GENDER IDENTITY AND IN/FERTILITY

by

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Abstract

Pregnancy is considered a feminine experience in mainstream Canadian culture. Babies identified as female at birth are expected to grow up to become feminine heterosexual mothers. This research considers the desires, choices, and experiences of individuals who were identified as female at birth, but who do not identify as feminine heterosexual women; this dissertation focuses on the reproductive desires, choices, and experiences of butch lesbians, transmen, and genderqueer individuals in British Columbia.

Three methods and two distinct populations formed this research. Participant observation was conducted in 21 cities across southern BC. Questionnaires were completed by 28 health care professionals (HCPs), and by 46 butch lesbian, transmen, and genderqueer (BTQ) individuals. Face-to-face interviews were conducted with 10 HCPs, 8 BTQ individuals who had experienced at least one successful pregnancy, and 4 BTQ individuals who had either experienced or been diagnosed with a condition linked to infertility.

What I found, is that for many BTQ individuals, reproduction associated with the female body (ie: pregnancy and breastfeeding) is not exclusively considered a feminine desire or experience. In fact, what I discovered is that BTQ individuals who experience pregnancy and breastfeeding explicitly challenge the cultural fetish associating femininity with reproduction (including pregnancy, breastfeeding, mothering, and fertility). Thus, I highlight not only the typically ignored desire and achievement of pregnancy of BTQ individuals, but also how BTQ individuals have experienced breastfeeding, how some BTQ parents raise *queerlings*, and how some BTQ individuals have negotiated diagnoses and experiences of infertility.

Overall, I highlight the unique and various expectations and experiences that butch lesbians, transmen, and genderqueer individuals have regarding their 'female' (and potential) biological reproduction. In the end, I hope that by presenting the diverse reproductive

experiences, desires, and choices of BTQ individuals, that I can foster more of an understanding of these experiences, desires, choices, and individuals, and thus challenge the cultural fetish that links femininity with 'female'-associated reproduction. Moreover, I offer recommendations for health care professionals in an effort to foster more understanding in BTQ health care, as well as help to facilitate more *queer competent* health care professionals.

Preface

As per UBC College of Graduate Studies' policy, this preface lists previously published and presented work that also appears in this dissertation. Following this, it also presents the necessary research ethics approval information.

As the research was a solo project, with of course advisory assistance from my supervisor and committee, I (Michelle Walks) am the person responsible for the study's design, conduct, and analysis. Likewise, I solely authored all presentations and publications noted below.

Chapter 1: Introduction

The section on legal rights and *stratified reproduction* are similar to sections in "Stratified Reproduction: Making the Case for Butch Lesbians', Transmen's, and Genderqueer Individuals' Experiences in BC" in *Fertile Ground: Reproduction in Canada* (edited by: Stephanie Paterson, Francesca Scala, and Marlene Sokolon; Montréal: McGill-Queen's Press, Pp.98-121, in press), and also presented as "*Stratified Reproduction:* the case of butch lesbians and transmen" at the conference *Fertile Ground: The Politics of Reproduction and Motherhood in Canada*, at Concordia University (Montréal, Québec. September 24, 2010).

Altered sections related to mothering and *stratified reproduction* appear in "Introduction: Identifying an Anthropology of Mothering," in *An Anthropology of Mothering* (edited by: Michelle Walks and Naomi McPherson, Bradford, ON: Demeter Press, 2011, Pp.1-48).

The section on "Neoliberalism, homonormativity, and the 'queer'" and "queer failure" appear in a slightly different form in "Raising Queerlings: parenting with a *queer art of failure*" in *The Gay Agenda: Claiming Space, Identity, and Justice* (edited by: Gerald Walton, New York: Peter Lang Publishing, 14 pages, in press).

Chapter 2

An altered version of the section "Queer Anthropology" was part of the presentation, "Female Masculinities in Cross-Cultural Context" at the Borders & Border Crossings: Double Encounters, Interdisciplinary Graduate Studies conference, at UBC (Okanagan campus), April 30-May1, 2010.

Chapter 3

The discussion of "Feminine Pregnancy as Cultural Fetish" as well as other sections of this chapter appear as "Feminine Pregnancy as Cultural Fetish" in *Anthropology News* (January 2013, Special Issue on "Breaking Boundaries.") (Available online for a limited time: http://www.anthropology-news.org/index.php/2013/01/07/feminine-pregnancy-as-cultural-fetish/)

Sections of this chapter were presented as "Mothering & Anthropology: lessons from butch lesbians, transmen, and genderqueer individuals," in the panel titled, "Tidemarking the Anthropology of Mothering," at the American Anthropology Association's annual meeting (Montréal, Québec, November 18, 2011).

Chapter 4

Sections of this chapter were presented as, "Erasing Uncertain Genders: the queer/masculine experience of pregnancy & breastfeeding," in the panel, "Transgender experience: how societies manage the uncertainty of gender," at the European Association of Social Anthropologists conference, "Uncertainty and disquiet." (Nanterre University, Paris, France. July 12, 2012).

Chapter 5

Altered versions of this chapter are being published as, "Raising Queerlings: parenting with a *queer art of failure*" in *The Gay Agenda: Claiming Space, Identity, and Justice* (edited by: Gerald Walton, New York: Peter Lang Publishing, 14 pages, in press), and also, "Parent-Initiated Gender Creativity," in *Supporting Transgender and Gender Creative Youth: Schools, Families, and Communities in Action* (edited by: Elizabeth Meyer and Annie Pullen Sansfaçon, New York: Peter Lang Publishing, 15 pages, in press).

Sections of this chapter were also presented as two different conference papers. These were: 1) "Raising Queerlings: experiences of transmasculine parenting 'failing' social gender norms," at the conference Borders and Border Crossings, at UBC (Okanagan campus), May 1, 2012; and 2) "Gender Creativity via Parent Initiative," at the National Workshop on Gender Creative Kids, at Concordia University (Montréal, PQ. October 25, 2012).

Chapter 6

Sections of and sections similar to those presented in this chapter were presented and published before the start of my doctoral research. First, sections were presented as "Breaking the Silence: Infertility, Motherhood, and Queer Culture," at the Mothering, Race, Ethnicity, Culture, and Class themed conference of The Association for Research on Mothering (ARM) (York

University, Toronto, ON. October 20-23, 2005). Later that paper was expanded and published as "Breaking the Silence: Infertility, Motherhood, and Queer Culture" in the *Journal of the Association for Research on Mothering* (Special Issue: Mothering, Race, Ethnicity, Culture, and Class 9(2):130-143 [2007]).

Chapter 7: Conclusion

No sections of the Conclusion have previously been presented or published.

Research Ethics Approval

This research was approved by the Behavioural Research Ethics Board at the University of British Columbia (Okanagan campus). The UBC BREB number assigned to this approval is: H10-03453.

Table of Contents

Abstract ii

Preface iv

Table of Contents viii

List of Tables xi

List of Figures xii

List of Illustrations xiii

List of Abbreviations xiv

Acknowledgements xv

Chapter 1: Introduction 1
- Cultural and Social Context 4
  - *British Columbia as a Research Site* 6
  - *Neoliberal. Homonormativity, and the "Queer"* 15
  - *Queer Failure* 21
  - *Thomas Beatie* 22
- Anthropology of Reproduction 26
  - *Stratified Reproduction* 26
  - *Cultural Notions of "Good Mothers"* 30
- The Research 33
  - *Interviews* 34
  - *Questionnaires* 36
  - *Participant Observation* 38
- Limitations 41
- Aim and Outline of Dissertation 43
- Endnotes 45

Chapter 2: Gender Identity and Sexuality: Personal Practices, Politics, and Culture 56
- Queer Theory 57
- Gender and Sexuality: Identities and Labels 60
  - *Butch Lesbians* 66
  - *Transmen* 74
  - *Transmen and the FTM-Butch Border Wars* 75
  - *Genderqueer* 78
- Queer Anthropology 80
  - *Toms and Dees in Thailand* 83

Tommy Boys in Uganda 84
Sworn Virgins in Albania 87
Western Studies of Lesbians and Transmen 89
Summary 94
Endnotes 95

Chapter 3: Desiring and Achieving Parenthood: expectations and experiences 102
Policy and Practice that Affects Queer Reproduction in BC 105
Pregnancy: Desire and Dissonance 108
Ma(n)ternity Clothes 117
Invisibility of Masculine/Queer Pregnancy 120
Feminine Pregnancy as Cultural Fetish 126
Summary 129
Endnotes 133

Chapter 4: Breasts, Breastfeeding, and the Public 136
Gender, the Public, and Breasts: in brief 140
Negotiating Breastfeeding 141
Masculine Breastfeeding: "Chestfeeding" 143
A Midwife's Perspective 148
Summary 150
Endnotes 151

Chapter 5: Raising Queerlings 154
Neoliberalism, Neoconservativism, and Homonormativity 159
Raising Queerlings 161
Summary 170
Endnotes 171

Chapter 6: Infertility: Diagnoses and Experiences 172
Defining Infertility 175
Infertility: a Western Biomedical Concept 181
Infertility: The Anthropological Context 185
Infertility: A Cross-Cultural Survey 188
Infertility Associated with the (Queer) Female Body 190
PCOS and PCO 193
Endometriosis 194
Other Conditions 195
Two Female Bodies: an end to infertility? 196
Findings 199
The Interviewees 202
Shelby 203
Hank 205
Lou 207

AJ 209
Summary 211
Endnotes 212

Chapter 7: Conclusion 214
Female Pregnancy (and Breastfeeding) as Cultural Fetish 215
Raising Queerlings: Both a Challenge and Necessity 216
The Importance of Recognizing Diversity 218
Queer Competency in Health Care Professionals 219
Summary 225
Endnotes 226

References Cited 227

Appendices
Appendix A: BTQ questionnaire with quantitative responses 272
A.1: Endnotes 280
Appendix B: HCP questionnaire with quantitative responses 281
Appendix C: participant demographics 283

List of Tables

Table 1.1 Comparison of the findings (pt1) ……... 32

Table 1.2 Comparison of the findings (pt2) ……... 32

Table 6.1 List of top keywords/categories and examples of definitions of infertility …… 177

Table C.1 Interview participants who experienced or were diagnosed with a condition linked to infertility …….. 284

Table C.2 Questionnaire respondents who had experienced or been diagnosed with infertility …… 284

Table C.3 Interview participants who experienced a successful pregnancy ... 285

Table C.4 Questionnaire respondents who experienced pregnancy …… 285

Table C.5 BTQ questionnaire respondents (not included in above tables) …. 286

Table C.6 HCP Interview Participants ……. 287

Table C.7 Demographics of HCP questionnaire respondents …….. 287

List of Figures

Figure 2.1 Queer versus non-queer identifying respondents …… 63

Figure 2.2 Sexual identity by age …… 64

Figure 2.3 Sexual identity by health district …… 64

List of Illustrations

Illustration 1.1 A quote on a storage facility sign ….…… 2

Illustration 1.2 Kelowna Mayor Walter Gray and Oddree Mayormaynot … 11

Illustration 1.3 Thomas Beatie …….. 23

Illustration 2.1 Sarah Golden …… 68

Illustration 3.1 "How Can You Have A Baby?" …….. 104

List of Abbreviations

BC: British Columbia

BTQ: butch lesbians, transmen, and genderqueer (individuals)

FTM: female-to-male (transgendered individual or identity)

gq: genderqueer

HCP: health care professionals

IH: Interior Health region

LGBT: lesbian, gay, bisexual, and trans

LGBTQ: lesbian, gay, bisexual, trans, and queer

NI: Northern Interior Health region

QPOC: Queer People of Colour

SF: South Fraser Health region

SSHRC: Social Science and Humanities Research Council of Canada

VCH: Vancouver Coastal Health region

VI: Vancouver Island Health region

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Many people have helped to make this dissertation and its research a reality. First, to the person whose phone call first started me thinking about this research topic – you know who you are – no words can ever express my appreciation to you. I hope you find value in the work I have done. Second, thank you to those who participated in the research project and helped to make it happen. Thank you to those who forwarded my calls for participants and/or questionnaires to others. Thank you also to those who previewed questionnaires and emailed me about similar research (ie: Zena Sharman, Amber Louie, Ann Travers, Jacky Vallée, Marie-Josée Klett, and Greta Bauer). Thank you to the editors, publishers, and peer reviewers of the publications that have come from my doctoral research, and to those who asked me questions after my presentations at conferences. While the editors have fulfilled my desire to have the value of my work acknowledged, the anonymous reviewers and audience members asked thought provoking questions and suggested new perspectives. For this I am grateful.

