastic as I would have because I didn’t want
to feel like I was gloating or something…

Because the infertility scenario we are all familiar with is the heterosexual model,
lesbian couples experience it differently not just because they are two women and they
have multiple opportunities to become pregnant, but because no script exists for how to
deal with one partner’s loss and one partner’s gain, when both refer to pregnancy
opportunities.

Beyond the choice of who will become pregnant, lesbians have to decide on how to
acquire a sperm donation and how to ensure that they will remain the primary parents of
the child. When insemination begins, as Rhonda points out, many lesbians do not know
how fertile they are or how long they will have to try to get pregnant because without
partnering with men, they often have no pregnancy scares and no prior pregnancies. In
terms of insemination, lesbians have to choose a setting for the insemination. Susan, for
instance, was upset that her partner did not want to have a romantic insemination in their
home. For her, because the conception of a future child is supposed to be made in a moment of loving interaction, having a similar romantic interaction with her partner and then utilizing sperm to impregnate her made sense. On the contrary, Lydia explains the conclusion she and her partner came to in deciding to inseminate in a clinic, “There was something technical going on and let’s not try to make it some fluffy private thing at home. You know, let’s make it the most effective way.” This debate, while resting on nothing more than personal preference in setting, is actually telling in the way that difference is interpreted and experienced. Susan, wanting to have a romantic insemination in her home, was attempting to use a heterosexual model of intimacy and reproduction in her insemination while Lydia was recognizing the fundamental and acceptable difference in her pregnancy. In Lydia’s case, she recognized that being inseminated at home would not mean that the couple was producing the child; being inseminated in a clinic, therefore, was an acceptable display of difference because it was more effective.

My findings outlined above are consistent with Chabot and Ames (2004) data that argues that lesbian mothers do not just become pregnant, but make strategic decisions with informed ramifications in their getting inseminated. In the case of my research, I argue that these steps are taken with the conscious acknowledgement of difference in mind, where difference must be interpreted and then shaped into experience that mirrors convention or displayed as acceptably variant.

Still, it is not only in pregnancy decisions that lesbians are faced with the experience of difference. Once they are pregnant, especially when they are visibly pregnant or in arenas where their pregnant bodies are of primary importance (such as a
doctor’s office or a Lamaze class), the way other people treat them it based on a model of pregnancy that is not theirs. Because lesbian pregnancy is not the standard model for pregnancy, difference, based on sexual orientation and family organization based on sexual difference, is intangibly felt, even when non-verbalized. For instance, Nancy describes feeling different in hospital settings:

…there was the one time when I went into the hospital for pre-term labor there was one nurse in particular that I don’t think was comfortable with it and she seemed very nervous and she seemed very rushed to get us out of there. Um, that was the only time – I really don’t think she was real comfortable with the idea. I also kind of picked up on that when we did out tour of the hospital before I delivered and there were all of these straight couples there; we were the only two women there and I could tell people were look at us sort of like, what are those two doing?

In Nancy’s statement, the difference she feels that she experiences is based on non-verbal communications and ranges from disapproval to a possibly sincere inability to conceptualize two women as future parents. It is integral to understanding the process of different treatment that not all treatment of difference is accomplished with negative judgments in its intentions. For example, Teresa told me that she and her partner attended a Lamaze class together where all of the other partners of the birth mothers were men. While Teresa felt that all of the class members were accepting of their lesbianism, she recognized that the male partners of the birth mothers struggled with how they should treat Teresa’s partner – a partner of a birth mother (like them), but a woman (not like them). Their end decision was to treat her like one of the guys, like a future father, instead of a future mother. Even where well-meaning individuals have inclusive intentions, then, the lack of an existing framework for parents who do not fit a heteronormative model means that they must highlight difference in treatment or ignore
obvious difference (like being a lesbian co-parent instead of a father) and treat with forced sameness.

For lesbian mothers, each step toward becoming parents is fraught with difference because their existence as parents necessarily functions outside of the established heterosexual model for parenting and reproduction. Each step in becoming pregnant and experiencing pregnancy is also interpreted as different by their surrounding audience and difference in treatment (whether intention is negative or benign) is unavoidable.

The Interplay Between Sameness and Difference

While there was a dearth of difference narratives, and a common theme of sameness throughout my interviews, the way sameness was discussed was with an understood notion that difference was, in some ways, unavoidable. Again, sameness of body process and difference in social experience was stressed as ways in which pregnancy is the same, but mothering experiences are different. More complicated still was the introduced notion that some social aspects of pregnancy are at once the same and different. For example, Teresa and I have a conversation below:

R: I feel like it can be [different], but I don’t feel like it really has to be. I think a lot of it depends on where you live, who your partner is, who your friends are, where you work – all that kind of stuff. If everybody is really open around you, I don’t think it really ends up being that much different… I mean, it’s like if people aren’t accepting of you as a lesbian, I think it can be really hard. I think you could feel alienated. I know one thing is that when you’re pregnant you talk about it all the time and if you’re alienated by your work people or if you’re closeted and they don’t know, I mean, I don’t know how you’d do it – it wouldn’t be so exciting.

I: In what ways is it the same?

R: You’re pregnant and you’re going to have this baby and it’s thrilling and I think we all feel (well, obviously not all of us, but most women that want to get pregnant and get pregnant) I think they all feel that excitement, all the same fears and all the same excitement – in that way I think it’s
very very similar. You go through all the same stages and all the same fear – *is the baby going to be okay?* All of that.

Teresa, in becoming a mother, has experienced similarities in the motherhood/pregnancy experience that center around excitement about one’s future child and fears about how their health will be after the birth. Through all of those similarities, though, there exist other possible differences in treatment by others (families of origin, coworkers, neighbors, community members), as if your expected mothering experiences will be different. Difference, though, does not have to be experienced negatively. Sandy told me:

> I think [pregnancy] is very similar. My feelings about my body, I think are similar to how many other women – heterosexual and gay – would feel being pregnant. I mean, we’re going through the same thing. Before being pregnant, though, I wasn’t as caught up in…I mean, I feel like I’m so – I was okay gaining the weight during pregnancy. I think that might be a little different. I did feel big, but I didn’t freak out that I was getting bigger, that I was gaining weight.

Similarity in body changes, for Sandy, did not result in what she would identify as similarity in reaction to those changes. Because she was never fixated on expressing perfectly feminine expectations of beauty (like thinness), Sandy reveals that she had a much easier time with the body commitment of gaining weight during pregnancy. In what she attributes to her lesbianism or identification with a lesbian community that has a larger spectrum in beauty acceptance than dominant ideologies, her different feelings about her pregnant body helped her function as a pregnant woman. Difference, then, may be benign or even helpful for lesbian pregnant women.

In recognizing the similarity and differences in their experiences, the lesbian mothers I interviewed recognized that sameness and difference happens amongst all women. Pregnancy, for example, is different for all women; the similarity of pregnancy,
in some ways, exists in its difference. Still, there is recognition that different sets of social expectations for heterosexual women and lesbian women create different expectations in pregnancy and experiences throughout pregnancy. Because of the differences amongst women, though, my participants pointed out that differences in the desire to reproduce children exist across sexual orientations. For example, Anna says:

R: [To be cut out for pregnancy] I think that [a woman] has to want to be pregnant. I think that’s a big part of it. Number two, I think – I don’t know how to describe this without sounding really mean.

I: That’s okay.

R: There are some women who are okay with children, but they think that the whole process is gross, getting to that point. I think you have to be of the whole mentality that, you know, this is a gift, this is a miracle, to be able to [have] an understanding of the whole process. Some women…that’s just not their thing, that’s just not their bag.

Defying the cultural maxim that heterosexual women are the most apt to be pregnant and care for children, Anna identifies understanding the process of pregnancy and having the desire to be pregnant as characteristics that define women who are more suited for pregnancy and these things are separate from sexual orientation. Similarly, Noelle said, “I guess I don’t feel that [lesbianism and pregnancy] has to do with the other. I can be pregnant, lesbian or not, and I can be a lesbian, pregnant or not.”

Acknowledging that similarity can exist across sexual orientation (in the desire to have children) and that difference can exist across those lines (in the desire to have children and the desire not to), my participants were identifying a problem with the logic that conflates sexuality and what they refer to as, maternal instinct. My participants used this knowledge to personally confront the idea that pregnancy and lesbianism are different and mutually exclusive categories by embodying both characteristics and disallowing one
identity to take full salience over the other. Josie, for example, told me, “I was always a dyke with a baby in my belly.”

In lesbian pregnancy experiences, sameness and difference exist simultaneously where there is a shared experience with bodily functions and motherhood intentions with heterosexual mothers and an understanding of difference that comes from lesbian community ideologies and the (potential or actual) treatment they receive from heterosexuals during their pregnancies. Still more interplay in the arena of sameness and difference occurs in the conscious attention to how sexuality difference is translated into a confusion of lesbianism with anti-motherhood feelings. By working to postulate the idea that pregnant women can be heterosexual or lesbian and lesbian women can be pregnant or not, lesbian mothers must individually bring two seemingly disparate categories together, resulting in a new framework, that one can be both at once.

**Sameness and Difference in Miscarriage**

In the body experience of miscarriage, it is commonly understood that there are emotional and psychological responses to it. When the natural occurrence of miscarriage happens (or is feared to happen), then, there are social responses to it.

While at varying levels, each woman I interviewed feared miscarriage at some point during her pregnancy. In some ways, when conjecturing how they might have felt if a miscarriage did occur, or reflecting on their own miscarriages, my lesbian participants were able to understand how any pregnant woman feel in this scenario.

Teresa said:

Having been pregnant, I don’t think [it is different], but thinking about it before [I was pregnant] I would of thought, yes, just because of the mentality like, you’re straight, you can just get pregnant, but it really isn’t about that. When I was pregnant I didn’t feel that way. I would feel horrible for anyone that happened to — straight or lesbian.
The emotional response to losing that specific opportunity to mother was often seen as difficult for all women. Possibly because of their newly found understanding of heterosexual women through an experience that is thought to be in their domain (pregnancy) they have gained an understanding that heterosexual women’s experiences are more complex than they are often understood to be. Still others said that miscarriage did not depend on sexual orientation, but on the personality characteristics of the specific woman to which it happened. Some women need time to mourn and some women move on with their lives and try to become pregnant again; the response has little to do with sexual orientation.

In discussing individual emotional responses to miscarriage, it was understood that all pregnant women would feel a great loss; the fear of miscarriage or the experience of it was a traumatic experience that bridges women across sexual orientations. When we talk, though, of how lesbian women expect they would have been treated by other people if they experienced a miscarriage, we see more talk of difference. Sandy says:

R: I really obsessed during both of the pregnancies about having a miscarriage. I was very afraid of that.

I: Did you feel like it would have different for you as a lesbian?

R: Yes because I felt like I wouldn’t get as much support. I was afraid of that and I was afraid of emotionally how I would handle it because of other people’s emotions of not being supportive.

Similarly, Dot told me:

I know for a fact that there are many people who love me dearly – who I work with, who I know socially, who would have said, well, maybe it was meant to be and they would have meant that because this is not the natural way. I know absolutely that there’s people who would have. I just don’t think straight women – straight women sometimes hear, it was meant to be, but the implication is not, because you’re gay.
So, in the personal emotional and psychological response to miscarriage, lesbian women expect to experience loss in the same way they expect heterosexual women to, but in external social support networks heterosexual women are understood to have greater emotional resources. Pregnancy and potential loss of it are bodily occurrences, but the social understandings of pregnancies and miscarriages determine how lesbian women will be cared for if they experience them. It is unimportant whether or not their families, coworkers and friends would have given them adequate support because in presuming that they would receive differential support, they are citing a critical aspect of their pregnancy experiences apart from the potential of miscarriage: they are interpreted as less worthy of attention than heterosexual women’s pregnancies.

**Sameness and Difference in Public Treatment**

Like worrying about miscarriage, we expect that pregnant women will have chairs given up for them, packages carried for them, and doors opened for them when they are in public situations. All of the women I interviewed identified being treated with more kindness and concern in public situations than when they are not pregnant. Carol illustrates a common point:

> People are really nice to you when you’re pregnant. They are. They open doors. They see your belly and they’re *awwww*, you know. Some people even come up and touch you. I work – I’m an ultrasound tech, which means I have accounts all over [the state]. I have a machine that goes in my van so I’m at ten different doctor’s offices all week long and so I see a lot of different nurses, and they would come up, rub my belly, some would even talk to him. It was just neat. Everyone’s just…everyone’s just a lot nicer to you.

Recognizing that once the baby was present they would not be the ones receiving attention, the women I interviewed adored receiving preferential treatment while they were pregnant. Dot says:
It made me feel special. I kind of saw it like I was giving blood. From the very beginning of the pregnancy, I saw it as a service that I was doing for this baby so when [people in public] would [act kindly] I would see it as them acknowledging, hey, you’re doing something special here.

No one who interviewed with me felt that strangers read them as lesbians while they were pregnant. For this reason, being in a public situation with strangers, their lesbianism was probably not pronouncing them as visibly different from other pregnant women. Treatment in public situations, from strangers, was consistent with how my participants assume heterosexual pregnant women are treated in public. The way that positive treatment is interpreted by the pregnant lesbian, though, can be very different. For example, some women told me they had the experience of being read as a lesbian before they were pregnant and not while they were pregnant. Being read as a lesbian by strangers does not often lend itself to friendly treatment. So, while special treatment during pregnancy may be extraordinary for heterosexual women, it is especially different from the ostracism previously experienced by some lesbian women. Noelle expands on this point:

I’m a really touchy feely kind of person and to be honest once I came out I stopped being so touchy feely. I kept remembering my high school days – you know, there are always rumors – so and so’s a lesbian and so and so’s not. Everyone’s response was always, well, I don’t care if she’s a lesbian as long as she doesn’t touch me or as long as she doesn’t try and do anything with me and that really has stuck with me. Once I came out I totally became afraid to touch people, to touch them or stand too close to them because someone’s going to think I’m coming on to them and hate me. For me, that’s a really great thing about being pregnant because people…so many people find it irresistible. They just have to touch you. So many people just touch you. Suddenly touching is okay again.

Although treatment of pregnant lesbians in public can be identical to the treatment of pregnant heterosexual women, the way the positive treatment is interpreted by the pregnant lesbian can have different effects based on her personal experiences with the
treatment of her lesbianism. In other words, positive treatment can feel even more positive.

This chapter has illustrated the complex interplay between sameness and difference in lesbian pregnancy experiences. This way of thinking about lesbian pregnancy, in its focus on the simultaneous nature of sameness and difference, is a lens that is used in the proceeding analysis chapters.
CHAPTER 5
THE NEGOTIATION OF BIOLOGY

When lesbian women become mothers, they do not do so as individual entities. Rather, their mothering identities are constructed through various negotiations with others. Whether it is through conversations with their intimate partners or through the struggles with agencies, lawyers, and other legal bodies, lesbian women’s mothering identities are characterized by a socially constructed and complex process. Specifically, getting pregnant requires the assistance of a man to act as sperm donor. Accordingly, a necessary feature of lesbian women’s procreative identity is how it becomes intertwined with the real or imagined identity of the child’s sperm donor and eventually his simultaneous presence and absence in their family.

Lesbian women who will become birth mothers exist in families that are unique in their semi-biologically related nature, where they will be related to their future children and their partners will not be. To help cope with the marginalization that non-biologically related families feel, precautions to lessen this anticipated marginalization are taken before and during pregnancy in the evaluation of the sperm donor, the ways that pregnancy is used as a critical time to prepare for loving the future child.

The Evaluation of the Sperm Donor

The standard narrative of pregnancy is that one enters into it with the sole goal of acquiring a child, which remains, even after subsequent goals are established, the most important. So, while the lesbian birth mothers I interviewed decided to become pregnant to, as Roslyn says, “have a full life,” and experience the joys of motherhood, they were
also interested in being able to choose characteristics of the sperm donor that would influence the presence of the conceived child in their families.

While co-parenting between lesbian couples and the sperm donor used for insemination (usually a gay male friend) do appear to be common, none of the birth mothers I interviewed were ever interested in, or currently involved in, such relationships. On the contrary, part of the evaluation of the sperm donor rested on the lesbian couples’ secure understanding that he would not want to co-parent or later demand parental rights to the couples’ children. This led the great majority of my participants to acquire sperm through a sperm bank, where the identities of the sperm donor and the purchaser of the sperm are kept confidential. Rhonda explains:

> We looked at a lot of different ways; we looked at known donors. We actually interviewed a friend and we were very close to going that way until [my partner and I] looked at each other and said, *Oh, absolutely not!* And switched over completely to going to a clinic.

Josie, who was thinking about becoming pregnant with the sperm donation of her gay male friend and roommate, explains why she changed her mind:

> You know, there was the Florida case [in 1998] that was happening right around that time where the lesbian mom – she had a partner and the father came in – the two of them had been raising the kid and they took the kid away from the mom and gave it to the father and he was actually a convicted criminal. There was all sorts of national attention happening around adoption and I thought, I’m just not gonna do this. That’s also the reason I went with the bank because Jimmy [her friend and roommate] wanted to be the biological father, he wanted to be Uncle Jimmy. The deal was the first kid would be mine and the second time, however we did it, and it was going to be artificial insemination, the second kid would be his, but I recognized the complications there. I knew that both of us would be loving parents, but I knew that having either kid would trap me because he would want to be wherever I was.
Even in the case of trusted friends, making the choice to become pregnant through
a known donor means that one’s full custody rights to their children may be challenged,
or that, in the very least, their parenting and life decisions will have to be made with
another party (besides their partner) in mind.

After it was established that the sperm donor would not be playing a role in the
lives of the lesbian families, what often became important were characteristics that
matched the non-biological mother, or in some cases the biological mother (in terms of
race, ethnicity, religious background, educational background, and hobbies) and
characteristics they felt would make for a well-fitting match in their families. In talking
about why she and her partner chose the particular known donor they did, Isabelle simply
says, “He is a very sweet and gentle man. He had very very sparkly eyes; his color was
very similar to mine. It was his personality and his eyes.” Cassandra, talking about a
donor chosen from a sperm bank, tells a more complete story of her and her partner’s
choice:

We tried to find somebody who physically or emotionally or
psychologically or what have you, resembled my partner as much as we
could. So the first thing we looked at was physical characteristics like hair
color, eye color, complexion, things like that. If possible, even the ethnic
background – she has some English and Italian – we tried to find that kind
of thing. Then as we narrowed it down to physical characteristics that
looked good, we would then go through the profiles or answers that
donors would give on their questionnaires to see how they think. We
eventually chose the donor because of all of those characteristics put
together. We just liked something that he said about what he was
interested in and how he described himself, what he thought of himself.
We thought, boy, that sounds like that could be your brother!

The sperm donor, then, is often conceived of as someone who, as a kind of stand-in
for the second mother and influencing factor in the formation of the child they will raise,
must fit well in the existing family structure. Lesbian mothers-to-be make these
decisions, equipped with only the one to two page profiles where men, alongside
demographics about race, education, and medical histories, write their responses to
questions like, *Why are you doing this [donating sperm]? What is your relationship with
your family like? Where do you see yourself in ten years?* Using this simple tool, the
succinct profile, the lesbian women I interviewed entered into the responsibility of
choosing a donor as partners; it was necessary, in most cases, that they agree on the
choice.

In the employment of a third party’s sperm, agreed upon by both partners (if
partners are involved), there is a paradox in how the donor is simultaneously welcomed
and distanced. Josie describes their first attempts at insemination as using, “that guy and
I can’t remember his number now because he means nothing to me – and he didn’t
work.” After trying for some time, to the point where her partner was threatening to only
go through one more insemination, she needed to order a donor quickly because she
started ovulating at work. While she did not know which specimen was used to
inseminate her until after the procedure, she told the bank to send, “Mr. whatever his
name…5126 or Mr. yada, yada, I don’t remember.” At the same time, she tells this story
about thoroughly readings his profile when she got the chance:

I read his profile and he’s only half Czech and I remember I’m sitting in
the office and I scream, “Hey, Honey?” – this is a classic line in our house
– “Did you know the kid’s Italian?” <laughs> She had picked somebody
with an Italian mom! And we spent the next nine months going places and
we’d always see this redhead next to this dark-haired kid and I always
made fun (because [the donor] was Italian) that there was “Coulda Be and
Would Be” and would be didn’t look like anybody, but coulda be looked
like me.

The sperm donor is simultaneously important and unimportant, necessary and
unnecessary, present and absent. While he is important because he must have the desired
characteristics, necessary because of his role in the insemination process, and present in
the future characteristics of a child (like the legacy of being Italian), he must be thought
of as unimportant, unnecessary, and absent to maintain the integrity of the lesbian family.
Reducing the importance of the donor’s contribution (while recognizing the lasting
influences of it in characteristics of future children) should be seen as a way to cope with
the limiting heteronormative structures that leave room for only two parents who are
named as biological mother and biological father. The biological “father” (the donor),
here, must become an imaginary helper to make way for two parents who are named
biological mother and non-biological mother. It is a strategy that lesbians have
employed, utilizing technology and capitalism, to legitimize their family forms.

**Pregnancy as Critical in the Formation of Love Bonds**

Pregnancy is often noted as a time when a birth mother begins to feel a special
bond with her future child. For the birth mothers I interviewed, pregnancy served as both
a time where one begins loving their child (without ever having met them or knowing
their personalities) and a process that initiates a bond that will always be present. Lydia
says this about her dreams about children during her pregnancy:

[My dreams] were really sweet, like this – holding a new baby and it was a
boy or things like that. Oh, and I had one [gender] neutral dream. Like, I
had just given birth in the water or something. Anyway, I was in water
and I was holding my baby and the baby from the waist down was in the
water so you couldn’t tell [the sex of the child] and I just remember
thinking how much I loved this little baby.

Lydia, without knowing her child and without knowing whether her child would be
a boy or a girl, had already established a love relationship that she feels would endure
regardless of circumstances like biological sex. Rhonda describes a similar bond that
happened between her and her daughter during pregnancy:
It’s an experience. I remember vividly the birth and I remember having her in me and remember when she liked music and the way she would kick and the times of the day that she would be more active. I remember literally delivering her and feeling her shoulders pass, and things like that. It was an amazing experience.