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Anthropology at the Intersections [2009], and Transformative Knowledge [2009]). Thank you, in particular, to Ann Travers, Karlene Pendleton Jiménez, Holly Zwalf, and Heather Wallman for your conference comraderie and support of my work.

Thank you to a few particular academics and mentors who inspired and assisted me. To Jacquelyne Luce, Ellen Lewin, and Christa Craven for showing me that this kind of work needs to be done, and making me believe that I could do it. To my committee, Naomi McPherson, Ilya Parkins, and Hugo De Burgos, thank you so much for your engagement with my work, suggestions, and questions. In particular, thank you Naomi for taking a chance on my research and me, after others deemed my research as "not related enough" to their own research. Thank you to Susan Crichton and Fiona Green, my internal and external examiners, for your thought provoking questions and enthusiasm about this dissertation.

Thank you to my peers. Thank you to those who were in my PhD courses, who even in minor ways helped to form my research, and to my lunchtime and office friends. While there is not enough room here to mention you each individually, I must personally thank Tara Snape, Tabitha Steager, Heather Picotte, and Joani Mortenson.

Thank you to my family. Your patience, encouragement, and love have been much appreciated. In particular, thank you to Jake and Justin for reminding me of the importance of this research, and also for reminding me that 'family time' provides a good balance to my research life.

Moreover, I am sure I have forgotten more than one person. To those people, "thank you," my apologies, and I appreciate for your understanding!

Chapter 1:
Introduction

> *I think it's courageous and great [for butch lesbians, transmen, and genderqueer individuals to be parents]. The reality is that it could be difficult to operate as a parent outside of certain gender norms, but [it could] also provide rewarding and insightful experiences/perspectives to share with the child*. **(***Alexis*[1], 30s, trans/butch, white)

On January 12, 2012 I received Alexis' questionnaire in the mail. After reading it over and entering its data into my computer on campus, I took the bus to downtown Kelowna as I often do at the end of a school/work day. Unlike most days, however, I did not take up reading on the bus, but instead looked out of the window, and in so doing noticed the quote on the billboard of a on the local storage unit facility (Illustration 1.1, see next page). As I read it over, many thoughts raced in my mind. In keeping with the metaphorical reference of this quote, my initial thought was, "Of course it is! The road less traveled is bumpy and difficult to travel on." Next I reasoned, "But our society/culture makes it that way. That road is purposefully kept challenging to travel on so that few choose to take it. Likewise, of those who do start to venture down that road, most will quickly be deterred by its difficult nature, and quickly return to the easier, more traveled route." Having read Alexis' words (above) just before leaving the university that day, I reveled in the *à propos* nature of the words on the sign in relation to my PhD research on "Gender Identity and In/Fertility." I sat, for the duration of the bus ride, both appreciative and frustrated by the sign's genius, aware that most of its readers probably would not consider the cultural reasons for the truth in its words.

As an anthropologist, I am perhaps more explicitly aware of and alert to cultural pressures and norms[2]; they are never far from my mind. Moreover, as Megan Nordquest

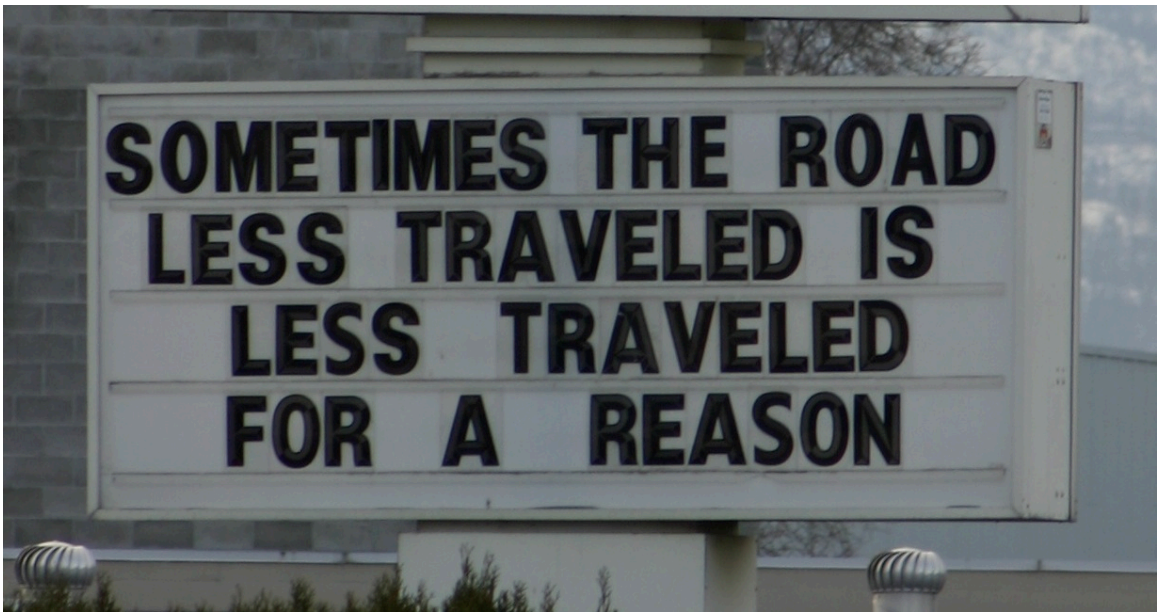

Illustration 1.1: A quote on a storage unit facility sign on Highway 97 (Kelowna, BC). Photo credit: Michelle Walks, January 2012

(2007) has noted, when anthropologists do research "at home," the boundaries between what is "work" – or "scientific activity" – and what is "regular life" often gets blurred.There was something particular on that January day that made pieces of my research come together in a simple way that I had previously been aware of and yet forgotten. Butch lesbians, transmen, and genderqueer individuals take the road less traveled every day, especially when they face or experience pregnancy and/or infertility. This, in fact, is what had first led me to do this research.

While I was working on my Master's thesis focused on *Queer Couples' Birthing Experiences in British Columbia* (Walks 2007b), a close friend of mine told me of their[3] recent diagnosis of Polycystic Ovarian Syndrome (PCOS). PCOS is the most commonly diagnosed condition linked to infertility. While it can be possible to have PCOS and still achieve a pregnancy and birth – and I have known people who have successfully done so without medical interventions – PCOS is generally understood to make conception challenging if not almost impossible, for certain individuals and in adverse cases[4] (Agrawal, et al. 2004; Kitzinger and Willmott 2002). When my friend was diagnosed, they were told that it would be difficult for them to achieve a pregnancy. This friend loves children, and was looking forward to being a parent. While they had not yet completely decided about whether or not they wanted to become pregnant and birth a child themselves, or whether they would adopt or have a partner experience pregnancy, my friend was crushed by the diagnosis. As I talked with them on the phone, I could hear how alone they felt. Not only had they been diagnosed with a condition linked to infertility, but also they were queer and transmasculine[5]. We live in a culture that generally ignores experiences of infertility, and further erases experiences of both fertility

and infertility of people who are not culturally recognized as "good (potential) mothers." As discussed later in this chapter, "good (potential) mothers" are those who are feminine, able-bodied, middle- to upper-class, white, heterosexual women in a monogamous partnership, preferably married. Given this cultural context, my friend now also faced questions about how this feminine-related diagnosis corresponded to their masculine gender identity.

My doctoral research explored how butch lesbians, transmen, and genderqueer[6] individuals (BTQs) experience pregnancy and infertility in British Columbia. This research used one-on-one interviews, qualitative questionnaires, and participant observation. My aim in this research was to capture some of the diversity of expectations, opinions, and experiences related to (potential) fertility among people who embody "female masculinity" (Halberstam 1998b). Thus, this dissertation reports on my findings, with the hopes of fostering more understanding of BTQ's diverse experiences, and serving as a catalyst for future research in the areas of queer/masculine infertility, pregnancy, and parenting. Further, it is my hope that this can also stimulate further research into the education, experiences, and opinions that health care and social service practitioners have in these areas, and the related interactions these BTQ individuals have with medical professionals and institutions.

Cultural and Social Context

Over tha last 30 years, there has been an increased visibility of lesbian mothers accompanied by a development of legal rights pertaining to queer parenting, particularly in Western Europe, Australia, New Zealand, the United States, and Canada (Kelly 2011;

Luce 2010, 2004; Epstein 2009b, 2009c, 2005, 2002; Mamo 2007; Agigian 2004; Kranz and Daniluk 2002; Owen 2001; Nelson 1996; Lewin 1995, 1993). This has resulted in some anthropological inquiry focusing on lesbian mothers and gay fathers, mostly notably by Ellen Lewin in the United States (2009, 1995, 1993), and by Jacquelyne Luce in British Columbia (2010, 2004). While gay and lesbian parents have been studied by anthropologists and non-anthropologists alike, what has been left unstudied is the culturally assumed link between femininity and mothering[7]. This is an important point of inquiry, and one that I decided to take up, resulting in the research upon which this dissertation is based. Thus, among other things, this research calls attention to the need to recognize that mothering as not just feminine. Moreover, not just women biologically mother. In other words, what I want to highlight is that while being female-bodied is a prerequisite to experiencing pregnancy, mothering is not exclusively a feminine experience. Further, as gendered expectations and 'mothering' expectations are culturally linked, it is important to consider not just butch lesbians', transmen's, and genderqueer individuals' experiences of pregnancy and mothering/parenting, but also their experiences of infertility[8]. Thus, I set out to do this work within British Columbia, Canada.

As anthropologists know, cultural and social context is extremely relevant to the experiences that occur within a particular culture. The geographic location is influenced by the political, environmental, and historical factors. The time period reflects particular political and historical factors. Moreover, in this day and age, the media and people placed in the public eye influence politics, as well as public understandings and opinions of issues. In terms of my research, all of these factors influenced health care experiences.

In what follows here, I review British Columbia as the research site; explore Thomas Beatie's pregnancies – often cited as the first experienced by a (trans)man[9] (Halberstam 2012a; wallace 2010; Ryan 2009; Ware 2009; Beatie 2008a, 2008b) – and the publicity surrounding them; and analyse the neoliberal context which surrounded the experiences of those I studied.

British Columbia as a Research Site

British Columbia is located on the west coast of Canada. It is 944,735 square kilometers, and home to approximately 4.5 million people (Tourism BC). It has the Pacific Ocean to its west, and the province of Alberta to its east; Alaska, the Yukon, and the Northwest Territories are to its North; and the US states of Washington, Idaho, and Montana are found to its south. Considering the size and population distribution of the province, and to better meet the health care needs of its residents, BC is divided into five health regions – similar regions are often discussed in weather forecasts as they are common and historically used divides (at least since colonization). The Vancouver Coastal Health Authority (VCH) caters to Vancouver – BC's most populous city, with about 2.3 million inhabitants (Tourism BC) – Richmond, as well as those living up through BC's central coast. With the exception of Richmond, the South Fraser Health Authority (SF) descends south from Vancouver to the Canada-US border and east to Hope; it includes Burnaby and Surrey (both of which will be mentioned later in this section). As the names would suggest, all of BC's Southern Interior located to the east of Hope make up the Southern Interior Health Region (SI) – which includes Kelowna[10], Kamloops, and Nelson – and the Northern Interior Health Region (NI) encompasses the province's geographic north,

including Prince George. Lastly, the Vancouver Island Health Authority (VI) serves all of Vancouver Island, including BC's capitol city of Victoria, as well as the Gulf Islands, the Sunshine Coast, and Haida Gwaii. In population statistics, it should be noted that Indigenous populations are counted separately from visible minorities; in 2006, 4.3% of BC's population consisted of Aboriginals, which includes First Nations, Inuit, and Métis populations (BC Stats 2008). That same year, 24.8% of British Columbians identified as a visible minority, with Chinese and South Asians being the two largest groups (BC Stats 2008). In terms of sexuality, there are no concrete numbers, although the alternative newspaper, *The Georgia Straight,* estimates there are 53, 500 Vancouver residents who "are part of the gay and lesbian community" (2012), and Vancouver has "the largest gay population in Western Canada" (Tourism Vancouver 2012). This demographic is one reason I decided British Columbia was an ideal locale for my research.