These stories are standard narratives of pregnancy: women unconditionally love their children beginning in pregnancy; no one can bond with a child the way their birth mother can because of the gestation period; love (if not life) begins at conception. In the standard narrative, though, there waits a biological father on the other end of pregnancy: a father, who is responsible for half of the genetic material of the child, nurtures the woman through her pregnancy and assumes his role as an unquestioned and necessary part of the family. In lesbian families, the standard narrative must be slightly redesigned to include the second (non-biological) mother, who is, by cultural definition, a questioned and unnecessary part of the family. In lesbian families, pregnancy is a time to establish that the non-biological mother (and not the sperm donor) is the second parent. For this reason, the birth mother’s pregnancy is a time for the non-biological mother to establish a love bond with her future child. To do this, the non-biological mother incorporated herself into a role that is usually seen as the biological father’s role, by going to doctor’s appointments, caring for the pregnant woman, and noting the changes in her partner’s body. Cassandra talks about her partner’s relationship to her pregnancy:

We did the whole picture thing. We consciously tried to take a picture of me once a month. She would take a picture of me front view, then side view. I think as I got bigger and as it got more noticeable she got pulled into the whole wonder of it. We did do things like – we got this little home ultrasound thing – it’s this cheap microphone version where you put it up to your belly and listen to the heartbeat. W would do that, she was into that. She would talk to him. She was definitely there. She was very into what was happening to me.
Pregnancy becomes a time, not only for the birth mother to bond with the child, but also to work on proving the legitimacy of their family form. Birth mothers are also active agents in this project. Ways of incorporating partners ranged from logistical issues of interviewing health care professionals to make sure that their partners would be treated as parents to training themselves to come out to strangers when they were asked about the fathers of their children. Coming out as lesbian, if not practiced much before pregnancy, is an issue with which my participants struggled. Because being pregnant means that many more strangers will refer to you as heterosexual (in innocuous statements like, *Your husband must be so happy!*), lesbian mothers have to decide when to ignore heterosexist assumptions and when to correct them. Correcting strangers is uncomfortable, I am told, but not coming out makes them feel complicit in ignoring lesbian family possibilities. As a single woman, allowing strangers to assume that one is heterosexual may make one feel individually invisible. Being pregnant and allowing that to occur, though, means that their partnerships and their families are not being recognized. To have healthy children, my participants recognized, they needed to be sure they did not portray their lesbianism as something for which they should feel shame. In order to come out naturally and regularly when their children were present, many used pregnancy as a time to begin that process.

Pregnancy, in these ways, is used as both a way in which non-biological mothers can intimately experience the growth of their future child and a transitional time period in which maintaining the visibility and acknowledgement of their families is practiced for when their children are born.
Negotiating the Meaning of Family, Love, and Connectedness

We live in a socially constructed world that privileges biological relatedness and blood-ties. Adoptive families are viewed as second-best and infertile couples are urged to seek treatment so that they can have the opportunity to conceive a child who is a part of their sacred genetic union. No matter how much they desire so, lesbians do not have the option of having a child that is biologically related to both partners; and thus, their situation illuminates how individuals negotiate bonds with children who are not genetically related to one or both of them. By focusing on how love and connectedness is negotiated in lesbian headed families, it is not my intention to indicate that heterosexually-based families have love and gay families have to create it. All families invest in and create love, but because lesbians have to go to different (or through distinct and often more formal) lengths to attain their families, the constructed nature of their love relationships are highlighted in a more clear fashion.

Investing in Love

In 1998, Josie knew she wanted to raise a child. An acquaintance of hers became pregnant with a child she neither wanted to abort nor raise. Not knowing the identity of the man who got her pregnant during a casual encounter, Josie’s pregnant friend solely agreed to let her adopt the future child. Much later in the pregnancy, Josie’s pregnant friend had a chance encounter with the biological father and told him she was pregnant with his child. He was willing to relinquish his genetic rights to the child, but his parents were not. On the grounds that the child should not go to someone like Josie, based on her sexual orientation, she had a failed adoption which propelled her to become pregnant herself. Although Josie is the only birth mother I interviewed who had a failed adoption, the possibility of legal difficulties and the eventual loss of child custody were cited by
other participants as the foremost reason in the decision to produce a biological child. If
the child is some part of one of us, it is reasoned, it will be more difficult to take the child
from us.

The love investment in adoption is often seen as foolish by same-sex couples. Why, they
ask, would they invest in children who are difficult to acquire and may be
taken away in any undetermined moment in time? Unlike adoption, where the lesbian
couples I interviewed could not conceive of feeling comfortable at any time during the
proceedings or in the raising of children, there is a time during pregnancy where one must
fully prepare to be raising the child growing inside them. Biological children, then, are
seen as a more secure investment. Still, miscarriage remains an ominous threat to their
established bond with their children. Pregnancy investment in love happens, one would
assume, for all pregnant women, but the concerns that lesbians have surrounding
miscarriage are unique because of the work they must do to become pregnant. The
potential or experience of lesbian miscarriage, like all miscarriages, are described in
terrifying terms. Dot, who gave birth over five years ago, still regularly checks her
underwear for blood to make sure she is not miscarrying. Still, there is a combination of
trauma and calm-headed plans for future pregnancies in the miscarriage scares
experienced by my participants. Cassandra explains:

The time period between when it started happening and when we got to
the hospital and he examined me...there was probably a span of about an
hour or maybe a little more than that before he saw me and in that time we
were both very concerned, but not completely like Oh, My God, I’ve lost
it! I just thought, Did I lose it? You know, and the prospect of if I had – I
knew it wasn’t going to be the end of the world. It had only been nine
weeks; I got pregnant the first time; I was very lucky to get that. I thought
to myself, ok, if this isn’t going to work this time, I’m going to try again.
It was an extreme – I can’t – it was just complete joy and shock when he
examined me and did the ultrasound and said there it is, it’s fine, the heart
is beating, everything is fine. I was in shock. I was preparing myself for the worst.

Even in actual miscarriage experiences of my participants, I was told they decided, (in both cases, during their next ovulation) to try to get pregnant again. Without the normative association of the fetus with a love relationship, pregnancy is seen solely as a vehicle by which one may acquire children. So, while the prospect or experience of miscarriage is terrifying, pregnancy is seen as a process. The process, though, may include financial considerations and/or emotional difficulties depending on one’s socio economic status and one’s ability to easily become pregnant.

Another investment, made solely by the non-biological mother, is made based on the hope that her relationship with the birth mother will not dissolve, or if it does, that their relationship will remain cordial enough for visitation of children to remain possible. Because fusing ovum is nearly unattainable and implanting a partner’s egg in another woman’s uterus is often cost prohibitive, the mother who did not carry the child is often left without legal recourse if the birth mother forbids visitation. The investment in love based on the biological route of pregnancy is only sound, in terms of legal privileges, if one is the biological mother.

Creating Love Bonds

As previously noted, when the choice is available, many lesbian mothers-to-be focus on sameness as a key attribute of the sperm donor. By sameness, I mean, that the donor is preferably very similar to either the birth mother or the non-biological mother in the characteristics of race, ethnicity, hair color, eye color, complexion, and other physical characteristics. While it was far more common for birth mothers to choose a sperm donor who resembled their partners, some mothers chose donors who looked like them. Carol,
for instance, made the choice to use a White sperm donor even though she was going to be raising the child with an African American woman. While she had finalized the donor decision before meeting her partner, she was definite in using a donor who resembled her. She says:

I want when he’s going through school, you know, I want…I don’t know. I might be selfish I guess. But I just wanted him to look like me to say, Oh, yeah, he looks like you, you know? Like I wanted someone to know that he is mine.

Roslyn, who chose to use a Jewish sperm donor so her child would be half-Jewish, describes why that was a difficult choice to make:

Well, it was a tough decision because I wanted the donor to be similar to me so I could make sure that when the baby came out it looked like me, not like look like a total stranger’s child. So, but this was a joint effort and you certainly make a lot of compromises in relationships and I just really wanted to honor and respect [my partner] and really bring her into the fold of the whole experience as much as possible.

The compromise Roslyn describes, while not described in such terms by other participants, occurred often. Susan, a White woman who had an African American partner says, “We’re together, we’re a biracial couple, doesn’t it make sense for the child to be more a representation of us than just of me?” Whether the desired characteristics of the sperm donor lie in the sameness of the birth mother or the non-biological mother, the guiding reason is the same: to make the appearance of genetic family possible. Birth mothers who chose donors like them want other people to recognize their children as byproducts of them (ignoring that another party was involved); birth mothers who chose donors like their partners want other people to recognize their children as a combination of both partners (and maybe make the origin of the child, in terms of which one carried him/her, undetectable). For instance, Lydia says that although she knows there is no
biological tie to both her and her partner, they could create the appearance of it. She says, “We’re a family and if we have the chance to increase our chances of our kid looking like both partners, of course we would do that.” Rhonda similarly says that the decision to make their child characteristically similar to her and her partner might make them “a little bit more of a close family.” The donor’s presence, in terms of characteristics, influences not just the way lesbian mothers love their children, but how they are actually able to produce love in their families. None of my participants discussed the feeling that they would not be able to love a child that was different from themselves or their partners and it should be remembered that it is highly common for lesbians to raise children who do not look like them. It is key, here, though, that the lesbian birth mothers I interviewed sought out sameness in creating their families to foster love relationships with their children to undermine the illegitimacy of lesbian families. In other words, if the leading mainstream logic is that families must look similar to be taken as families (because children are products of the two heterosexual people involved in creating the child), lesbian mothers may internalize this assumption and strive to achieve families that look genetically linked. If being in a love relationship is creating a third party (a child) who is a combination of both partners, it makes sense that a White lesbian mother-to-be in partnership with an African American lesbian mother-to-be, like Susan, would choose to use the donation of an African American man. Love means bonding through the creation of a child and many lesbians now have the technological and financial means to artificially create this bond.

The appearance of being genetically linked, though, does not just serve to make lesbian partners feel bonded to each other. It is described as a coping mechanism to deal
with the mainstream assumptions of family, where it was believed that if their families looked biologically connected, they would receive less retribution for being artificially created. Sameness, because it is a ruling criterion for family, serves to legitimize lesbian families even though they are different.

Lesbian birth mothers must negotiate the terrain of biological connectedness in ways that families who are all biologically connected do not. While some heterosexual stepfamilies or heterosexual families that begin with anonymous donor insemination may face the same issues of semi-biological relatedness, it does not characterize the experience of heterosexual families the way that it does lesbian families, where it is nearly impossible to incorporate both women’s genetic material into the creation of a third entity. What is more, because of the shared knowledge that this is an impossibility lesbian families are recognized as not wholly biologically related (and therefore seem as illegitimate) whereas heterosexual stepfamilies are not readily accessed this way by the public. So, while lesbian birth mothers face the same issues in preparing for a love relationship with their future child, they must also create strategies that will ensure that their love will be taken seriously by other people, the most salient of which has been to create families that look biologically related.
CHAPTER 6
NOT JUST LEGITIMATE FAMILIES, BUT FAMILIES THAT LEGITIMATE

In the last chapter I discussed the strategies lesbian mothers employ to create and maintain the legitimacy of their families in a society that is not conducive to the recognition of non-heteronormative family forms. It is missing the entire story, though, to imply that all of the legitimacy work is one-sided, that is individuals trying to create legitimacy of their families in society. It is true the other way as well, where the existence of a family, consisting of two partners and child(ren), grants legitimacy to the individuals as functioning members of society and as lesbian women in the GLBT community. The legitimating function of their families, then, is doubly so in the way that it grants this condition to them as citizens and as lesbians.

Here, I investigate how dominant ideas about how families should work have both influenced how lesbian families are achieved by lesbians and received by imagined publics and/or specific families of origin. Similarly, I look at how lesbian legitimacy functions in the context of producing children while identifying as lesbian; I argue that the achievement of personal, familial, and sexual legitimacy does not occur accidentally and is maintained dutifully through strategic narration of family experience and intention. It is key to remember that while the legitimacy of personhood or sexual orientation is granted based on the existence of child(ren), this discussion is located in the specific arrangement where one partner is the birth mother to the partners’ child(ren). Working within the biomedical model of family that is dominant in our society, it reasons that many families of origin feel more connected to a child that they conceive of as being
blood-related to them (in cases where family members are related to the birth mother). However, for family members related to the non-biological mother, it is still a key difference in their imagined connection to the child that the non-biological mother was present in the decision-making process to have the child. Instead of taking on the responsibility of another woman’s child, the non-biological mother was integral to creating the responsibility. As mother as she could be, the lack of biological relation is forgiven because they could not conceive the child together, but could and did conceive of the child together. While adoptive or fostering lesbian families may experience similar effects from their child rearing, this specific argument rests on mothering experiences where one person is the birth parent.

**How Dominant Forces Create Legitimacy**

In living lesbian lives and creating lesbian families, many lesbians feel unrestricted by the conventions established for having children. The outcast status of the lesbian, paired with the assumption that she will not be a mother, has the unintentional result of freeing lesbians from the usual constraints of the parental process. Michelle explains:

> As lesbians, we have the ability to reconceptualize ways of doing things that straight society takes for granted so we don’t necessarily have to be married to have kids. So, that’s the really great thing about getting pregnant and being a lesbian – you don’t have to marry the guy who knocked you up, you don’t have to move in with the girlfriend you’re not living with. You can figure out different ways to do stuff.

Still, many of the women I interviewed used the dominant model in taking steps to have children (substituting a lesbian relationship for a heterosexual one) and used dominant definitions of family to make sense of themselves and their family situations. A common sentiment is illustrated by Dot talking about how she decided to become a birth mother, “We had been together for about eight years and together we were ready to
go into the next step and introduce a child into the relationship.” The next step Dot references in not just the next step that she and her partner made, but the next step, a step that is key in creating a real family: two people (conventionally thought of as two heterosexual people, but in this case, two lesbian people) meet, they fall in love, they commit to one another (through marriage, but failing that commitment, a number of years that signifies commitment) and they produce a child. Children create family; two partners do not constitute a family. With rare exception, the presence of a partner was discussed as central in deciding to become pregnant. Cassandra expands on this idea:

To me a huge part of it was that I have a partner who is in this with me a hundred percent and to me, I wouldn’t have even attempted this if I were single or not had a partner who was fully committed to it. I know that some lesbian couples go through this where the one who is going to get pregnant and have the child is not the parent. To me, that never would have worked. I need that full, ok, we are the parents of this child and we’re a family. To me, that’s an important aspect of it.

While Cassandra is careful to point out that these are her values in saying that her statements are true for her, they stem from a larger social context in which certain characteristics constitute good and bad families. In the politicized discourse that surrounds this social context, lesbian-headed families are often characterized as bad families alongside single-parent families and step families. Although I do not argue that my participants consciously include a partner as to be taken more seriously as parents, I am suggesting that the mothers I interviewed saw their lesbianism as the only slight difference from family norms and that in their imagining of lesbian families, they exist just as other families do. I also argue that when lesbian partners have a child they gain legitimacy, in part, because they do so in the context of a committed relationship. It is important, then, that the mothers do not just talk of their specific partners, but they
imagine that partners must be present. For example, I have a conversation with Lydia below:

I: If you could talk to a lesbian who was going to get pregnant, what would you tell her to be prepared for? [Emphasis added]

R: This roller coaster – prepare! Be aware that it’s going to take time, and it might cost more than you’re expecting, if you’re making any purchases. *Remember how much you love your partner* and keep in mind what the final goal is because one day you’re going to get there. [Emphasis added]

Like the necessity of a partner being present when a child is produced, it is imagined, as it is in heterosexual relationships, that partners become a family when children enter into it. Roslyn tells me why she wanted to be a birth parent:

I just wanted to lead a full life and that’s a major experience in life. I didn’t want to go through life and not experience pregnancy, birth, motherhood, child rearing. I didn’t want to grow old alone – not to say that your partner’s not there, but your child is a whole other dimension. I didn’t want to have regrets in my old age.

Similarly, Noelle explains why she and her partner thought that her current pregnancy might unify their family (the two parents, Noelle’s nine year old son and her partner’s eight year old daughter):

We’re all involved. We’re all emotionally invested; we’re all present and feel we have a claim to this baby. It’s not just one person’s or just one family’s. We all understand that he belongs to all of us. That’s what we’re hoping for.

Unlike developing strategies to ensure that future families will be seen as legitimate, such as choosing a donor that represents the non-biological mother in appearance and personality, Roslyn and Noelle describe taking steps toward creating families to ensure legitimacy for people who already exist. Roslyn wants to add a higher dimension to her life experiences, insuring that she will not regret her missed opportunity to parent, but if parenting were not a dominant expectation for women (or people, more
generally), she would have no concept that not parenting would lead to an unfulfilled life.
Likewise, Noelle and her partner, Marina, wanted to have a child that the existing step-
family conceived of together. In this way, they would become a family at a definite time
(the birth of Noelle and Marina’s child) instead of being in arrangement where they feel
that they are noncommittally living in the same quarters. The societal regulation of
families is composed of the definitions of family that we have access to, the influence
those definitions have on our beliefs about our own lives, and the implicit steps inherent
in dominant models to create families. Both of these shape the ways in which lesbian
women choose to become mothers and, once achieved, add to their legitimacy as social
actors.

Legitimacy, though, is neither determined by an individual’s assessment of how
well she has measured up to the societal measuring stick, nor is it an abstract label placed
on certain acts. When I discuss legitimacy I mean the intangible feeling that comes with
approval, but I also mean to suggest that there are real benefits to being seen as
legitimate. In that regard, legitimacy is a highly interpretative act and the interpretation
of one’s legitimacy rests in the hands of individual actors, often heterosexual friends or
coworkers and members of families of origin.

For instance, Sandy explains why the thought of a miscarriage during her current second
pregnancy was not as terrifying as it was during her first:

The first pregnancy, it would have been different than with this one. With
the first pregnancy I was more worried about [not getting social support],
but with this pregnancy because we already have a family established I
think we’d have more support because we’ve proven that we can do it.
In Sandy’s mind, social support would be extended not based on the occurrence of a miscarriage when trying to acquire their first child, but only in the context of a miscarriage when they already have a child. Social support would not be extended to a lesbian couple, but it might be extended to a (lesbian) family, a family who Sandy admits has to prove itself as worthy of such support.

Many of my respondents told me that they had wonderful families whom they felt supported by during their pregnancies. For women who did not have such support networks, their children re-introduced them to a more cordial and affection-based interaction with their biological families. For instance, Susan says:

My father, when he found out I was pregnant, didn’t talk to me for my entire pregnancy and almost until Paris [my son] was a year old. He was not happy about me being pregnant, but he has, though, since come around and met Paris. He had a stroke and was in the hospital. My mother was out of town so he called me so I ended up going down there to take him something so he met Paris then and he was 11 months old. But once you meet the grandkid! Grandpa loves the boy!

Nancy describes a similar experience:

[Her family is] very against, you know, a lot of our lifestyle, and a lot of choices that they perceive we have made and honestly, the getting pregnant is what brought us all a lot closer. It forced them to confront that this is our family and this is who we are. It has actually brought my partner closer to her parents and her sister and then all of us as a unit, now that they kind of understand, you know, us and our relationship and our family. We thought that it would go one way or the other – they were either all going to walk away or they were going to accept us and they did.

When Susan’s father learned of her pregnancy, he disapproved because she was in the stage of creating a lesbian family, something with which he disagreed strongly. Like Sandy’s expectation that she would have only received social support for a miscarriage during her second pregnancy, Susan’s father could disassociate her pregnancy from his future grandchild and a future lesbian family. When Susan was pregnant she was doing
something deviant by becoming a mother even though she was a lesbian; meeting her son, Paris, at eleven months old, he could see her as a mother and ignore her lesbianism. Her son, in other words, made her father see her as a legitimate family member because she was the mother of his grandchild. What Nancy describes is perhaps even more telling of how having children creates a recognition of the lesbian partnerships and the lesbian family.

Having a child (or meeting a grandchild), then, is a way in which lesbians are granted legitimacy as social actors (because they are fulfilling the role of parent) and as daughters in their families of origin (because they are, in some sense, carrying on the biologies/traditions of their biological families).

**How Lesbian Communities Measure Legitimacy**

Lesbian communities do not have the same power over its members as the dominant discourse does. While the sanctions they can produce may result in a feeling of ostracism, they do not greatly affect the life chances of its members the way that larger social structures might. On a micro interactional level, though, there are interpretations of correct and incorrect lesbian behavior and consequent privileges and sanctions that act in accordance with those standards.

In terms of having children, many respondents felt that their lesbian community interpreted their decision to parent as “role model behavior.” Having a child in the context of a committed relationship helped to dispel the societal myth that same-sex relationships are uncommitted and unfulfilling; becoming parents helped dispel the myth that lesbian women are not maternal beings. They became women to look up to because they became women who are more socially reputable and less associated with norms of lesbianism; they became good lesbians. Roslyn expands on this idea:
[You become a role model because] for one thing, at that point, you have a steady long term relationship and now you’re very obvious with a huge belly so that sort of escalates you a little bit. I think people, definitely lesbians, just really really admire their mothers and respect their mothers and you know, for one of your buddies to become a mother it’s like oh, my god, you’re not just my buddy anymore, you’re a mother like my mother was a mother to me and that is, that is huge, I think especially for lesbians.

As Roslyn points out, there are aspects of lesbian motherhood that are embraced by lesbian communities: being associated with a committed relationship and taking on the respected role of a mother. At the same time, some aspects of lesbian motherhood cast suspicion on the pregnant woman because some lesbians wonder if she had sex with men to become pregnant. If they did have intercourse to become pregnant, which three of my participants did (two of them with the sole intention of becoming pregnant), they felt that they had to disguise how they became pregnant when talking to the public, but specifically in talking to other lesbians. Noelle and I have a conversation below:

R: We actually chose to have sexual intercourse. Um. We <laughs> it’s kind of funny to be talking about it because we don’t normally talk about it. We normally tell people that we did it artificially, but we felt that we waited so long and we know that the chances are higher that way and we just really wanted it…We didn’t want to take any chances, and we pulled out all the stops, and we just went for it.

I: So, why do you tell people you went about it through artificial means?