I also chose to locate my research in British Columbia, not just because it is the province in which I was born and raised, but because, like researchers Fiona Kelly (2011) and Jacquelyne Luce (2010, 2004), I recognized its unique welcoming political and social climate for queer individuals and families. British Columbia, and East Vancouver in particular, have earned a particular respect and notoriety for being a lesbian (and queer) mecca, especially for those interested in parenting. In 1986 this was illustrated by "a small group of lesbians, calling themselves the Lavender Conception Conspiracy, [who] were meeting together to share information and to support each other in their desire to become parents" (Epstein 2009b:16). More recently this has resulted in one East Vancouver midwifery practice offering information sessions specifically for lesbians and queers, focused on alternative conception as well as queer (family) legal rights. Those

living in East Vancouver are aware of its uniqueness, and the privilege that comes with living there. *Quinn* (a genderqueer mother I interviewed) noted, "I mean I live in East Van[couver] and work at [a university]! I mean, an elderly lady has not screamed at me coming in the bathroom for years! I'm aware that I'm in an East Van[couver] bubble." The visibility of lesbians and other queers in East Vancouver, and BC more generally, has likely been both a cause for and an effect of the central role that BC has played – along with Ontario and Québec – in making Canada unique in terms of "the legal and policy changes … achieved in the areas of relationship recognition, adoption, second-parent adoption, and birth registration" (Epstein 2009b:21).

Since the mid-1990s, legal rights relating to queer reproduction and family have been revised a number of times in British Columbia. Three particular policy updates exemplify these changes. The first occurred in 1995, when a Human Rights Tribunal decision made it illegal for physicians and clinics to deny lesbians access to fertility services in BC (Luce 2010). The second change happened the following year, when it became legal in BC for any one or two adults – regardless of sexual orientation or marital status – to adopt children (Kelly 2011; Lewin 2010, 2004; Owen 2001). Third, in 2001, a BC Human Rights Tribunal ruled that it was discriminatory not to allow the naming of two women on their child's Registration of Live Birth or birth certificate, if their child was conceived using the sperm of an anonymous donor (Kelly 2011; Luce 2010; Kranz and Daniluk 2002). Additionally, provincial and federal changes to the definitions of "spouse" and "common law," in 1997 and 2000, were made to be inclusive of same-sex couples (Luce 2010, 2004; Kranz and Daniluk 2002; Owen 2001), and the legal recognitions of same-sex marriage – in BC in 2003 and Canada in 2005 – were

monumental in legal recognition of queer families[11]. Despite these changes, British Columbia is not a place of total solace for queer individuals and queer-parented families. A brief review of recent history of the legal challenges, events, microaggressions, and elections of the last fifteen years reveals resistance to of the progressiveness of the aforementioned legal changes.

Issues pertaining to school boards have exemplified the homophobia in BC; one particular example gained notoriety across Canada and even internationally. In 1997 the Surrey School Board banned three particular children's picture books: *Asha's Mums* (Elwin and Paulse 1990), *Belinda's Bouquet* (Newman 1989), and *One Dad, Two Dads, Brown Dad, Blue Dads* (Valentine 1994) [Luce 2010; Supreme Court of Canada 2002]. As a resident of Surrey during this banning, the subsequent court cases (which lasted until 2002), and public consultations, I witnessed and experienced the pervasive homophobia stemming from the School Board and their supporters. This was particularly evident when I heard first-hand how reading these books would "turn you gay," and how the books informed children on the "how-to" of "homosexual sex." Obviously, neither are true. While the three books in question have remained outside of Surrey classrooms, the Board was eventually forced to find and include other age-appropriate queer-family content in primary grade curricula. On the other hand, other school boards have demonstrated themselves to be much more progressive and respectful of LGBT (lesbian, gay, bisexual, and trans) individuals and their families, through their implementation of anti-homophobia policies, such as those in Vancouver in 2004 and Burnaby in 2011. Some parents and other community members in these cities have protested and challenged the implementation of these policies in order "to protect children" from "the

gay agenda." These incidents, thus, demonstrate that opinions regarding LGBT-individuals are polarized even in larger, progressive cities.

The polarization of public respect, understanding, and acceptance of queer-led families has also been expressed in national statistics, as well as in response to particular Pride celebrations throughout BC. As Rachel Epstein notes, the results of a national poll conducted in 2001 "indicated that more than 50 percent of the Canadian population felt that gays and lesbians should be denied the right to parent" (2005:9; see also Epstein 2009b:15). Likewise, an Angus Reid poll found that in 2006 only "61% of Canadians wanted same sex marriage to remain legal" (Angus Reid 2010). Moreover, while in the late 1990s gays and lesbians throughout BC were trying to put together Pride celebrations in their communities, their proposals for such events were often met with hostility.

In Nelson, this resulted in not just gay and lesbian Pride festivities, but also a Heterosexual Pride Day (Luce 2010); in Kelowna this resulted in Mayor Walter Gray's refusal to include the word "Pride" in the 1997 city proclamation for "Lesbian and Gay (Pride) Day" (Gray 2012; Holmes 2012; Paterson 2012; Seymour 2012; findlay Nd.). Gray's reasoning for the exclusion of this word was that "he did not want the citizens of Kelowna to think that he viewed homosexuality as something to be proud of" (findlay Nd; see also Holmes 2012; Holmes and Fleming 2009)[12]. Ten years later, some people in Kelowna told Holmes that Gray's lack of proclamation led "to increased homophobia, transphobia and violence in Kelowna [as it] had communicated a message to LGBT people that they did not belong in the city" (Holmes 2012:201). In 2000, Gray was found guilty of violating the BC Human Rights Code through his 1997 actions (Gray 2012; Holmes 2012), and he was not re-elected in 2003. In 2011, however, despite vocal

opposition calling attention to his overt homophobia, Gray was (re-)elected mayor of Kelowna by a margin of 419 votes over Sharon Shepherd, who had been Kelowna's mayor since 2003 (City of Kelowna 2011). In a (somewhat) surprising twist, in May 2012 Mayor Gray signed a proclamation for an official "gay pride week" in 2012 (Gray 2012); on August 18 2012 Gray (see Illustration 1.2, below) read the proclamation to a crowd of over 100 people in Kelowna.

Illustration 1.2: Mayor Walter Gray with "Pride Picnic in the Park" Mistress of Ceremonies, Oddree Mayormaynot, moments before his worship read the proclamation for Pride Week in Kelowna. August 18, 2012 (Photo credit: Michelle Walks)

Meanwhile, a give in one place seems to be met with a take or hesitation somewhere else. Despite recent "toning down" or "desexualizing" of the Vancouver Pride parade, there was opposition voiced in both 2011 and 2012 regarding this largest Pride parade in Western Canada, being "too sexualized" (Fralic 2012; Reynolds 2012;

Boesveld 2011; Torrevillas 2011; Tsakumis 2011). Additionally, one physician who responded to my Health Care and Social Service Professionals (HCP) questionnaire hand-wrote on the questionnaire, "What child, if given a choice, would opt for such parents? Does no one consider their innocent victims?" (*Dr. A*). While some homophobia is explicit (as noted in Holmes 2012), sometimes homophobia and transphobia are more implicitly expressed and experienced in BC.

As I have previously noted (Walks 2004), recent research has revealed that homophobia continues not only on an individual level, but also as it is expressed by and in various social institutions, policies, the media, and even in the processing of research funding (also noted by: Kelly 2011; Luce 2010, 2004, 2002; Epstein 2009b, 1996, 1993; Kranz and Daniluk 2002; Nelson 1996; Lewin 1993). Much of this homophobia comes in the form of microaggressions – implicit discrimination, passive-aggression, or the feelings of discomfort seemingly without "reason" or anything major to attribute it to. Microaggressions can also include denial and minimization of discrimination. Queer individuals can experience microaggressions by way of "looks of disapproval, whispers and long stares work to create an environment of discomfort and make queer and trans people feel 'out of place' in everyday spaces" (Holmes 2012:205). Microaggressions for queers and those in queer-parented families often relate to their "constant struggles for recognition" (Luce 2004). Holmes and Fleming (2009) discuss the relevance of microaggressions as they reflect on their feelings about living in Kelowna. Fleming notes,

> In a way, it would be easier to articulate our experience if…we had had some overt homophobic incident directed clearly at us… I mean, it would be easier to demonstrate our well-founded assertions to others, our reasons for leaving, if or when we do… Instead, it's a feeling, or rather, it's the accumulation of many small things. (Holmes and Fleming 2009:252)

One of the "small things" for Holmes and Fleming is that they (as individuals) and their family were not recognized as "queer." Rather, in Kelowna, their queerness was invisible. Holmes notes, "No one assumes that I might be a lesbian because it does not occur to most people that it would be a possibility or an option. Most people here don't think that gays and lesbians exist in Kelowna, let alone gay and lesbian families" (Holmes and Fleming 2009:254). Luce's (2004) experiences with a taxi driver in East Vancouver (during her PhD research) also exemplifies a microaggression, as the taxi driver made a homophobic comment and promptly apologized for it, saying he did not mean it.

Microaggressions, therefore, despite their perceived small impact, perpetuate homophobia, racism, and classism. Amongst other example, racist microaggressions occur when any LGBTQ individual explicitly insists that discussions of racism are "off topic" with respect to violence within and/or towards the LGBTQ individuals, despite the fact that many LGBTQ individuals face multiple and intersectional types of violence and harassment (Holmes 2012). Likewise, *Quinn* explained how she had experienced microaggressions, when her co-worker neglected to acknowledge her as a positive (parent) role model for the queer youth they worked with. *Quinn* was a single-parent at the time, and had a lower socio-economic status than her co-worker. These likely both factored into the co-worker's lack of acknowledgement of *Quinn*, and this serves as an example of how subtle and effective the discrimination is that characterizes microaggressions. Other examples of microaggressions, as well as more explicit homophobia and transphobia expressed and experienced in BC are discussed later in the dissertation. While these examples of discrimination, homophobia, and microaggressions

are specific to Canada and BC, in particular, there is more to British Columbia as a research site than its legislative changes and examples of homophobia.

In fact, with regard to research on queer families, my doctoral research was not unique in its geographic focus. Due to the groundbreaking social and legal environment of British Columbia, the province has been chosen by a few social researchers as a strategic location for research focused on or with lesbian/queer-led families (Kelly 2011; Luce 2010, 2004; Walks 2007b). In UBC law professor Fiona Kelly considers the relation and effects of Canadian law on lesbian mothers, and further, "*on what terms* recognition should [legally] be granted [to planned lesbian families]" (2011:3, italics in original). In her investigation, Kelly conducted a total of 36 interviews with lesbian mothers in both Alberta and British Columbia (2011:10) mainly, "in conjunction with lesbian mothers, [develop] a legislative reform model that addresses the assignment of legal parentage within planned lesbian families" (7), including non-biological mothers, single lesbian women, and known donors. What Kelly found "is that any law reform that is pursued cannot simply map the existing legal framework onto lesbian(-parented) families, as formal equality is likely to do" (160). Queer families present complex challenges to law and policies, and yet BC has remained among the first to appropriately alter legislation and institutional guidelines, albeit with some changes still needed.

Luce conducted ethnographic research focused on the diverse and particular experiences of lesbian/bi/queer assisted conception and adoption in British Columbia, at a time when the province was recognized "throughout North America and the world as one of the most progressive jurisdictions in which to be or become a queer parent" (2010:23). Between 1998 and 2000, Luce engaged in both participant observation and in "59 in-

depth interviews with 82 women" (2010:viii). She contextualized her research in terms of law and policy because the women's experiences and choices were so bound by them. As laws and policies have become more inclusive within British Columbia, I decided to build from both Kelly's and Luce's work, and took up Luce's call to "now… re-emphasize the importance of analyzing the politics of reproduction and queer reproduction politics beyond clinic access, beyond donor insemination, and beyond the narratives of becoming a mother" (2010:211). In order to do so, however, I also recognized that just as law and policy figured largely in terms of the temporal context of Luce's and Kelly's research, neoliberalism and homonormativity were key cultural factors in the narratives and experiences that I heard.