R: Because you get a lot of raised eyebrows and disapproving looks in any community, but I’ve found that in the lesbian community they question you and [to some extent] in the heterosexual community they question you. I’ve gotten a lot of, well, you can’t really call yourself a lesbian if you had sex with a man. I’ve dealt with that a lot. That’s why we just choose not to tell people, we don’t have to.

To maintain her community’s idea of her as a legitimate lesbian, Noelle and her partner find it easier to tell people that she was artificially inseminated. For the two women who had intercourse with the intention of becoming pregnant, their reasons were not based in
desire. Noelle cites the reasons stated above and also told me that she and her partner
“never had the kind of money, I guess you could say, to go down to a local sperm bank or
a clinic and do it that way.” Donna explained to me she applied for invitro fertilization,
but clinics in her area and surrounding areas turned her away because of her status as a
“single woman.” Still, they perceived that the act of intercourse would make other
lesbians deem them as less authentic lesbians. Donna, who considered herself single at
the time of her impregnation, also told people she was artificially inseminated:

I was inseminated – and I just left it at that. I didn’t let them ask any
questions and in my mind it was kind of an insemination because there
was no emotional attachment there. It was the deed and that was it. He
got his clothes and he left, there wasn’t a cigarette or anything. I was
concerned. I didn’t tell my best friends until Robert [her son] was 5 years
old. I flat out lied to a couple of people…I didn’t think they would think it
was very good. Now I’m okay with it because I, I guess because of the
way I’m raising Robert, because we are a lesbian family or a lesbian
couple raising a child, now I’m more open about it.

In partnering with a woman has also become Robert’s mother, Donna feels more
open in disclosing that she had intercourse to become pregnant. Importantly, Donna
never felt that it was unlesbian-like behavior to have intercourse with a man. It is only in
what she feels are other lesbians’ demarcations of appropriate lesbian behavior that she
either lied or disclosed how she became pregnant. Now, even though she had intercourse
with a man, she feels that she will be found an authentic lesbian because she is raising her
son in a lesbian family.

So, while lesbian communities’ differentiation between good and bad lesbian
behavior may not be as severe in shaping behavior as societal forces are, the potential
benefits are real (in feeling like an esteemed member of the community) and the potential
sanctions are real (in having to lie about your sexual history to your friends). Although
lesbian communities have no institutional power, their established norms for correct behavior do shape the way lives are lived and/or discussed in a social context.

Because ascendancy into full adulthood is achieved after having children, all women are treated as more legitimate social actors once they become mothers. For lesbians, though, this newly acquired legitimacy may be felt more strongly because of their dismissal as full citizens through institutionalized homophobia and because their families of origin have understood them to be women who will remain childless. Also unlike heterosexual women, lesbian pregnant women have the potential to be seen as more legitimate by their families of origin, by larger dominant forces, and by lesbian communities.
Pregnancies, often thought to be private familial experiences, are different for
lesbian women in the way that they become public endeavors. Pregnancy, more
generally across sexual orientations, has some public component to it. Women who are
visibly pregnant receive primary treatment in seating and door opening, we touch their
bellies, we want to know when their baby is due, and whether they are having a girl or a
boy. The public nature of pregnancy, though, when compounded with a woman’s
lesbianism, makes her publicly accountable to discourse about her pregnancy and
internally accountable to respond to the ways in which her newly visible identity as a
mother changes her opportunities for membership in two different groups: lesbian
communities and mother/heterosexual communities.

Public Accountability

Even if we have not been pregnant, we can imagine the ways in which pregnant
women’s bodies and decisions are held accountable to dominant discourses that tell them
how to be pregnant women: they should eat well; they should not drink alcohol; they
should not smoke cigarettes; they should not stand too long; they should not lift heavy
objects; they should not ingest or inject drugs; they should not, in their third trimester,
work full time for pay, ride a bike, or fly on an airplane. Each of these, while personal
decisions that might affect the health of the mother and the future child, are made public
in the ways that non-pregnant families members, friends, coworkers and strangers feel
they can advise pregnant women on how to conduct themselves.
While pregnant lesbians are responsible for all of these public concerns, they are also held publicly accountable in their decisions to mother and answering questions about how their pregnancies are possible.

**Publicly Accountable Decision to Parent**

Judgment for one’s sexual orientation can often be made more vitriolic when one decides to become pregnant. Children, who are sometimes understood to be a public concern, complicate the issue of lesbianism because the public assumes lesbianism will be indoctrinated into their socialization processes. Anna says:

> There are a lot of people who say, *I don’t have an issue with you being a lesbian, I have an issue with you being a lesbian with children.* You have to be able to cope with that and overcome that because everyone has the right to have children.

While anyone with this point of view clearly has a problem with lesbianism, the more pronounced problem is that the deviance of lesbianism is being spread to future generations, meaning that at some point in the future there could be more lesbian/gay people or more heterosexual people who think of gay and lesbian lives as acceptable.

A common theme was understanding the trials involved in the steps to get pregnant and the negative responses people would have to their pregnancies, but because of their desire to get pregnant, moving forward because, as Nancy says, “it was meant to be.” Sandy dealt with this conflict in a similar way:

> I know that both me and my partner are kind and generous and easy going people and I knew that we would be really good parents so I just set all those worries aside and said *we’re going to do this.* We both said, *we’re just going to make this work.*

Putting fears aside and continuing forward in the journey to become a parent because it is meant to be or because one believes that she will make a good parent is responsive to a culture that either ignores their possible existence as parents or frowns
upon their existence as such. Still, others talked about becoming parents in a fashion that was unmoved by their lesbianism. Either they had always wanted to become parents and had to find the right time in their lives (as many heterosexuals do) or they never thought about children until, as Cassandra notes, a spontaneous wanting to be pregnant occurred. In these cases, though, where the women I interviewed always wanted children or spontaneously decided to have children, their lesbianism may still have been a factor in the timing of their pregnancies. For instance, a majority of the women I interviewed were in their late thirties or early forties when they began trying to get pregnant. This may be a caused by what Beth Schneider (1984) refers to as lesbians being work oriented, where because of the absence of a male earner, lesbians must face the dangerous navigation of the paid work force to establish their careers and ensure their livelihoods. The women I interviewed wanted children at some undetermined future or never imagined children in their lives until their late thirties/early forties, in large measure, because they had to work for pay and because they were not working under the expectation of heterosexual womanhood that prescribes women to be mothers before anything else.

Because of the public perception that lesbian pregnancy is an impossibility or because lesbians are not subject to the dominant ideology that forces them to think about becoming mothers before they are ready, lesbians must identify a reason that they should mother (that they would make good parents) or they spontaneously decide to become pregnant without friends and family pressuring them to do so. Even when lesbians personally believe that they will eventually mother and find nothing inconsistent with the
idea of mothering and their lesbianism, other people make their understanding of that inconsistency known to them. For example, Lydia told me:

No, no [I never had to rethink having kids when I came out as a lesbian]. My mom was like, but I thought you would have kids (when I came out to her as a lesbian) and in my own mind, I was like, what? I always always thought I was going to be a lesbian and a mother. I never thought that coming out as a lesbian could discount or remove some other part of me.

While other people’s conception that being a lesbian meant that one would not be a mother did not affect the way Lydia envisioned her own life course, it does affect many lesbian’s lives. For them, some event in their lives often has to happen to make lesbian parenting possible for themselves and possible in its legitimacy for the public. Josie’s explains when she began to think having children was possible:

A parent wasn’t anything I ever thought about until after I turned 30. Growing up where I did, growing up gay, I didn’t have any positive role models and then I went to UMASS, Amherst and I finally met people who wore dresses and who were professionals and they weren’t these bar room dykes. There wasn’t a lot of alcohol and there wasn’t a lot of abuse. So, I went from 18 to 24 – six years – not knowing how to be me and just assumed that I would be single and I would do things my way which is the way I’d grown up doing things.

Similarly, Blanche explains how she began to think that her being a lesbian mother was possible:

Probably the biggest influence on me was a guy. He was probably 21 at the time. He was raised by his mother and her female partner and he has a dad because his mom and dad were married at one point, but he was really involved in his church and he had been in the military as a reserve or in some branch of the military. But anyway, I realized that if he turned out to be such a great guy being raised by two women I was like, ok, then, maybe it will be alright. It really changed my opinion dramatically because I realized that I can have great kids being in this lifestyle.

For Josie, finding other women like her, who were goal-oriented, middle-class women (and who are more acceptable to straight society than the bar dykes she
references) allowed her to disassociate actual lesbian possibilities from the negative connotation people have of lesbians. This newly formulated idea of what lesbians are like lead her to the understanding that if lesbians can be like everyone else in dress and career behavior, then they can mother as well. In a similar fashion, Blanche decided that she could be a lesbian mother because the children she would produce had the potential to be functioning adults who contribute to aspects of society highly valued by dominant groups: masculine men who contribute to law enforcement, the military and religious communities.

Although dominant ideology has tried its best to dissuade lesbian parenting by promoting the concept that only heterosexual women make acceptable mothers, the women’s movement(s) and gay civil rights movement(s) have brought us to a point in our cultural landscape where lesbians are becoming mothers. Still, in becoming mothers, it seems most acceptable to parent in a way that heterosexuals parent, in having the same lifestyle (except for sexuality) and in having the same hopes for future children. In this way, while their sexuality may not keep them from being parents, they are still held to public accountability in the ways they prove themselves (to be like heterosexuals as much as possible) and in the ways they want to produce acceptable children.

**Publicly Accountable Education**

In becoming pregnant, there is a constant interpretation of what other people think of one’s pregnancy. In interaction with strangers, the lesbians I interviewed had a continual flow of internal questions like, *do they think I’m straight? Do they know that I’m a lesbian? Do they know that my partner and I are together? What do they think of my pregnancy? Do they think I had sex with a man to get pregnant?* Gathering what they know about how heterosexual people think about lesbian parenthood (from having the
same access to dominant discourse that heterosexuals have and from drawing on a life history of treatment for their lesbianism) the mothers I talked to were able to give themselves anticipated answers to those questions. While the interpretative process was not explained as formally as it is above, my participants were aware of wondering what strangers thought of them and, in many cases, they were sure they knew. For example, Sandy told me:

Well, I just sort of felt like I was…like, oh, you shouldn’t. I don’t know. I kind of [had] this feeling like, I’m getting away with something, I’m pregnant and I shouldn’t be; I wonder if anyone knows I’m a lesbian. I would have these thoughts when I would go out and interact with strangers. People probably thought this traditional woman…people would comment, oh, your husband must be excited, that kind of thing. So, it was kind of a weird feeling. This [pregnancy] I’m much more comfortable with things and being pregnant. The first pregnancy was a different experience. I felt almost like an imposter.

It was Sandy’s lived experience of being a lesbian and her understanding that other people assume she was heterosexual because of her pregnancy that made her feel like an imposter. In her mind, other people, not her, believe that only heterosexual women can be pregnant and that her masquerading as the woman they thought her to be made her feel fraudulent. When women are aware that they are taken as lesbians, there is a similar interpretative practice that happens, wondering what the other person thinks and responding in turn. Josie, an out professor on a small New England college campus tells a story:

I had told one of my classes [I was pregnant] because we physically had to move when [I] got pregnant. I was teaching in a room that was the chemistry lab, we’re a small campus. We need[ed] to move out of there because I couldn’t be exposed to the chemicals and they all wanted to know why we needed to move. They’re all looking at me and I had been green a couple of days in a row, and I said, I’m pregnant. The next day I had this kid who worked security, who I had never seen before, say, Hey Sullivan, I heard you’re pregnant; we were talking about ya at the pub. It
was one of these, what were the frat boys talking about me at the pub? And then it went down the frat boy fantasy – two lesbians and this really bad dialogue that I assumed they had, that I knew they didn’t and it was all my stuff, but I kind of had this awkward feeling for a little – all of about a minute and a half – but, you know, there were those kind of instances of [asking myself], what kind of a guy’s fantasy is playing out here?

While Josie utilized a larger discourse surrounding what she believes men think about lesbian sexuality involving men to make sense of how the man working security believed she became pregnant, many women do not have to rely on this kind of communication. Oftentimes, other people make specific comments about the discrepancy they see in lesbian pregnancy. Noelle illustrates this point, “If I say that I’m a lesbian and I’m pregnant immediately the response is, you can’t be a lesbian if you’re pregnant. Why don’t you say you’re bisexual?” Two points are critical in Noelle’s experience. First, other women who have not had strangers verbalize this position are probably right in their assumption that they are taken for heterosexual because they are pregnant or if they are known to be lesbian, they are thought to be secretly bisexual because of their visibly pregnant bodies. Second, beyond what the public believes about a pregnant lesbian woman, because of her position in the sex, gender, and sexuality hierarchy, strangers are allowed to voice their confusion to her through prodding questioning about her identity and experiences. Another example of this is Susan’s experience at a work function:

I was not out at my job. Probably 4 people at my job knew the whole story beginning to end and the rest of the people did not so there was a lot of speculation about exactly [how I got pregnant]. My supervisor chose the job shower to bring up what she thought I had told her, that [I got pregnant] through a donor sperm bank. I had not told her that, but she assumed that. So, she brought it up in the middle of the shower like, well, what was that experience like? And did you get to pick off the pages and did you get to pick eye color? I was very upset because I felt that was inappropriate. I thought that she should have addressed me, not in front of
people (there were several people I really don’t work with who I see maybe once every couple of weeks). I thought this was none of their business and I didn’t share [information on how I got pregnant] with [my boss]. I thought this was very inappropriate and I brought that up to her.

To combat the invasive questions that lesbian mothers receive from public encounters, they often devise a strategy of becoming educators. For instance, Rhonda says:

Sometimes it’s interesting because you get to educate people that way. When they assume that I have a husband because they see a ring and a kid - they assume I’m straight and I say, no, two mom house and it takes them a minute to let that sink into their heads, what a two mom house is. What does that mean? Like oh, ok, oh, woah! And then they get it – they have to figure out how you get two moms, step-parents or what it is. So, it’s kind of funny to see the process play out on their faces when they try to place it together.

Similarly, Josie remarked, “I’m an educator so I believe that it’s okay to ask. I would talk to them about how we picked donors, how we did the insemination. From an educational role, I was able to distance myself sort of personally.”

In having lives that differ from expected norms of mothers, lesbian pregnant lives are on display and open to questioning. Because the questions will inevitably come through implication or direct queries, the lesbian mothers I interviewed actively became what they call, educators. In answering questions or speaking in answer to anticipated questions, they help to demystify the experiences of lesbian families and they preserve their dignity. Being an educator, after all, is a role one can take on, but having answers about your life and your decisions demanded of you is a demeaning invasion of privacy.

**Accountable Identities**

Pregnancy, as a time that transitions women into motherhood, is also a time where old community ties are tested and new community bonds are established. Specifically, the ways in which lesbianism was previously experienced changes and a new association with heterosexual women through the bond of pregnancy and future motherhood is felt.
In these ways, other lesbians and lesbian communities hold pregnant lesbians accountable for their changing sense of solidarity with other communities and heterosexual women become more accepting because of their changed identification with a motherhood identity.

**Losing Lesbianism**

Not only do we have an idea that mothers are heterosexual and lesbians are not mothers, there is also a culturally held belief that some women look like mothers and others look like lesbians. For instance, Dot told me that instead of looking like a lesbian, she now looks like somebody’s mother:

I: Did you ever feel like you looked like somebody’s mom before you gave birth?

R: No.

I: Ok. Did…

R: No, wait. I’m sorry. Yes, I did because I actually have a child who is seven that we adopted and so, yeah, but I didn’t feel like I looked like somebody’s mother before I was pregnant. No, I didn’t. [Emphasis mine]

While Dot felt the need to correct herself because she had the experience of being a mother before she became a birth mother, the presence of her adopted son did not make her feel like she looked like a mother. It was her pregnant body and the ramifications of her pregnant body (wider hips and larger breasts) that makes her now feel like she looks like a mother. In this context, it is important that she does not describe looking like a lesbian mother; she describes looking like somebody’s mother, an ordinary mother, a heterosexual mother. Similarly, Blanche told me that it would have been difficult for people to read her as a lesbian because, as she says, “I think that I just automatically took on that mom look.”
Losing the ability to be read as a lesbian, by other lesbians, does not just happen because one changes her physical appearance by having longer hair or dressing differently. Often it is the presence of a pregnant stomach, or after pregnancy, the presence of children that makes lesbian mothers less visible as lesbians. Rhonda explains:

I try not to look like a soccer mom all the time, but it’s kinda hard. Actually that’s probably the biggest thing that my friends and I talk about is how we have lost a lot of our lesbian identity. You really, on the street, can’t even tell that we’re lesbians ’cause we just look like moms…We drive mini vans and have kids and unless we’re all together no one assume that we’re any kind of a different family.

Josie agrees that since her pregnancy, she has been understood to be a mother, not a lesbian in public situations. Now she notices a difference between when she is alone and when her children accompany her:

[I’m not perceived as a lesbian] when I’m with my children, but when I’m walking up the street – I was going to the post office the other day and this woman looked up and she was just like, *Oh, hi.* Oh, hi and it was just like gaydar was going off everywhere. I go through one of those Sam’s clubs with the kids and I’ll see another lesbian couple walking around and they don’t even see me. I am invisible as the day is long and it’s only when Toni [my partner] shows up or when the kids call to one of us because they’re both talking now, they’ll turn around and I’ll get reassessed.

While it was a pronounced problem for some women that heterosexual strangers understood them to be straight, resulting in statement’s like Dot’s that she wanted to wear a button everyday that said “Don’t assume I’m straight,” a more troubling problem was that lesbians failed to read them as lesbians. Lydia explains further:

I used to have much shorter hair. I used to dress much more androgynously and I think it was easier years ago for people to identify me as a lesbian. Now, though, my hair is a little bit longer. I usually have a toddler with me. I have a ring on my finger. When I’m walking around I can pick out lesbians, but they don’t see me as a lesbian. I feel like – I just feel a little left out.
While not being read as lesbian by heterosexuals may be unsettling if one was read by them before pregnancy, it was described as more challenging to be ignored by lesbians. Other lesbians are more tuned into the subtleties of lesbian interaction so it may be that few heterosexual ever read my participants as lesbians. More importantly, though, lesbians provide a familiar context in unknown social situations; recognition of lesbianism from lesbian strangers acts as portable community membership and aides feelings of alienation inflicted by dominant heterosexual society. Josie illustrates this common theme:

I would call it an in-group experience. You’ll often see this when you see a small number of students of color on campus and they see each other. They nod, and they know they have a shared experience, but they don’t talk to each other, they’re not necessarily friends. Everyone assumes they know each other, they just know they exist and it’s an ever so slight method of communication. When I didn’t have kids, consequently I didn’t have the curves, I could walk through any community and somebody would seek me out with eye contact or I would seek them out with eye contact – we would acknowledge each other and it was a good feeling.

Changes in being able to identify with other lesbians do not just happen because of missed opportunities for friendship with lesbian strangers or fleeting moments of recognition with them; often current friendships with lesbians are challenged because of the transition into motherhood. While many of my participants had supportive lesbian friends or lesbian friends who all plan to become pregnant, there were instances of losing lesbian friends because they did not want to take part in motherhood. Isabelle recalls, “We would go over to play poker once a month and it would be – you could just tell they only wanted to hear a little bit of what was going on and that enough for them.” Similarly, Roslyn says, “You had to see subtle signs that you knew that they weren’t so much going to be your friend anymore once you crossed over into your new life of
motherhood.” Because of the dichotomy enforced between mother (heterosexual) and 
lesbian (non-mother), many lesbian communities have been built on the assumption that 
women in them will not become mothers. In some communities, where lesbian parenting 
is more common, this situation is very different. Teresa told me:

Like in Santa Cruz [California] there are so many pregnant lesbians and so 
many little kids it was like it was exciting for everyone else. It was like – 
you’re the next one. Pretty accepting and kind of like the new club in 
town, being the lesbian parent.

However, this is not the general case. For the majority of the women I interviewed, 
their communities assumed that motherhood was not part of a lesbian life and 
consequently subtly worked to disassociate the new lesbian parents from their circle of 
friends. To maintain lesbian connections, many of my participants were active in gay 
parents’ organizations or spent time with other lesbian parents, rather than being active in 
the larger gay community or spending time with gay people who are not parents.

Michelle explains why this may be the case:

I think that lesbians who are moms are more boring. I mean you end up being interested in things like you’re children’s poo or good preschools in the area – these become matters of pressing concern as opposed to oh, let’s get dressed up in exciting outfits and go and have random sex or whatever. That’s just my personal opinion. Once you have a kid, you tend to hang out with other parents and even when they’re queer you end up talking about being parents rather than being queer because it’s more pressing.

Because lesbian identity is such a socially agreed upon category, experienced by 
being read as a member of the group, having a place in the community and being friends 
with its members, the ostracism that the transition into motherhood creates can be 
difficult to reconcile with one’s felt lesbian identity. Importantly, though, while the 
membership is strained it is maintained while another membership with people who are 
mothers is established.
Gaining Bonds with Heterosexual Women

Another aspect of being read as heterosexual is that in heterosexuals not recognizing you as a lesbian, you do not receive negative treatment reserved for lesbians and you do receive the privileges that occur from assumed heterosexuality. Josie explains:

I keep thinking, wow, this is a new process in the coming out model – coming to terms with being a mommy and what gives me an enormous amount of heterosexual privilege. You know, it gives me a lot of privilege. I can go to the library and people accept me because I’m a mommy, but when I go to the library [without my children] people look at me differently. Do I think through the privilege part of it? Yes.

Michelle, who got pregnant through a sexual relationship she was having with a man while identifying as a lesbian, continued to date the biological father of her child through her pregnancy. They were often together in public. She describes her new sense of privilege this way:

You know, one has a great craving for security – one really wants to be taken care of when one is pregnant, in my experience. When I first thought about it, before it became a reality, [I thought] it will be really terrible to walk down the street with the father and have people say, oh, what a cute heterosexual couple. In fact, the worst part was that it wasn’t horrible. I really enjoyed it. It was like sinking into a warm bath. People assumed that we were this lovely young couple. People would say to him, oh, your wife. One time he got out of a ticket. He got pulled over and he said, wife’s pregnant and she wants pie and he was like oh, ok. We never thought of getting married, it was just something we put toward our advantage…He sort of enjoyed that little routine. I enjoyed it too. It was sick, but I enjoyed it.