Neoliberalism, Homonormativity, and the "Queer"

> *Most of the gay parents that I meet here are more straight than my straight friends, my straight parent friends. Does that make sense*?
> (*Quinn*, 30s, white, genderqueer)

Neoliberalism is the larger political and historical climate in which this research was conducted. Neoliberalism occurs at a global scale, and is both a theoretical and practical entity (Hilgers 2012; Wacquant 2012). As such, it has been described as both

> a triadic configuration formed by cultural, governmentality and systemic approaches … [and] as *polarized* between hegemonic economic conception anchored by (neoclassical and neo-Marxist) variants of *market rule*, on the one side, and an insurgent approach fuelled by loose derivations of the Foucaultian notion of *governmentality*, on the other. (Wacquant 2012:68, italics in original)

The origins of neoliberalism are usually associated with 1980s conservative leaders such as Ronald Reagan in the United States and Margaret Thatcher in England, as well as Brian Mulroney in Canada, among others. Despite this, its origins have been traced both

to Africa and South America (particularly Chile) in the late 1970s (Hilgers 2012; Wacquant 2012; Han 2011; Craven 2010). Different variations of neoliberalism exist. In the West, neoliberalism emerged with the privatization of formally government-run/owned resources and the "free-market," and in conjuction with the downfall of the "welfare state." Or, as Loïc Wacquant describes, when "the *penalisation of poverty* emerged as a core element of the domestic implementation and transborder diffusion of the neoliberal project, the 'iron fist' of the penal state mating with the 'invisible hand' of the market in conjunction with the fraying of the social safety net" (2012:67). While these issues can appear like economic and government issues on the surface, it is evident that they have taken their toll on marginalized populations (DasGupta 2012; Han 2011).

This has been exemplified through federal and provincial cuts to social programs and public services (like Women's Resource Centres), with the neoliberal and conservative rationale that it is not up to governments to "ensur[e] personal liberties… [as] the market will ultimately resolve social inequalities" (Craven 2010:9). The problem is, this system also ignores social determinants to people's health and well-being, as well as to accessing resources like education, finances, and even jobs. With reference to Dardot and Laval's work, *La Nouvelle raison du monde: Essai sur la société néolibérale* (2007), Wacquant (2012) clarifies that,

> neoliberalism is not an economic ideology or policy package but a 'generalized normativity,' a 'global rationality' that 'tends to structure and organize, not only the actions of the governing, but also the conduct of the governed themselves' and even their self-conception according to principles of competition, efficiency and utility (Dardot and Laval 2007:13). (Wacquant 2012: 69-70)

Thus, such a system of politics and understanding is a sort of, to use Foucault's term, *governmentality,* in that it affects how people see, present, and monitor themselves.

One particular way that this has played out is in what has been labeled homonormativity, which relates to but is also distinct from the more familiar concept of heteronormativity. Heteronormativity is the word for how policies, institutions, and individuals have normalized heterosexuality – along with monogamy and patriarchy – to the point that everyone is assumed to be heterosexual. Heteronormativity is thus displayed through "discriminatory attitudes, actions and institutional practices that restrict lesbian, gay, bisexual, transgendered and queer people from accessing the same services, benefits, care and freedom as people identified as heterosexual" (Luce 2005:144). As such, it separates heterosexuals from non-heterosexuals (ie: asexuals and LGBTQ individuals).

In contrast, homonormativity refers to one side of a political (and representational) separation within LGBTQ communities. While a political distinction between LGBTQ individuals and groups who sought to be visible and advance rights, and those who sought to just "fit in" with heteronormative culture, has existed at least since the 1970s, neoliberalism has altered the fundamentals of the relationship between "gay" and "queer." Thus, neoliberalism and homonormativity have amplified the distinction – to the point of a sometimes implicitly and sometimes explicitly existing binary – of who is an acceptable gay ("gays") and who is not ("queers"), both within and outside of LGBTQ communities. Various examples within *Why Are Faggots So Afraid of Faggots?* (Sycamore 2012b) illustrate how "the trope of 'gender authenticity' … is also used to question, judge, and ultimately control bodies in queer spaces" (Stoeckeler 2012:202; such as DasGupta 2012; Sycamore 2012a; Wallace 2012).

While gay and queer are sometimes considered synonymous, they are also often differentiated in terms of "respectable versus degenerate" (Holmes 2012:235), respectively. In terms of respectability, gayness is often characterized as a matter of sexuality and attraction, and thus not political or substantially different from heterosexuals. As a result, some gays distance themselves from those classified as "degenerate," for example: bisexuals, trans-folks, activists, queers, and people who engage in kink/leather/BDSM (bondage, discipline, dominance/submission, sado-masochism). This is because the queerness that 'those' people, identities, and politics represent poses an explicit challenge to the accepted or normative binary structures of gender and attraction. Thus, a gay pride parade can be about "proclaiming normalcy" (Stone, in Holmes 2012:234), rather than being about *queer* diversity, flamboyance, and nudity.

While drag queens and transwomen had a pivotal role in the Stonewall riots (in Greenwich Village, New York City, 1969) and in the "gay rights" movement, their involvement is often neglected in accounts of the events. It is somewhat surprising that Stonewall continues to be recognized, however significant Stonewall was to "gay rights" in the United States, because as a violent protest it contrasts with the homonormative gay and lesbian desire to avoid presenting a challenge to what is cherished by (mainstream, cisgendered) heterosexuals. Those who are homonormative do not "contest the dominant heteronormative assumptions and institutions" (Duggan 2003:50). Homonormativity demonstrates to heterosexuals that gays are "responsible, respectable and civilized" (Holmes 2012:240), and thus no different from heterosexuals, except for possibly having two (lesbian) moms in the house, instead of a mom and a dad.

In relation to neoliberalism, homonormativity is associated with consumerism. Homonormative gays and lesbians participate in normative modes of consumption (ie: clothes, houses, cars). Referring to the focus of *Why Are Faggots So Afraid of Faggots?*, Zomparelli notes that, "Gay culture has become obsessed with normalcy, sanitized by assimilation and increasingly soulless… '[Gay] desire just means buy this cocktail, wear these clothes, go to these bars, look like this – and it's all about creating a consumer identity'" (Zomparelli 2012:13**)**. Consumer identities, however, are restricted to being a "proper" consumer. For queer couples seeking fertility treatment or perinatal care, appearing the same as heterosexuals (who themselves accentuate their dichotomous genders [Tjørnhøj-Thomsen 2005]) is how they can appear as a "proper" consumer, rather than a *queer* one that a gatekeeper should restrict access to (as was potentially the case for two individuals that I heard about or heard from through *Deidre* and *Imogen*; see Chapter 3). Likewise, looking "the part" of a proper consumer was also necessary for pregnant and breastfeeding individuals who either were not recognized as pregnant consumers (or "proper" feminine pregnant consumers), when they were not served when they – as butch pregnant women – entered maternity wear stores in Greater Vancouver (also noted in Chapter 3). Thus, there is tension between being one's (*queer)* self, and being a proper (gay) consumer.

Sycamore further explains,

> We [the contributors of *Why Are Faggots So Afraid of Faggots?*] wonder how our desires have led to an endless quest for Absolut vodka, Diesel jeans, rainbow Hummers, pec implants, Pottery Barn, and the perfect abs and asshole. As backrooms [of gay night clubs, that are used for casual sex] get shut down to make way for wedding vows, and gay subculture morphs into 'straight-acting dudes hanging out,' we wonder if we can still envision possibilities for flaming faggotry that challenges the assimilationist norms of a corporate-cozy lifestyle. (Sycamore 2012:1)

This results in some (read: homonormative) gay men not dressing or acting flamboyantly or effeminately; instead, they appear no different from heterosexual men. In fact, men in heterosexual marriages sometimes make use of homonormativity, perhaps only expressing their "gayness" through secret hook-ups (Sycamore 2012a; personal knowledge). Puar notes, "Homonormativity can be read as a formation complicit with and invited into the biopolitical valorization of life in its inhabitation and reproduction of heteronormative norms" (2007:9). Sycamore further explains that there is "now a sanitized, straight-friendly version of gay identity" (2012:1). Similarly, Lisa Duggan (2003) explains that homonormativity is both a cause and effect of the success of neoliberalism.

> There is no vision of a collective, democratic public culture, or of an ongoing engagement with contentious cantankerous queer politics. Instead we have been administered a kind of political sedative – we get marriage and the military, then we go home and cook dinner, forever. (2003:62)

Engaging in homonormativity has been effective in gaining rights to same-sex marriage, for example, but at the same time, it divides LGBT communities into those who are complicit and those who are political (Sycamore 2012; Zomparelli 2012; Browne 2008; Puar 2007; Watney 1994). Homonormativity upholds a two-sex system, and "pleas for 'toleration' and 'equality'" (Watney 1994:18), while not offering anything new.

In contrast, being "queer" is about fluidity, creativity, and the unknown; it is about challenging the *status quo*. It is a "mode of inquiry and politics that seek[s] to contest normalizations, [and] desire[s] to render gender, sexualities and other identities and embodiment as fluid" (Browne 2008: paragraph 2.3). "Queer" challenges neoliberalism and neo-conservatism, not simply with respect to their heteronormative

assumptions, but also in terms of recognizing and respecting people's diversities in their beings and in their needs. Given this description, "queer" is inherently and undoubtedly how most of the individuals I spoke with identified and parented, whether or not that was explicitly stated by them, or just illustrated through their narratives and examples. While parenting among LGBTs has been labeled as "hetero-" and "homonormative," (Halberstam 2005; Lewin 1993) – or as questionnaire respondent *Wendy* even noted about her initial and current thought about Thomas "the pregnant man" Beatie's 2008 pregnancy, it "*was conforming to heteronormative expectations*" as *"it is not very anti-establishment to become pregnant"* – the parenting experienced by those I spoke with was typically queer (or anti-establishment, at least to a certain degree). If a distinction between queer and gay is not already apparent, a brief discussion of "queer failure" will clarify matters.

Queer Failure

In *The Queer Art of Failure* (2011), Judith/Jack Halberstam offers an unusual perspective about failure. Halberstam points out that failure is not a lack of success, *per se*. Rather, she points out, "failure" is found through the unsuccessful maintenance or contribution to the neoliberal, patriarchal, heteronormative *status quo*. Whereas failure is ordinarily feared, Halberstam illustrates that failure can actually result in joy. In fact, she notes that while "failure" is sometimes unexpected and/or disappointing, it can also be playful, liberating, and creative. Halberstam further exemplifies how failure can be planned and explicit, or likewise, implicit, spontaneous, and most importantly, subversive. Succinctly, she explains that, "we can … recognize failure as a way of refusing to acquiesce to

dominant logics of power and discipline and as a form of critique" (88). Thus, in a world of trying to obtain success through meeting the *status quo* American Dream, failure to strive for the American Dream (even in Canada) is "queer." Undoubtedly "failure" sparks criticism and controversy, as failure is – contrary to popular belief – not easy. It is an uphill battle that takes dedication, even for those dedicated to *queerness*.

The challenge of the *queer art of failure* was noted by some of the parents that I interviewed (which will be discussed more in depth in Chapter 5); it has also been mentioned by others including queer parents Anne Fleming and Cindy Holmes. In their chapter of email correspondence called, "The Move" they contemplate moving back to Vancouver from Kelowna. Holmes writes Fleming saying,

> Homonormativity is not what I want for myself and for our family. Not what I want for Kate. I'm an activist, but in Kelowna I feel like my safety is predicated on silence and white middle-class homonormativity. (2009:255)

Safety is often a key to being "gay" instead of "queer." Safety figures highly in the fluidity between "gayness" and "queerness," and certainly explains why "queerness" is more common in certain (more conservative or rural) places and "gayness" presides in other (more liberal and urban) locations. Regardless of where people are located, however, they are able to incorporate aspects of *failure* to make even small challenges to neoliberalism, heteronormativity, and homonormativity, and not risk their safety completely (as illustrated in Chapter 5: "Raising Queerlings").

Thomas Beatie

Thomas Beatie (see Illustration 1.3, next page) both challenged and maintained homonormative and heteronormative ideals through his public pregnancies in 2008, 2009,

Illustration 1.3: Thomas Beatie (pregnant with Austen) with daughter Susan, 2009. Permission to use was granted by Thomas Beatie.

and 2010. In early 2008 mainstream and queer media alike shared the news of "a pregnant man" (Ware 2009; Beatie 2008). At first there were rumours that the pregnancy was a hoax; however, it was soon revealed that the man who was pregnant was transman Thomas Beatie, who had chosen to get pregnant because his wife Nancy had previously undergone a hysterectomy for medical reasons. Thomas's story was publicized through *The Advocate* (a gay and lesbian magazine), as well as on *Oprah*, *20/20* with Barbara Walters, and in *People* magazine, among other mainstream and LGBTQ media

worldwide (Ryan 2009; Ware 2009; Beatie 2008). Thomas and Nancy's daughter Susan was born in late June 2008. Since then Thomas experienced two more pregnancies resulting in the births of he and Nancy's sons Austin (July 2009) and Jensen (July 2010).

Thomas's pregnancies and public profile have had an immeasurable impact on BTQ individuals and their reproductive experiences, as well as the general public's awareness and opinions about queer/trans masculine reproduction. In his chapter, "Boldly Going Where Few Men Have Gone Before: One Trans Man's Experience" (2009), Toronto-based Marcus Syrus Ware notes that his obstetrician/gynecologist (OB/GYN) made reference to Thomas Beatie during Ware's pre-TTC (trying-to-conceive) hysterosalpinogram (HSG)[13]. Similarly, *AJ* (20s, white, trans/genderqueer) mentioned to me that not only had their classmates heard of Thomas Beatie – and thus it eased *AJ's* coming-out as a transmen/genderqueer individual – but also a couple of *AJ's* health care providers had made reference to Thomas during *AJ's* medical visits. Additionally, all of the butch lesbians, transmen, and genderqueer individuals I interviewed were familiar with who Thomas Beatie was, and 36 of the 44 questionnaire respondents reported having heard of him[14]. Further, when a previous question on the questionnaire asked respondents to name "celebrities or public figures who are BOTH parents and either butch lesbians, genderqueer, gender variant, or transmen" in the blank spaces provided, the person who the respondents named most often was Thomas Beatie (n=12)[14]. While he was not the first transman in the world to experience pregnancy (Halberstam 2012; Ryan 2009; Diamond 2006' Califia-Rice 2000), his story was memorable enough to change the social/cultural climate of North America – at least to a degree that was significant to many of those who participated in my research. Of the 44 total BTQ questionnaire

respondents, 36 admitted to knowing of Thomas Beatie (aka: "the pregnant man"), 6 said that they had not heard of him, and 1 person was unsure. (One respondent did not answer this question.) Many of the BTQ folks I interviewed personally knew of a transman who had been pregnant and birthed before Thomas Beatie, but they all agreed that Thomas Beatie's story and publicity added to public awareness of transmen, in general, and to masculine pregnancy in particular. Additionally, I heard a few narratives regarding how (public) knowledge or awareness of Beatie meant that family, classmates, strangers, and medical professionals could better understand the reality of genderqueers, butch lesbians, and transmen that I spoke with. Of course this does not mean that all of the public reaction from the general public nor from fellow queer and trans individuals was exclusively positive.

Beatie is significant to the study of butch lesbians', transmen's, and genderqueer individuals experiences of fertility and infertility as he has been the most visible representation of queer/trans masculine reproduction. While the public in general may not remember his name, they remember his image and story. He put a face to transmen who have remained relatively invisible, especially as compared to transwomen (Valentine 2007; Cromwell 1997). I was drawn to the topic of queer/trans masculinity and in/fertility before Thomas Beatie became a public name. His story, however, was monumental for me because of the way that it called public attention to the culturally perceived dissonance between masculinity and fertility, reproduction, and pregnancy. Beatie was critiqued even by other transmen for making them appear indecisive regarding their gender/sex identity (K.W. 2008). Despite these critiques, Beatie maintained that his pregnancies were not based on any sense of femininity he had, but rather that, "Wanting

to have a biological child is neither a male nor female desire, but a human desire" (2008a). Moreover, Thomas Beatie does not identify as a mother of or to his children; he is their dad (Beatie 2008b). Despite this, he certainly would have experienced cultural pressures and expectations as he (socially perceived to be a girl) grew up, to eventually become pregnant and mother.

Anthropology of Reproduction

> By using reproduction as an entry point to the study of social life, we can see how cultures are produced (or contested) as people imagine and enable the creation of the next generation, most directly through the nurturance of children. But it has been anthropology's longstanding contribution that social reproduction entails much more than literal procreation, as children are born into complex social arrangements through which legacies of property, positions, rights, and values are negotiated over time. In this sense, reproduction, in its biological and social senses, is inextricably bound up with the production of culture. (Ginsburg and Rapp 1995b: 2)

Stratified Reproduction

It goes almost without saying that womanhood is generally defined through one's status as a mother (Walks 2011; Allison 2010a, 2010b; Abu-Duhou 2007; Liamputtong 2007; Liamputtong and Spitzer 2007; van Balen and Inhorn 2002; Inhorn 2000, 1996; Letherby and Williams 1999; Wekker 1999; Kitzinger 1993[1992]). The pressures that females face with respect to social and biological reproduction, however, differ considerably depending on their demographics and culture. Jamileh Abu-Duhou, for example, notes that in Palestinian culture "women['s] identity and passage to women hood [*sic*] is bond [*sic*] by their ability to reproduce and become mothers, however, their claim to motherhood maybe [*sic*] denied once they fail to reproduce sons" (2007:215). In Canada,

women's identities are often not as tied to motherhood, although pressures and expectations are certainly higher among some populations and demographics. The disparity among social pressures to reproduce (or not) is the essence of *stratified reproduction*. Shellee Colen (1995) coined the term "stratified reproduction" in an effort to call attention to the way that different types of reproduction/reproductive work are valued amongst particular populations, as well as how specific acts of reproduction are generally devalued. In Colen's words:

> By *stratified reproduction* I mean that physical and social reproductive tasks are accomplished differently according to inequalities that are based on hierarchies of class, race, ethnicity, gender, place in a global economy, and migration status and that are structured by social, economic, and political forces. The reproductive labor – physical, mental, and emotional – of bearing, raising, and socializing children and of creating and maintaining households and people (from infancy to old age) is differently experienced, valued, and rewarded according to inequalities of access to material and social resources in particular historical and cultural contexts. (1995:78, italics in original)

Thus, the concept of "stratified reproduction" refers not only to *biological* reproduction, but also to the physical, emotional, and mental labor of raising or enculturing children.

Through her research with West Indian migrant childcare workers and their employers in New York, Colen explained the workings of stratified reproduction in Western cultures.

> Within the contemporary sexual division of labor, child care and domestic work are assigned to women as extensions of women's supposedly 'natural' nurturing and caregiving. 'Naturalizing' the work implies that it is unskilled and not really worth wages, trivializing it. Devalued when passed from men to women in the society at large and within the same households, the work is further devalued when passed from one woman who chooses not to do it and can pay for it, to another woman who performs it in someone else's household for the wages she needs to maintain her own household. (1986:54)

Various people, including a variety of anthropologists have built on Colen's work, using her concept of stratified reproduction.

Anthropologist Ellen Lewin found the concept of stratified reproduction useful in her understanding of lesbian motherhood. Lewin pointed out that historically the concept of "lesbian motherhood" was viewed as an oxymoron, and thus lesbian women were automatically considered as "bad (potential) mothers" (1993:3, also noted in 1995). With regard to stratified reproduction and lesbians, Lewin notes that, "[j]ust as motherhood is viewed as the most natural expression of women's essential being, lesbianism is associated with violations of the natural order in the popular imagination" (1995:106). Despite these negative stereotypes, over Lewin's 20-plus year study of lesbian mothers, she found that lesbian mothers were not much different (if at all) from mothers in heterosexual relationships. Instead, Lewin notes that these mothers identify as "mothers" first, and as "gay" or "lesbian" second (1995, 1993). Lewin reasons that this is because "motherhood, even more clearly than sexual orientation, defines womanhood, thereby intensifying the already existing bifurication of women into mothers and nonmothers" (Lewin 1993:3). Unfortunately, Lewin does not delve into whether or how having a masculine gender identity (ie: "butch") might prevent someone from laying claim to the label of motherhood, or if anyone did not claim such a label for themselves, nor does she discuss how the label of "mother" may have contrasted with some of their gendered senses of self. Regardless, it is clear that there was little pressure for these lesbian women to become "lesbian mothers."

Related to this, Gayle Letherby and Catherine Williams (1999) considered how women of various demographics – including lesbians – are pressured to *not* become mothers. Focusing on non-motherhood, childlessness, and being child-free, Letherby and

Williams (1999) further Lewin's and Colen's point about who is entitled to mother, and who in the popular imagination violates the natural order of things. They explain

> that the desire of a lesbian or disabled woman who wants a child is likely to be questioned in a way that an able-bodied heterosexual woman's is not. In these circumstances, a woman's inability or 'choice' not to have children may be welcomed by other people rather than defined as sad or selfish. (727)

Today, lesbian women's desire for children is not usually questioned as it was when in 1999 when Letherby and Williams wrote the above – at least in Canadian urban centres – but stratified reproduction continues to be at work in the institutions, policies, and minds that influence social acceptance and practice in this country (Fleming 2011; Ware 2009). In other words, a double standard continues to exist: what is considered good and encouraged of women/mothers of particular demographics is considered bad and discouraged among women/mothers of other demographics. Moreover, while the concept of stratified reproduction relates to all aspects of my dissertation, its relevance here is central. Of course, women and mothers can each be categorized through a multitude of demographics (including, but not limited to, age, race, religion/spirituality, ethnic background(s), dis/ability, education level, class, sexuality, gender identity, and geographic location) and can face opposing pressures regarding their (potential) reproductive practices. For my research, the link of stratified reproduction to cultural notions of "good mothers," and how this affected (and continues to affect) people's decisions and desires regarding pregnancy, and their experiences of parenthood/ motherhood is important, and thus it emerges throughout the dissertation.

Cultural Notions of "Good Mothers"

Notions of "good mothers" differ from culture to culture – and even within cultures like those of the USA and Canada – but the pressure to meet that expectation or ideal of "the good mother" seems universal (Brown 2011; Green 2011; Pylypa 2011; Rudzik 2011; Tarducci 2011; Vaidya 2011; Walks 2011; Botha 2010; Guigné 2008; Barlow 2004; Villneas 2001; Whiting 1996). Despite the variety, I argue that a fairly standard or mainstream ideal persists, at least within the US and Canada. Moreover, I believe that "femininity" sits atop that list. *Tracy* (30s, white), a butch birth mother of two, noticed explicit femininity in the mothers she knew. "*I guess looking at mothers now – most of the moms I know are heterosexual - still very feminine. You don't see moms with short hair."* Moreover, if femininity was not atop that list, how could we rationalize the overt femininity of maternity wear? As with maternity wear, however, femininity is typically so normalized that it is not even recognized. When given an opportunity to list characteristics that make up the mainstream "ideal" of a "good mother," femininity seems like such a given that people forget to name it (personalized communication with Solveig Brown, Nov. 18, 2011). Such was the case in Brown's research among urban Midwestern mothers who were asked to list the characteristics of an ideal American mother (not their personal opinion of such characteristics, but the mainstream ideal).

In fact, of the characteristics that Brown's respondents wrote, neither "femininity" nor "heterosexuality" were explicitly within the top ten attributes listed (2011). Instead, the top ranking traits were "perfect supermom," "self-sacrificing," "calm, happy, and never stressed," "patient," "looks good," "great cook," and "good housekeeper" (due to tied ranking, 7 characteristics make "the top 5"). What is obvious when considering each

of these characteristics is that culturally, they are all recognized as "feminine" traits. What is more, not one of the 100 respondents listed "heterosexuality" (Brown 2011). In comparison, among the responses of a similar question on the BTQ questionnaire that was part of my study, 24% (n=10) of those who responded to this question named "traditional gender roles" (ie, "femininity for women"), and 21% (n=9) wrote down "heterosexual or "straight." In other words, a combined total of 40% (n-17) who responded to this question, listed either or both "traditional gender roles" and "is heterosexual/straight" (if each respondent is counted once, even if they listed both traits). This lies in definite contrast to the responses that Brown acquired.

Brown explains that, "none of the women in my sample mentioned race, class, sexual preference, or marital status…. This could be because these attributes are so normalized in our culture that they become invisible and taken for granted as the standard" (2011:15). I have to agree; I find it very unfortunate that the normalization of these traits has made their pervasiveness invisible. Aware of this effect, I was glad to see that race (written as "white" [n=1]), class (listed as "provides sufficient resources"; i.e., financial success, afford to be a parent, have a good job, good provider [n=11]), sexuality (n=9), and marital status (n=7) were all mentioned in the questionnaires that were returned to me, even if only one time. Moreover, two other demographic characteristics were listed by my BTQ respondents. Two respondents named "religious" as an ideal characteristic, and two others mentioned age (i.e., "older than a teenager" and "between 25 and 45"). For an overall comparison between the responses in Brown's study, versus those in mine, please see Table I.1 (top of next page).