In being taken as heterosexual and experiencing social (while not legal or institutional) heterosexual privilege, the lesbian mothers I interviewed were able to experience the feelings of full citizenship heterosexual women experience. In other
words, when they experienced privilege they also came into a more complete
understanding of what it means to be treated badly as a lesbian. Still, at other times,
when people knew that they were lesbians, they were welcomed into communities as
mothers, despite their sexual orientations.

Because of their newly salient role as future mothers, during their time as pregnant
women, they found community in public recognition of other pregnant women. Similar
to the once fleeting recognitions felt with other lesbians in public spaces, the lesbian
mothers I interviewed became connected to women who shared their bodily state. The
connection was referred to as an immediate bond or an instant friendship or as Blanche
points out, “It’s kind of like people who ride motorcycles, they all wave to people as
they’re going down the road – you just kind of have this thing in common. It’s almost a
nonverbal communication that goes on.” Several women referred to this felt connection
as a secret society of the pregnant, as Michelle does here:

You know, I’m walking down the street and thinking, *I’m making a baby, what are you doing?* I was just in this wild state…I don’t know if I felt
like I had any wisdom – that’s not it…but it was like this secret society. I
would look at other pregnant women and wonder, *how do you feel about
this?* I never said anything to them and they never said anything to me so
it was like this weird secret society of the pregnant.

Sometimes more than eye contact, a nod, or even a wave, pregnant strangers would
stop and talk to each other. Some of my participants took part in spontaneous discussions
on due dates, the possibility of a girl or a boy, how each was feeling, and sore parts of
their bodies with the pregnant strangers. Isabelle explains why this might be:

There is a special bond because you’re both experiencing the same
changes in your body and you know, sometime people around you don’t
want to talk about every ache and pain and twinge that you’re feeling. So,
it’s kind of nice to have somebody else that’s going through the same
thing.
Some women felt that their welcomed presence in the pregnant society was fragile because of their lesbianism. For example, Carol and I have a conversation below:

R: You notice more pregnant women big time. I have never noticed so many pregnant women as when I was pregnant. You just are really aware of it more.

I: Did you ever talk to pregnant women in public?

R: Oh, yeah. *We’re like how far along are you? You know? How far along are you?* You know, you have this bond in common.

I: When you would talk to them did you ever bring up that you were a lesbian, did that ever come up or not?

R: No, no no no no. Only if I knew they were gay too.

I: If you didn’t know they were gay, for what reasons wouldn’t you bring it up?

R: The same reasons why I wouldn’t bring it up not pregnant. You know, I mean you just don’t bring up being gay, period. Much less when you’re pregnant.

For the majority of my participants, though, their lesbianism did not affect their felt group membership with mothers and other pregnant women. It is significant that the few women who felt the way Carol does never brought up their lesbianism before or during pregnancy. Other women who describe themselves as being read as lesbian because of their pre-pregnancy visual recognizability or their constant verbal outing of themselves as lesbians, felt that they were welcomed without attention to their sexual orientation. Ellen Lewin (1993) found that the salience of a motherhood identity was so strong that it superseded the difference of sexual orientation. This is true, here, but I add another dimension to Lewin’s argument: it is not just that lesbian mothers prioritize their
mothering identities over their lesbian identities, but that other people, specifically heterosexual women, treat lesbian mothers as mothers first. Teresa explains:

I think that probably the coolest thing about being pregnant and having a baby is that you’re welcomed into the mom club and it’s almost like that surpasses everything else. Whether you’re a lesbian or you’re whatever color you are or whatever – it’s almost like that’s the number one club and once you get into that club not that much else matters. We talked a lot about it when I was pregnant because we were like oh, my god, this is so weird, you know? It’s great, but it’s almost like, nobody cares anymore that you’re a lesbian? You’re a mother first and that was a cool experience.

Josie feels similarly:

The shift for me was being welcomed into the straight community differently. [With] all of the straight women who knew that I was gay, we used to talk at a distance, [but when I became pregnant] our conversation shifted; it was about having shared community on a different level. They used to come up to me and rub my body (some of them it was ok and some people I was like, what are you doing touch me? You don’t know me), but it was about having a baby in me. It wasn’t about my identity or my sexual orientation or that you had a husband and I had a wife. It was about there’s a baby and we’ve all had this and isn’t this great?

During the transition into motherhood felt by pregnant women, a shift occurs in the identification they feel with other women. Their group membership and felt connections to other individuals goes from being strictly with other lesbian women to being with other lesbian women and mothers (even if they are heterosexual mothers). As Lydia says, “It’s like I was joining a new club – like I was in the lesbian club and now I was in the pregnant lady club.” It is important that in joining their new club they maintain membership in lesbian communities, however altered.

The shift in group identification occurs through a complex intermingling of the new responsibilities lesbian women take on in mothering, their new sense of themselves as
mothers in conjunction with their sense of themselves as lesbians, and a transformation in the way heterosexual mothers treat them in public spaces.

Because of the politicized nature of lesbianism and lesbian families, lesbian women are initially made accountable to the public for their decision to become parents; once pregnant it is assumed that they can be questioned about the logistics of their pregnancies and family formations. A fascinating feature of this external accountability is that it exists alongside an internal accountability where a shift in the salience of identity can move from their being lesbians to their being mothers. While this is consistent with previous findings (Lewin, 1993), it is significant, here, that the lesbian birth mothers I interviewed did not describe this as a measure of their own personal feelings about community membership. Instead, they described heterosexual women as viewing them as mothers (despite their sexual orientation) and therefore deserving of motherhood membership.
CHAPTER 8
DISCUSSION

These finding should be understood against a backdrop of lesbian life in this historical moment. While I do not mean to infer that generalizability is possible from the window of understanding I have offered, the institutionalized nature of homophobia and the discriminatory exclusion of lesbian families in social and legal recognition, means that it is possible for many lesbian families to find their stories in these pages.

While I hope I have provided important insight into the social experiences of pregnancy for lesbian women, more research is needed in the area. Specifically, there is more research needed on the ways in which lesbians of color become mothers, experience pregnancy, and envision lesbian families. As most research exists, we have a vast knowledge on white middle-class experiences with lesbian motherhood and very little on the motherhood experiences of lesbians of color. My narrowly focused data on lesbian pregnancy adds to this inconsistency between the real world and academic illustrations of it. Lesbian families of color exist despite a homophobic and white supremacist culture that works to ensure that they will not; our academic inattention to their survival skills borders on negligence. Additionally, we need research on the pregnancy experiences of the non-biological mother and how she negotiates her relationship with the child, the birth mother, and her position in the family. For most of the birth mothers I interviewed, their partners acted as equal catalysts in deciding to get pregnant and as primary sources of affection and understanding during their pregnancies. To build a more holistic picture of the ways in which lesbian families understand pregnancy in their family’s negotiation
of biology and navigation of public treatment, it is vital to understand the point of view of the so-called other mother.

I have, however, offered a specific contribution to the existing literature on lesbian motherhood: knowledge on lesbian experiences of pregnancy and a simultaneous sameness and difference lens for understanding lesbian motherhood.

As you may recall from the overview of existing literature on lesbian mothers, it has been rich in its investigation of pre-motherhood decision-making and in its discussion of the maintenance of lesbian families once children are acquired, but remains lacking in its attention to experiences during pregnancy. In terms of a focus on sameness and difference at the same time, the theoretical body of literature that has dealt with discussing the negotiation between the celebrated role of mothers and the ostracized nature of lesbianism has been rich, but, with the exception of Hequembourg & Farrell (1999), has not made its way into empirical investigation of how that negotiation is understood and coped with by lesbian mothers. Beyond our theoretical knowledge, there has been an either/or lens in the empirical literature on lesbian families where researchers take on an exclusive lens of difference or one of similarity. In literature that focuses on the decision-making process in lesbian families, there has been an understandable lens of difference in discussing how lesbians acquire children and on the discriminatory nature of insemination clinics. The literature on the maintenance of lesbian families is split where some researchers focus on difference and some on similarity. We can see, for instance, difference in studies that focus on the division of home care and child care labor in lesbian households and in studies that discuss how lesbian family members create new ways of talking about family to incorporate their family situations. Still, there has been a
focus on similarity in the lesbian family maintenance literature where there have been comparisons between lesbian mothers and heterosexual mothers made, a focus on how commitment and recognition of two parents is established, and an investigation into the tactics lesbians use to signify commitment.

Throughout this work I have argued that in discussing lesbian motherhood and pregnancy it is essential to have a lens of simultaneous sameness and difference. Specifically in the discussion of pregnancy, it is integral to understand the processes that create simultaneous sameness and difference by understanding the interplay of identical body processes and differential experiences, the negotiation of biology, the legitimation of lesbian women because of their family’s existence, and in the ways their pregnancies become publicly accountable. I discuss each of these in turn below.

The lesbian mothers interviewed reflected the narrative of normalcy Stacey & Biblarz (2001) find in existing social science research on gay and lesbian families. While they suggest that it is researchers who devise questions that measure similarity between gay and lesbian families and heterosexual families, I suggest here that the parents themselves have a particular investment in creating that same narrative. In what I call a narrative of sameness, though, difference in experience comes through quite often, resulting in a complex interplay between sameness and difference in experience. Illustrations of this interplay were given in the cases of the potential for miscarriage and the public treatment of pregnant women were sameness rests on the same bodily changes during pregnancy and the same hope and love felt for future families, and where difference rests in the varying levels of social support lesbians feel they have in their pregnancies and the ways in which similar treatment can be interpreted differently.
A key part of lesbian women’s pregnancy is the negotiation of love and connectedness in their families. This simultaneous experience of sameness and difference is specific to lesbian families where partners acquire children through one partner’s pregnancy resulting in a semi-biologically based family, where one adult member of the family is biologically related to the child and the other adult member is not. Without specifically articulating this position, lesbian families understand it and have developed specific strategies to cope with the semi-legitimate nature of their families due to the semi-biologically related nature of their constructions. For instance, in a strategy to include the non-biological mother as another primary parent, anonymous donors were often used to ensure legal protection of the dyad. The evaluation of the sperm donor went beyond his necessary absence and into choosing key characteristics that fit the non-biological (or sometimes biological) mother’s characteristics in appearance and personality. This created a paradoxical involvement of the sperm donor where he was necessarily absent, but present (in his imagined characteristics) in the future of the family by the created child.

In discussing the negotiation of love relationships in lesbian families, I also found pregnancy described as a critical time where the love bond is created between biological mother and child, non-biological mother and child, and (sometimes) between the two mothers. Because of this critical bond, pregnancy, past a certain amount of time, became a time when investment in love with the child became necessary. That investment in love is possible because of the timing of the pregnancy, because one knows that she will probably bring the pregnancy to term, and because of the imagined characteristics of the sperm donor. In creating families that will look like they are biologically connected, as
with a White woman who has an African American partner choosing an African American donor for her insemination, lesbian families use existing models to make sense of themselves. Here, I argued that dominant ideologies surrounding families, specifically that families are biologically connected and therefore look alike, have affected the way lesbian families think about themselves and create their families. This step toward creating a family that looks biologically connected may matter little to the members of the family, but acts as protection against treatment that implies illegitimacy.