Table 1.1: Comparison of the findings (pt1): cultural ideals of the "good mother"

Brown's responses	**Walks' responses**
1. Perfect Supermom (24%)	1. Nurturing/Caring 26% (n=12)
2T. Self-Sacrificing (18%)	2T. Provides Sufficient Resources 24% (n=11)
2T. Calm, Happy, and Never Stressed (18%)	2T. Selfless 24% (n=11)
4. Patient (16%)	4. Engage in trad. gender roles 22% (n=10)
5T. Looks Good (15%)	5T. Heterosexual/Straight 20% (n=9)
5T. Great Cook (15%)	5T. Love/Loving 20% (n=9)
5T. Good Housekeeper (15%)	7T. Housewife/SAHM 15% (n=7)
8T. Stay-at-Home-Mom (8%)	7T. Engagement w Children 15% (n=7)
8T. Working Mom (8%)	7T. Protection/Loyalty 15% (n=7)
8T. Perfect Children (8%)	

"T" indicates a tie with another characteristic
As Brown had 100 respondents, her percentages are equal to number of respondents ('n').

Table 1.2: "Comparison of the findings" (pt2): personal view of 'good mother/parent'"

Brown's Midwest Mothers	**Walks' respondents**
1. unconditional love (27%)	1. unconditional love (64%, n=21)
2T. setting rules/limits (25%)	2. nurturing/caring (36%, n=15)
2T. teaching child (26%,)	3. good role model (33%, n=14)
4T. balance (18%)	4. open-minded (26%, n=11)
4T. emotionally present (18%)	5. emotionally stable/available (24%, n=10)
6. spending time with child (15%)	6T. engagement with child (19%, n=8)
7. patient (13%)	6T. understanding (19%, n=8)
8. work status (10%)	6T. communicative and listens (19%, n=8)
9T.provides a safe environment (9%)	9. disciplines appropriately (17%, n=7)
9T. being a good role model (9%,)	

"T" indicates a tie with another characteristic
As Brown had 100 respondents, her percentages are equal to number of respondents ('n').

Likewise, questionnaire respondents of both studies also listed characteristics they felt made a "good mother" (or, alternatively, in my study, a good parent). For comparison purposes, I list (in Table I.2, bottom of last page) the top nine characteristics in each study. It is interesting to note the different ranking of particular characteristics, which could be an effect of actual differences in the respondents' location and sub-cultures, or could also bedue to their different positions in the larger culture as a whole. Just as cultural ideals about "good mothers" are linked to stratified reproduction, so too are institutional and governmental policies and practices.

The Research

As this study is really the first of its kind to delve into not only the reproductive experiences and expectations of BTQ individuals who have experienced pregnancy and/or infertility, but also into the opinions of their peers within the same gender spectrum, the study was designed to be exploratory and descriptive. I undertook this study guided by feminist, queer, Pagan[16], and anthropological research methods. I felt that the knowledge I wanted could be expressed through individuals' words and stories/narratives, as well as their checkmarks on questionnaires, and through my participant observation. Thus, from February 2011 to April 2012, I engaged in face-to-face interviews, distributed questionnaires, and conducted participant observation around British Columbia. I also conducted less formal participant observation during the summer of 2010. Here I provide a condensed version of my research methods and the demographics of those who participated in the research. A table relating to the participants demographics is in Appendix B.

Interviews

Interviews were conducted with two distinct populations: (1) individuals within the BTQ gender spectrum who had either experienced a successful pregnancy or who had experienced or been diagnosed with a condition linked to infertility; and (2) health care and social service professionals (HCPs) who specialize in providing care related to reproduction/(in)fertility, and/or care of queer/trans-specific populations. These face-to-face interviews were often in the participants' homes or workplaces, although a few occurred in a public park (n=1) or local coffee shop (n=2). Interviews lasted from a half hour to an hour-and-a-half with HCPs, and from 45 minutes to two-and-a-half hours with BTQ participants. With permission of those being interviewed, all interviews were recorded. The interviews were rich and provided the depth I was looking for, in terms of getting to understand context and examples of particular situations, opinions, and expectations of those with whom I spoke. In all, I interviewed 10 HCPs, 8 BTQs who had experienced at least one successful pregnancy, and 4 BTQ individuals who had experienced or otherwise been diagnosed with a condition linked to infertility. All but one of the interview participants identified as White, with one identifying as both White and ethnically Jewish, and another identifying as a Person of Colour.

The 10 HCPs included 4 midwives, 3 physicians, 2 nurses, and 1 counselor. The HCPs were from three different health regions/authorities. Eight of the 10 interview participants were women, and eight self-identified as gay, lesbian, and/or queer. The participants ranged in age from their 20s to their 50s.

The eight butch lesbian and genderqueer individuals I interviewed who had experienced at least one successful pregnancy were all in their 30s or 40s. Although all of

them had at one point resided in Vancouver, at the time of their interviews, they came from three different health regions/authorities. Four of these interview participants identified as butch, one identified as genderqueer, two identified as both butch and genderqueer, and one was unsure about her gender identity at the time of the interview. In terms of their relationship status at the time of their interviews, two of the eight were married, two were single, one was living common-law, two identified as being partnered/dating, and one was separated. Five of the eight interview participants had one child, while the other three parented two children. One of the interview participants (*Imogen*) had both the experience of pregnancy and of her wife being pregnant, and another spoke about the fact that her former girlfriend had unsuccessfully tried to conceive. Additionally, four of these interview participants talked about becoming pregnant again in the (near) future; two were very confident, while the other two were not sure but considered it a possibility.

The four interview participants who had either experienced or been diagnosed with a condition linked to infertility were in their 20s or 30s. They came from two different health regions. Two were in common-law relationships, one was married, and one was single at the time of interview. Three of these four had been diagnosed with a condition linked to infertility – one being misdiagnosed (*AJ*); the fourth (*Lou*) had experienced infertility when s/he tried to conceive. Of these four, two were currently parents (not biologically), one had no desire to become a parent, and one was planning to conceive in the next couple of years. Their experiences, along with those reported via questionnaires are the focus of Chapter 6.

Questionnaires

Similar to the interviews, questionnaires were carried out among two populations. In fact, two distinct questionnaires were designed and distributed: one for a range of health care and social service providers (HCPs), including physicians, nurses, midwives, counselors, and social workers; and the other for anyone (over 19) who identified within the butch lesbian, genderqueer, transmen spectrum. In total, 260 questionnaires were distributed, 119 to HCPs and 141 to BTQs.

The HCP questionnaire was one double-sided page, with a total of 16 questions on it. Of the 119 distributed, 21% were returned (n=28). Of these, 9 were completed by physicians, 8 by social workers, 4 by nurses, 3 by midwives, 3 by counselors or psychologists, and 1 by an other type of social service professional. Moreover, at least one HCP questionnaire was returned from each of the five provincial health regions. In all, the questionnaire was completed by 17 females, 8 males, 2 transfolks, and 1 individual who did not specify their sex/gender. The HCP questionnaire respondents ranged in age from 23 to 67 years (with an average/mean of 46), and had worked in the health care or social service field between 1 and 45 years (with an average/mean of 17 years). With respect to ethnic identity, 23 HCP questionnaire respondents identified as white or Caucasian, 1 identified as mixed First Nations/ white, 3 identified as being Asian, and 1 did not indicate their race or ethnicity. (The full questionnaire with its quantitative findings is in Appendix C.)

In contrast to the simple 1-page HCP questionnaire, the BTQ questionnaire had three parts to it. Five of the eight page sides were for all BTQs to complete, while one 2-sided page was only for those who had either experienced or been diagnosed with a

condition linked to infertility, and one 1-sided page was for those who were currently or who had previously experienced a successful pregnancy. In total, of the 141 BTQ questionnaires distributed, 32.6% were returned (n=48). Unfortunately, two of these were completed by individuals who were not eligible to participate (one due to MTF gender identity, and another due to residency outside of BC). Of the 46 eligible questionnaires, 20.5% (n=9) noted that they had experienced or been diagnosed with a condition linked to infertility, and 18.2% (n=8) noted that they had experienced a pregnancy.

In total 27.3% (n=71) of the distributed questionnaires were returned, with two or more from each of the province's five health regions. Of the 64 qualifying questionnaires 45.5% (n=30) were from the Vancouver Coastal Health (VCH) region; 28.8% (n=19) were from BC's Southern Interior, in the Interior Health region; 13.6% (n=9) were completed by individuals from Metro Vancouver, in the South Fraser Health Authority; 12.1% (n=8) were returned from the Vancouver Island Heath Authority, which includes not only Vancouver Island, but also the Gulf Islands and the Sunshine Coast; 3% (n=2) was returned from BC's Northern region in the Northern Health Authority; and 3% (n=2) did not indicate in which health region they were currently residing.

In terms of the ethnic diversity (and lack thereof) of all the interview participants and (eligible) questionnaire respondents (n=96), the group was proportionately more White than the population of British Columbia (70.4% [Statistics Canada 2007]). Of all the research participants, 81.3% identified as White or Caucasian (n=78); 7.3% (n=7) identified as being "mixed" (ie: some mix of ethnic background including Arab, Indigenous/First Nations, Asian, and/or White); 5.2% were Asian (n=5); 2.1% identified

as Jewish (n=2); and 1.0% (n=1) identified as being Indigenous. Unfortunately, 3.1% (n=3) did not indicate their ethnicity or race.

Participant Observation

I used participant observation to acquire a sense of the local and global context, as well as the queer-specific realities of BTQ, queer, and family experiences in British Columbia. The global or larger context was gained through my paying particular attention to media portrayals of gender, sexuality, and the family (discussed below). In terms of acquiring local contexts, participant observation occurred in 21 cities across southern BC[17]. While I intended to do explicit participant observation with interview participants in their own neighbourhoods following their individual interviews, I soon realized this was not going to be feasible, especially for those who were parents. Many interviews occurred in the evening, after children had gone to bed, when it was dark outside and difficult to see the particular neighbourhoods and cultural environments of the interview participants. Other interviews took place in the interview participants' offices while they were at work, also making it difficult to do a walk around the community together. Thus, depending on the timing and location of the interviews, I dedicated time either before or after the interviews to explore the communities in which the interview participants lived and worked[18]. While many of the interview participants lived in East Vancouver – the cultural hub for queers and (grassroots) activism, which has historically formed around Commercial Drive, although more generally and recently has sprawled between or around Nanaimo Street and Main Street, between Broadway and Hastings Street – I was able to observe differences between the smaller neighbourhoods or communities during

my time there. My participant observation, however, was not limited to the everyday experiences in these locations.

Pride and queer-specific events and activities proved to be key times for participant observation. Pride events are spread over the summer and the rest of the year, in British Columbia, making it easier for people to travel to multiple Pride festivals, parades, marches, and events throughout the province. In 2011 there were Pride celebrations in at least 17 different cities across BC; including 8 cities within the Vancouver Island Health Authority, alone. In addition to these, BC universities and colleges often host week long "Out Weeks" or "Pride Weeks" in February or March, and other queer-focused events throughout the year (i.e.: coffee houses, dances, film showings). In early April 2012, one particularly interesting event extended my participant observation phase. This was the first ever official Pride parade in Kamloops, organized and hosted by students of Thompson Rivers University (TRU) (Klassen 2012; Young 2012).

While my project did not acquire ethics approval until February 2011, I was able to engage in participant-observation during both the summers of 2010 and 2011, and to a lesser extent also in the summer of 2012. The summer of 2010 was important because it was the first time since the late 1990s that there had been a trans-march in Vancouver (Hui 2010). The organizers of the 2010 version also organized a three-day trans/genderqueer-specific conference (Vancouver Trans Forum 2010). In 2011 the Vancouver Pride Society hosted a trans-focused barbeque, its first ever trans-focused event. A couple of days later, the 2nd Annual Trans March occurred, and the following day, the 8th annual Dyke March went down Commercial Drive, followed by its festival at

a local park. While Vancouver Pride events were not limited to these occasions – nor was my participant-observation limited to these events – but they do demonstrate some of the change within the cultural environment I researched.

As noted earlier, British Columbia's political and social environment is not exclusively queer-friendly, despite it being one of the more progressive areas in the world in terms of legal and social recognition of queers and their families. In this regard, living in Kelowna over the last four years has both been frustrating and a blessing, and this relates to my last type of participant observation in which I engaged. I found that just by my being a queer parent in BC and living in Kelowna has been a reality check. While queer community was plentiful in Vancouver, even being 'queer' – as opposed to 'gay' or 'lesbian' – was sometimes challenging, especially as I was not easily recognized as being queer. This led to everyday being a possible 'day in the field.' In some ways, my "anthropologist's hat" never came off (Nordquest 2007). While I am not a butch lesbian, transman, or genderqueer individual, everyday I negotiated what it was like to be a queer parent, often without being recognized as one. Moreover, as my partner is a transman, I also observed how he both interacted within cultural institutions and how they reacted to him. Thus, while I dealt with people who thought that "femmes are not real lesbians" because they – the straight-identified female I spoke with – had "kissed girls in the bar for free drinks too, you know!" my partner had co-workers tell him that queers cannot have children. Our realities were denied right in front of ours eyes.

Additionally, as a member of the larger culture, I have been privy to the messages in popular culture regarding gender, sexuality, and family. I see how Shiloh Jolie-Pitt is presented and talked about in mainstream media, including on the cover of the March

2010 issue of *Life & Style* magazine that asked, "Why is Angelina [Jolie] turning Shiloh into a boy?" (Romolini 2010). I also saw the public controversy surrounding Chaz Bono being a contestant on *Dancing With the Stars* in the fall of 2011[18], as well as the representation and reaction to out lesbians Vicci Martinez and butch Beverly McClellan (two of the four 2011 finalists) and butch-identified Sarah Golden (who was cut during the first "battle round" in 2012) on *The Voice*[20]. Moreover, I was reminded of the progress and restrictions of that progress as I was asked repeatedly to be a resource for a loved one of someone who had come out as a lesbian or trans-person. These loved ones wanted to be supportive but had limited understandings of what it meant for their partner, child, parent, aunt, uncle, or friend to be someone who our culture often stereotypes and marginalizes. Understanding the diverse possibilities for and lived experiences of butch lesbians, transmen, and genderqueer individuals is what lies at the core of this research and dissertation.

Limitations

> The few of us with interest and nerve to do this kind of project [ie: queer anthropology] lack resources and encouragement. But if we are unaware of our own limitations, we will naïvely reproduce them. (Newton 2000:155)

As with any study, this one had its limitations. These limitations included time and financial constraints, as well as those of weather, road conditions, my whiteness, the fact that I am cis and my partner is trans, the fact that I am a "working" mother, the topic of my study combined with the history of research *on* LGBT populations, the language I used in the study, the recruitment methods, among other reasons. While weather and road conditions (ie: provincial mountain highway road closures due to mud slides, and snow)

impacted my ability to travel to Northern BC when I had planned; time and financial constraints had the most impact on the potential of my research. Despite having the financial benefits of a four year doctoral award from the Social Science and Humanities Council of Canada (SSHRC), I still struggled to come up with the money for the limited traveling I did in southern British Columbia (which included three trips to Vancouver Island, one trip to the Kootenays, and numerous trips to Greater Vancouver, as well as day trips within the Thompson-Okanagan region). Time and financial constraints inevitably and subsequently limited my ability to stay in communities for longer than 10 days at a time, and often limited stays to a few hours or days; thus impacting the number of people I could contact to participate via questionnaire, interview, or participant observation. Moreover, despite my efforts and personal connections, I remained unable to access a significant number of queer people of colour (QPOC) or Two Spirit individuals to participate, and thus I did not have enough to analyse and discover patterns of experience, opinions, or choice that might differ from those of queer White respondents. As outlined in Chapter 2, identities and terminology can be extremely problematic; inevitably, due to both the history of exploitive research *on* LGBT populations, as well as the politics associated with identities. Some people whom I would deem to be eligible participants refrained from participating in this research project.

Moreover, Esther Newton in the above statement comments on how graduate students and other social researchers who focus on queer communities often only focus on white communities. While this may not be their intent, Newton asserts that she has "been forming a disturbing impression that new social science writing about lesbians is describing only white, middle-class women and asserting or implying that they are *the*

lesbian community" (2000:156). Newton argues that it is important to understand that this limitation occurs, and how it could be resolved in future research. While the BTQ interview participants in this study ranged in their economic situation (from being on Employment Insurance, Short-Term Disability, and renting basement suites, to home owners, small business owners, and working in highly trained professions), I am aware that for the most part this study focuses on the experiences of white middle (and working) class BTQs. Class and reproduction are linked, especially when considering people who need access to gametes they do not themselves possess, as money equals access (to sperm). That said, three of the interview participants did not use (or, in the case of *AJ*, did not plan on using) the services of a fertility clinic, and thus they used a less expensive method of conception. Therefore, while ethnic diversity falls short in this study, economic diversity is present.

Aim and Outline of Dissertation

> Before becoming a mother I knew I would feel some pressure to raise my child according to social expectations, yet I had not fully understood, nor imagined, the degree to which those expectations included replicating and promoting patriarchal values and practice. I was not prepared for the intense social surveillance and resulting pressures to raise my son in ways that duplicated patriarchal notions of masculinity. I now saw and understood that mothers were required to pass patriarchal perspectives, values, and behaviours on to their children, and I felt the scrutinizing gaze and consequential disapproval that mothers met, especially from other mothers, when they didn't comply… As in other areas of my life, mothering is a site where personal action is political and where general societal values are reflected in personal experience. I saw how mothering had become a location where my feminist activism could question and challenge, rather than support and replicate, patriarchy. (Green 2011:16-17)

Originally my research was focused on individuals' interactions and relationships to the medical institutions linked to reproduction and infertility, however, this area was not one that was a focus of the BTQ individuals I interviewed. Instead, what came through in the interviews – and in the questionnaires – was the different (from the "norm") and diverse negotiations of fertility, infertility, pregnancy, breastfeeding, and parenting that people who embody female masculinity experience. For a large part, the experiences were revealed feminist and *queer* agency of the research participants. Thus, like Fiona Green in *Practicing Feminist Mothering*, "My focus has been to attend to the ongoing need to explore the realities of feminist mothering" (2011:149). In doing so, in this dissertation, I am arguing for a challenging of the dominant understanding that "good parenting" is about parents and children maintaining the status quo (Green 2011), and in particular, that good parenting should preserve "male-female dualism as inevitable" (Davies 2003:xiii). In other words, I am arguing that "good parenting" can include parenting that challenges the status quo. Moreover, I acknowledge and argue that there is a lot to be learned from studying parenting that not only recognizes children's agency, but also recognizes diverse gendered practices of both parents and children. Thus, more widely, I am arguing for, and presenting an alternative to, the "cultural fetish" that associates femininity with reproduction, including (but not limited to) pregnancy, breastfeeding, mothering, and fertility. In sum, the point of this dissertation is to highlight these key areas and bring to light the unique and various expectations and experiences that butch lesbians, transmen, and genderqueer individuals have regarding their ("female" and potential) reproduction.

In this Introduction, I gave a brief overview of the cultural context and reasons for my research on "Gender Identity and In/Fertility," and laid the groundwork for the

upcoming chapters. Chapter 3 focuses on desiring and achieving parenthood, including a discussion of the different expectations and desires BTQ individuals have (had) regarding becoming parents, as well as exploring how those who experienced pregnancy did so. The focus of Chapter 4 is breastfeeding, and how this presents unique and challenging "feminine" situations for individuals who embody or feel masculine. Chapter 5, "Raising Queerlings," discusses parenting in an implicitly or explicitly *queer* manner. Finally, Chapter 6 is focuses on diagnoses and experiences of BTQ infertility. The dissertation concludes by emphasizing the importance of (future) research like that discussed here to the discipline of anthropology, as well as to queer and trans health, to HCPs, and to the expectations and experiences of those labeled "female" at birth, both in Canadian culture and worldwide.

I first begin, however, with a chapter that lays additional groundwork and provides context. Chapter 2 focuses on the personal and political importance of gender identities and sexuality. Here I define butch lesbian, transmen, and genderqueer identities, provide some theoretical background, and explore historical context to and cross-cultural comparisons of these individuals.

Endnotes

1. This quote was given in response to question 13 on the questionnaire I distributed to butch lesbians, transmen, and genderqueer individuals.

All names of interview participants and questionnaire respondents that are used in the dissertation are pseudonyms. Following their pseudonym, I include the participant's decade, race, and gender identity. (All BTQ interview participants identified as white;

thus, I have only listed the race or ethnicity of questionnaire respondents and HCPs.) A list of participant and respondent pseudonyms and demographics are in Appendix C: participant demographics.

2. Cultural pressures and norms are a common focus within anthropology. One of the most famous ethnographic examples is Mary Douglas' *Purity and Danger: An Analysis of concept of pollution and taboo* (2002). In this book, Douglas "show[s] that rituals of purity and impurity create unity in experience" (2002:3). In relation to the "road less traveled for a reason," Douglas would argue that the reason is fear (1), which generates "men's [*sic*] common urge to make a unity of all their experience and to overcome distinctions and separations in acts of atonement" (209).

3. While some people see the use of "they" and "their" as incongruent in reference to a single individual, "they" is a pronoun of choice for some individuals whose gender identity does not fit within conventional or standard gender dichotomous boxes. It is thus used as such in this section as well as in later sections of the dissertation.

Pronoun choice is personal and political. With respect to queer and trans populations and communities, this has been evidenced not only in research and publications (Bergman 2010; Blackwood 2010, 1999; wallace 2010; Ware 2009; Nagadya and Morgan 2007; Wekker 1999), but also through my experience and participant observation, particularly among the queer and trans communities in Vancouver. In my interviews with butch lesbians, transmen, and genderqueer individuals, one of the first questions I asked the interview participants was about their pronoun preference. I have tried to remain true to their preferences when I make reference to these individuals. As for the questionnaire respondents, their anonymity means that their

(individual) identities and gender pronoun choices are unknown to me. Thus, in an attempt to address their diverse individual identities and preferences, I have assigned one or more pronoun to each respondent. Most often but not exclusively, butch lesbians have been assigned stereotypically "female" pronouns (ie: she and her), transmen have been assigned "male" pronouns (ie: he and his), and genderqueer individuals have been assigned either a mix of both male and female pronouns or the gender neutral pronouns of "they" and "their". I did this because I felt it best reflects the reality of identities and uses of pronouns in British Columbia. While it is true that some people identify and use new pronouns (ie: *ze* and *hir*) or the singular gender neutral pronoun of "it", I do not use these pronouns here except in relation to public figures or authors/researchers who have indicated such as their preference. Part of my decision to do this undoubtedly relates to my own (cis-gender and academic) ease of writing, but it also reflects what have I observed both through my participant observation as well as my lived experiences in East Vancouver, Vancouver's suburbs, in the Okanagan, in Kamloops, on the Island, and on college and university campuses in British Columbia. Through these experiences I have come to know less than a handful of (transmasculine) individuals who use or find comfort (solely) with these particular pronouns. I do not want to further marginalize these individuals' identities or practices, but I know that statistically-speaking, I am more likely to accurately attribute and represent the identities of those within the butch lesbian, transmen, and genderqueer spectrum by avoiding use of those lesser-used pronouns.

4. A more thorough description of Polycystic Ovarian Syndrome (PCOS) and Polycystic Ovaries (PCO), among other conditions linked to infertility are given in Chapter 6.

5. Transmasculine is a broad term akin to J. Halberstam's *female masculinity* (1998b). It is usually thought to include butch lesbians, transmen, and genderqueer individuals who were labeled female at birth. While few transmasculine individuals would self identify as engaging in "female masculinity" many do self-identify as transmasculine.

6. Definitions and examples of butch lesbians, transmen, and genderqueer individuals will appear in Chapter 2.

7. Some researchers – most notably anthropologist Ellen Lewin (1995, 1993) – have focused on gender with respect to their studies of lesbian mothers. This attention, however, focused on (critiquing) the cultural perception of lesbians not being feminine, and thus not conducive to "good mothering."

8. In my research I focus on "mothering" rather than the more general term and role of "parenting." I use the term "mothering" and "mother" throughout for two reasons. First, it is "mothering" and not just "parenting" that is expected of children who are labeled "female" at birth. Second, of those who experienced pregnancy, all identified as "mothers," albeit sometimes due to a lack of a more appropriate term. I would love to do further research regarding the choosing of parental labels, but regrettably this was not a subject that I delved into much in the interviews. Interestingly, the three interview participants who have been diagnosed with a condition linked to infertility and who parented or planned to parent, voiced the most dissonance with the term "mother." Admittedly, compared to those who had experienced a pregnancy, the individuals who had been diagnosed with a condition linked to infertility also more explicitly vocalized and experienced their gender as not "female."

Recognizing that definitions and cultural understandings of "mothers," "mothering," "parent," "parenting," and more particularly "good mothering," are constantly in flux, I cannot and have not distinctively or explicitly differentiate between "parenting"/"parent" and "mothering"/"mother." In Canada "mothering" is (still) recognized as an innately feminine activity that is done by females, whereas "parenting" is a non-gendered activity or engagement that encompasses the two recognized categories of "fathering" and "mothering." In my research I welcomed and have accepted the definitions and categorizations that were presented by those who engaged in my research; they self-identified who they are and what they do. There were, of course, certainly points where I challenged, critiqued, and probed their explanations and categorizations.