While lesbians work to ensure that their families will be treated as legitimate families, the existence of their families often serves as a legitimating function. This happens in three parts. First, they are seen as more legitimate social actors because a requisite of adulthood is acting as a parent. Second, they are granted legitimacy as daughters in their families of origin by carrying on the traditions and genetic material of their family members. Third, lesbian communities also act as legitimacy granting bodies in the way that lesbian parents can become exemplary lesbian role models. While all women become more legitimate actors when they become mothers, it may be more strongly felt for lesbian women because other people, specifically their families of origin, have imagined that they will remain childless. All heterosexual women are assumed to be on a path toward motherhood through pregnancy; when a woman comes out as a lesbian, it is assumed that her path to motherhood has ended. What is more, lesbian women, through their pregnancies, can be legitimated by their lesbian communities, an additional feature of personal legitimacy that does not factor into heterosexual women’s experiences.
Lastly, I offer findings that illustrate the publicly accountable nature of lesbian pregnancies where their decisions to become pregnant and questions about their pregnancy decisions and families are open for public dialogue. As I stated in this chapter, we can imagine all pregnant women’s bodies and decisions during pregnancy being open for public dialogue, but a woman’s lesbianism adds another dimension to this behavior because of the public discourse surrounding lesbianism and lesbian families. While a pregnant woman’s citizenship may be momentarily discredited because it is culturally believed that her body is public property, lesbian women never achieve full citizenship because of the institutionalized nature of homophobia and the social ostracism reserved for people who identify as sexually different. In this way, it is not just that a pregnant lesbian’s body belongs to the public, but that she becomes externally accountable to the public in answering their questions about her family and internally accountable in negotiating her newly found membership in the heterosexual women’s club of motherhood. A fascinating feature of public accountability is that there is a marked shift in identification with the lesbian community to identification with women who have been mothers, largely heterosexual women. What is key, here, is that it is not just lesbian women’s newly salient identities that guide them into this solidarity with heterosexual mothers, but heterosexual mothers who treat them with newly felt community membership.

Overall, in the area of study on lesbian families, my findings are a key contribution because most research in the area has either focused on the similar outcomes of lesbian parenting or on the different models for organizing lesbian families. What I have illustrated, here, is that it is both. While lesbian families often have the same aspirations
in raising children and the same outcomes in the project, the opportunities are different, resulting in different ways of accomplishing it. While lesbian pregnant women experience the same body changes during pregnancy as heterosexual women, they receive a different interpretation of, and consequently different treatment for, their pregnancies. Lesbian pregnant women, and lesbian families more generally, rely on dominant ideas about what families mean to understand and create theirs, but they necessarily establish their families in opposition to those norms.

For these reasons lesbian motherhood can be understood through a lens of simultaneous sameness and difference where many of the same love feelings and constructions of family occur, but where the mere existence of lesbian family formations challenges the conventional understanding of what family means. Still, it is in the period of pregnancy where we can most clearly see the simultaneity of sameness and difference because the nearly identical nature of pregnancy across sexual orientations can be observed in coexistence with the different treatment of lesbian pregnancies. In the context of lesbian pregnancy, then, neither sameness nor difference can happen alone; both must be understood to happen at once.

Beyond a nuanced understanding of lesbian motherhood through the window of pregnancy, my suggestion that we should seek to understand the simultaneity of sameness and difference holds important sociological contributions. Most significantly, this work has highlighted that while bodies may experience the same natural process as other bodies, the social experience of having that body process is different based on various social locations. Again, bodies may be the same, but treatment of them can be very different. Knowing that different treatment is based on a socially constructed idea
of difference, and not a necessary or essential form of difference, should help us in conceiving of new ways to interpret difference and social interactions that base themselves on assumed inherent difference. In other words, this study adds to practices like our ongoing deconstruction of the socially defined categories of race and gender where, for example, Black Americans have nearly identical bodies to White Americans, but where the former, as a group, die at younger ages than the latter group do to health care disparities, a measurable outcome of different treatment. Likewise, men and women have much the same capabilities in our bodies, but in our social world being a man entitles one to, for example, better paying jobs than the ones to which women have access. Also, once difference is constructed, this study should help us understand how people make sense of themselves as different and the ways in which they may utilize conventional narratives while simultaneously crafting their own unique life stories. In this way, understanding the simultaneity of sameness and difference in lesbian pregnancy narratives can help us in thinking about “different” families more generally, specifically in the ways in which difference operates in the functioning of unconventional families and the ways in which members of “different” families think of themselves as such. Finally, these findings lead us to a discussion that is necessary for sociologists to continue to engage in and that is answering the question, *is difference detrimental to the social whole?* If we find that differential treatment of the same processes operates, it is our responsibility to highlight that disparity and recommend societal solutions. In terms of doing difference in arenas such as sexual orientation or families, it is also our responsibility to show the ways that the fear of difference and the enforcement of
sameness operate as mechanisms of social control; it is our responsibility to emphasize the benign functioning of difference.
APPENDIX A
SEMI-STRUCTURED QUALITATIVE INTERVIEW GUIDE

Typically, tell me how you think about your body.

On a normal day, what do you think strangers think about you?

*How do you feel about how you think strangers probably see you?

*Based on your body, what do you think strangers think about your gender and sexuality?

Tell me the story of your pregnancy.

How would you describe the way your body looked when you were pregnant?

How did you feel about your body when you were pregnant?

Tell me the story of how your body changed when you were pregnant.

*Did you enjoy the changes?

Tell me what sex was like when you were pregnant.

*How was sex different for you?

*Did you experience your body differently during sex?

*Do you think your partner felt different about sex with you?
While you were pregnant, did you ever tend to focus on what strangers thought about you?

How do you think strangers saw you when you were pregnant?

Did strangers ever make comments to you about your body?
*What kind of comments?
*Can you remember any particular comments that a stranger made?
*What about family members and friends, what kind of conversations went on there?

How did people treat you when you were pregnant?
*Did you enjoy it?

If you had to, how would you describe “a lesbian body”?
*Do you think you have one?
*Does the lesbian body include the pregnant body?

What do you think lesbians think about pregnant women?
*What do you think they think about motherhood?
APPENDIX B
INFORMED CONSENT

Informed Consent for Face-to-Face Interviews

Please read this consent document carefully before you decide to participate in this study.

Purpose of the research study:
The purpose of this investigation is to document and describe the experiences lesbians have when they go through a pregnancy. The researcher may choose to write a book and/or a paper on her findings with the intention of publishing it. No participants in this study will be identified in the report.

What you will be asked to do in the study:
You will be asked to describe your life as a lesbian to the researcher. This interview will be tape-recorded and the tapes will be transcribed for analysis with all identities concealed.

Time required:
30 minutes to 1 hour

Risks and Benefits:
There are no anticipated risks or direct benefits by participating in this interview.

Compensation:
There is no compensation for participating in this interview.

Confidentiality:
Your identity will be kept confidential to the extent provided by law. Your information will be assigned a code number. The audio tapes and list connecting your name to this number will be kept in locked file by the principal investigator. Transcribed documents will only use coded identity. When the study is completed and the data have been analyzed, the code list and the tapes will be destroyed. Your name will not be used in any report.

Voluntary Participation:
Your participation in this study is completely voluntary. You may choose not to answer some questions or you may choose to end the session at any time. There is no penalty for not participating.

Right to withdraw from the study:
You have the right to withdraw from the study at anytime without consequence.
Whom to contact if you have questions about the study:
Maura Ryan, M.A. Student, Graduate Teaching Assistant, Department of Sociology,
University of Florida, P.O. Box 117330, Gainesville, FL 2611, Phone: 352/392-0265 ext. 241, E-mail: mryan@ufl.edu

Whom to contact about your rights as a research participant in the study:
UFIRB Office, Box 112250, University of Florida, Gainesville, FL 32611-2250; Phone: 352/392-0433

Agreement:
I have read the procedure described above. I voluntarily agree to participate in the procedure and I have received a copy of this description.

Participant: _________________________________  Date: ____________

Principal Investigator: _________________________ Date: ____________

Faculty Supervisor: ___________________________  Date: ____________

Principal Investigator Contact Information:
Maura Ryan, M.A. Student, Graduate Teaching Assistant, Department of Sociology,
University of Florida, P.O. Box 117330, Gainesville, FL 2611, Phone: 352/392-0265 ext. 241, E-mail: mryan@ufl.edu

Faculty Supervisor Contact Information:
Kendal Broad, Ph.D., Assistant Professor, Department of Sociology, Turlington 3219,
P.O. Box 117330, Gainesville, FL 32611, Phone: 352-392-0265 ext. 257, Fax: 392-6568,
E-mail: kendal@soc.ufl.edu

Informed Consent for Phone Interviews

Please allow me to read a consent document to you before we begin.

If you have any questions about the study you can contact me:
Maura Ryan, M.A. Student, Graduate Teaching Assistant, Department of Sociology,
University of Florida, P.O. Box 117330, Gainesville, FL 2611, Phone: 352/392-0265 ext. 241, E-mail: mryan@ufl.edu

If you have questions about your rights as a research participant in the study, you may contact the University of Florida’s Institutional Review Board:
UFIRB Office, Box 112250, University of Florida, Gainesville, FL 32611-2250; Phone: 352/392-0433

Purpose of the research study:
The purpose of this investigation is to document and describe the experiences lesbians have when they go through a pregnancy. The researcher may choose to write a book and/or a paper on her findings with the intention of publishing it. No participants in this study will be identified in the report.

What you will be asked to do in the study:
You will be asked to describe your life as a lesbian, as it has related to your pregnancy, to the researcher. This interview will be tape-recorded and the tapes will be transcribed for analysis with all identities concealed.

Time required:
30 minutes to 1 hour

Risks and Benefits:
There are no anticipated risks or direct benefits by participating in this interview.

Compensation:
There is no compensation for participating in this interview.

Confidentiality:
Your identity will be kept confidential to the extent provided by law. Your information will be assigned a code number. The audio tapes and list connecting your name to this number will be kept in locked file by the principal investigator. Transcribed documents will only use coded identity. When the study is completed and the data have been analyzed, the code list and the tapes will be destroyed. Your name will not be used in any report.

Voluntary Participation:
Your participation in this study is completely voluntary. You may choose not to answer some questions or you may choose to end the session at any time. There is no penalty for not participating.

Right to withdraw from the study:
You have the right to withdraw from the study at anytime without consequence.

**Do you understand the procedure as I have described it to you?**

Do you voluntarily agree to participate in the procedure I have described to you?

Please state your name.

Again if you have questions about the study, please contact me:
Maura Ryan, M.A. Student, Graduate Teaching Assistant, Department of Sociology,
University of Florida, P.O. Box 117330, Gainesville, FL 2611, Phone: 352/392-0265 ext. 241, E-mail: mryan@ufl.edu
And if you have questions your rights as a research participant in the study, please contact the University of Florida’s Institutional Review Board:
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Principal Investigator: _________________________ Date: ____________

Faculty Supervisor: ___________________________ Date: ____________

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BIOGRAPHICAL SKETCH

Maura Ryan is currently a Ph.D. student at the University of Florida. Her areas of interest are in gender and sexualities, specifically in the areas of families and social movements.