9. Despite Thomas Beatie's and popular perception, Beatie was not the first (legal) transman to experience pregnancy (Halberstam 2012a; Ryan 2009; Diamond 2006; Califia-Rice 2000). For example, Patrick Califia wrote about his partner, Matt Rice's, pregnancy in 2000 (Califia-Rice 2000), and James Diamond featured himself in his independent film, *Mars Womb-Man* in 2006. Moreover, other transmen have had their pregnancies made public since Beatie's first public pregnancy in 2008 (CBC News 2012a; Casares 2010; Wallace 2010; Ali 2009; The Olive Press 2009; Ware 2009). Others still have informed researchers and/or physicians of their desire for pregnancy (Pyne 2012; interview with *Dr.K*).

10. Kelowna is statistically the whitest city in British Columbia and Canada (Plant 2011).

11. In Canada, parenting rights are not tied to marriage rights (as they are in some parts of the United States, for instance [Epstein 2009b; Rayside 2009]), due to "common law" relationship recognition in Canada.

12. From Cindy Holmes' LGBTQ community work in Kelowna in 2004-2005, it is clear that Mayor Gray was not the only person in Kelowna to feel this way. In fact, Holmes notes:

> While anti-LGBTQ discrimination, harassment and violence were prevalent in all three communities [Nelson, Nanaimo, and Kelowna], the stories my colleague and I heard of fear and violence, isolation and silence, homophobia and transphobia in the Okanagan horrified us. From what we heard, things seemed much worse than in our other project sites: a heterosexual man threatening to kill his lesbian neighbor, teachers terrified to be out in their communities and schools, fearing homophobic retaliation and possible firing, children of lesbian parents taking knives to school as a response to homophobic threats, gay men facing homophobia in court when negotiating custody and access visits with their children, a trans woman being refused medical care upon disclosure of her transgender identity, and high levels of conflict and horizontal hostility among queer community members. (2012: 200).

Moreover, Holmes clarifies that while she notes Okanagan, and not just Kelowna, in the above statement, "participants focused their discussions on the city of Kelowna, identifying it as more homophobic and heterosexist than some other places in the Okanagan, such as Vernon and Salmon Arm for example" (200).

13. An HSG (or hysterosalpingogram) is a test in which dye is run through the fallopian tubes and uterus to both detect and possibly clear out any blockages that are present. With reference to pain or discomfort, people who are referred to such tests are often told something along the lines of, "an HSG usually causes mild or moderate cramping for about 5-10 minutes; however, some women may experience cramps for several hours. The symptoms can be greatly reduced by taking Ibuprofen (600mg) half an

hour prior to the X-ray" (KRFC 2012). Moreover, occasionally women faint after the procedure due to feeling light headed (KRFC 2012). Nothing is said to the patients regarding the potential emotional or physiological discomfort that may arise.

While some women find minimal discomfort during or after the procedure, other individuals are emotionally and psychologically scarred from the experience of being rendered without capability of moving their body when instructed to do so by the gynecologist, or or the procedure bringing up mental and visceral memories from past experiences of rape or other unwanted sexual touching. Negative experiences with HSGs were voiced in two interviews and one of the questionnaires; additionally two individuals mentioned their personal emotional and physiological discomfort during my Master's study. In response to question 30 on the BTQ questionnaire ("One or two specific situations that stand out in my mind, with regards to my interactions with health care professionals and my "fertility" or "infertility" are:"), *Val* (40s, butch/trans, white) noted, "*The hideousness of an x-ray procedure where water was pumped into my uterus & fallopian tubes – painful and shocking – I didn't realize I what I was getting into when I showed up for the x-ray (probably didn't read or otherwise attend to description in advance)*." Like *Val*, I showed up to have an HSG – prior to the conception of my son – not realizing what I was getting myself into. Unlike *Val*, however, I had read the preparatory material, and had even heard tidbits of information from others who had previously experienced this procedure. Despite this, I was quite traumatized during the procedure. When the test was finished, and I was still lying immobile on the exam table with tears running down my cheeks, one of the assisting nurses in a paternalistic manner stated, "Now, that wasn't that bad was it?" I would love to see more social research

looking at people's negative responses to HSGs, as after my own experience I looked for other negative experiences online and could not find any – undoubtedly due to the extreme vulnerability that this procedure requires of its patients who do not want to further their vulnerability by placing it online. It is only through my research (when I was not officially looking for HSG experiences) that people have informed me of their own negative experiences, or simply stated that if they were to try-to-conceive again that they would refuse to partake in an HSG.

14. Moreover, five said they had not heard of him, and one was not sure if they had or had not heard of him. (One respondent did not answer this question).

The results from my questionnaires are not generalizable in regard to the opinions they present. Instead, due to the limits of my recruitment methods, combined with the topic and aims of my study being what they are, I expected only to receive questionnaires back from individuals with a positive personal perception regarding queer reproduction. In fact, sampling bias for research of this nature would indicate that even if my aims were not explicit, only people with a vested interest in the topic would respond, meaning those with strong opinions for or against "queer reproduction." I was thus surprised and simultaneously pleased and disturbed when I received the questionnaire from the physician who voiced his strong opposition to this matter – pleased in that because I know this opposition exists, I had yet to explicitly have evidence of it from a HCP, and disturbed because of his written comment on the questionnaire itself.

15. While 12 questionnaire respondents named Thomas Beatie, 8 named Rosie O'Donnell, 4 named Melissa Etheridge, and 1 person each named Christine Marioni (actress Cynthia Nixon's fiancée) and Heather Poe (Mary Cheney's longtime partner).

Fourteen other respondents either left that question blank or wrote something to the effect of "none". Additionally, three respondents listed other famous people including Neil Patrick Harris (n=1) and Ellen Degeneres (n=2) despite the fact that neither Harris nor Degeneres fully fit said category – Harris (to my knowledge) is a cisman, and Degeneres is not a parent.

16. Amy Agigian (2004) is the only person I know of who has embraced and/or discussed using Pagan epistemologies. She explains that,

> Pagan epistemologies assert the reality of social flux against the dominance of the isolated individual who is supported by phallic ideologies. They imply connection, continuity, compassionate awareness of our existence in the food chain, and the recognition of the intrinsic value (as opposed to the exchange value or use value) of beings. Pagan epistemologies reject the zero-sum game of taxonomixing bodies, the body/mind split, and the body that is rigidly gendered, racialized, and organized by national and sexual legal categories. They assert a more generous exchange boundaries as well as the utter interdependency of bodies for survival. In good sociological tradition, pagan epistemologies attend to the invisible as well as the visible, and labor to sustain a compassionate sense of irony (making the mundane strange and the strange mundane) about our fragile and complex common conditions. (175)

17. The 21 cities in which I did participant observation are Vancouver, Burnaby, New Westminster, Richmond, Surrey, White Rock, Abbotsford, Penticton, Peachland, West Kelowna, Kelowna, Lake Country, Vernon, Kamloops, Grand Forks, Nelson, Victoria, Nanaimo, Parksville, Qualicum Beach, and Comox/Courtenay.

18. In the end, I was only conducted my participant observation along with an interview participant on one occasion.

19. As an "out" transman and trans-advocate, and now grown child celebrity, Chaz Bono's appearance on *Dancing With The Stars* apparently had some parents and other members of the public speculating whether or not children should be allowed to watch

these episodes (Kotz 2011). The fact that *Dancing With The Stars* is broadcast at 9pm (after many children would be in bed), and is a show known for its "sexy" and "hot" content seemed to be besides the point of whether or not children should be allowed to watch the show. Instead, controversy surrounded the acceptability of an "out" transman, who to any viewers of the show just appears to be a large white man, on the show. As with other examples I give in this Introduction, his appearance and the controversy around it demonstrate the polarized positions of popular culture with regard to visibility and rights of people who express non-normative genders and sexualities.

20. Previous to *The Voice*, Sarah Golden (illustration 2.1, page 68) had been told by two different major record labels that they would sign her if she wore dresses, and changed her lesbian lyrics to not include references to female pronouns (Bendix 2012; *The Voice* 2012a, 2012b). On *The Voice* and in her interview with AfterEllen.com Sarah Golden noted that she would not compromise who she was for a record deal (Bendix 2012; *The Voice* 2012a, 2012b). Likewise she commented to AfterEllen.com that, "I don't know whose idea it was, but I appreciate NBC for giving the gays a place to be, because I swear to God, they have made major kudos with the 'ten percent of the population that doesn't exist'" (Bendix 2012). During the first season of *The Voice* AfterEllen.com reflected, "That visibility [of "out" gays on *The Voice*] is unparalleled, especially if you compare *The Voice* to *American Idol*. You have four openly gay contestants [in the first season] versus in 10 seasons of *Idol* it seems like you always had to wait until after the season ended for someone to come out" (Goldberg 2011). What AfterEllen.com had yet to find out is that in the 2011 season, the show's two "out"

lesbians became two of the four finalists, distinguishing themselves even more from *American Idol* and other reality shows.

Chapter 2:
Gender Identity and Sexuality: Personal Practices, Politics, and Culture

Mom *(singing): Hit the road Jack, don't you come back no more no more no more no more, hit the road Jack, don't you come back no more… What you say?*
Robbie *(son): You sounded like a girl.*
Suzanne *(daughter): That's because she is a girl.*
Robbie: *No, she's a boy* and *a girl. A transformer.*
(Received via email from *Mom*. Used with permission and pseudonyms.)

> According to Merleau-Ponty, we come to understand our relation in the world via the positioning of our body physically and historically in space. 'Far from being merely an instrument or object in the world our bodies are what give us our expression in the world' (1976: 5). In other words, our body is not just the place from which we come to experience the world; it is through our bodies that we come to see and be seen in the world, and our selfhood comes from this location in our body and our experience of this. (Entwistle 2000: 334)

Identities and bodies are culturally experienced and defined and, as such, are linked to gender and sexuality (Moore 2011; Lewin 2009a; Diamond and Butterworth 2008; Koller 2008; Valentine 2007; Stacey and Biblarz 2001; Halberstam 1998a, 1998b; Weston 1996; Weeks 1991). Identities and bodies are also historically situated and experienced, as well as geographically specific. Sometimes categories of identities are particular to small groups of (otherwise labeled) lesbian, gay, bisexual, and trans (LGBT) folks (Moore 2011; Lewin 2009a; Diamond and Butterworth 2008; Koller 2008; Valentine 2007; Stacey and Biblarz 2001; Weston 1996; Kennedy and Davis 1994; Weeks 1991). Additionally, partly due to the history of LGBT folks (in the global North) and partly due to personal politics and/or experience, some people are not comfortable identifying with any particular gender and/or sexuality label (Moore 2011; Lewin 2009a; Valentine 2009;

Stacey and Biblarz 2001; Weston 1996). The personal and political nature of identity posed a particular challenge in conducting my research, and in having (eligible) people participate. Even aware of the personal and political nature of these identities, I was sometimes caught off-guard by how individuals – both previously known to me and complete strangers – self-identified in terms of their gender or refrained completely from doing so. Similarly, when potential interview or questionnaire respondents who had been suggested by research participants or my friends made contact with me, these individuals sometimes informed me that they did not embody the requisite butch, transman, or genderqueer gender identity to participate. This chapter considers these complexities, while discussing the most prominent labels and identities used by those who participated in this research project.

In doing so, this chapter has three foci. First, it defines identity labels that are most common in British Columbia. Second, it reviews the Western and mostly US history of butch and femme lesbians and transmen. Lastly, it reviews anthropological and cross-cultural research that has focused on "female masculinities" (Halberstam 1998a, 1998b). Before these three foci, it is important to briefly discuss the concept of "female masculinity" and Queer Theory, the field from which it emerged. As a whole, this chapter sets the groundwork to understand "female masculine" identities and the experiences of those who embody them, from both a holistic and comparative perspective.

Queer Theory

Judith Butler's *Gender Trouble* (1999), originally published in 1990, is widely recognized as the foundational text of Queer Theory (Prosser 2006; Cohen 1997). While

the argument within *Gender Trouble* is often misunderstood, Butler called attention to what she labeled the "performativity" of gender, not as a way of making the "doing" of gender fun or unimportant, but instead as a way to bring awareness to the way "gender is manufactured through a sustained [culturally constructed and expected] set of acts" (1999:xvi). In doing so, Butler provided a new way of considering how gender and sexuality could be engaged with and thought about. To theorize gender in this way was perceived by many of Butler's readers as something new, and yet anthropologists such as Esther Newton (2000, 1993, 1979[1972]), Gayle Rubin (2011, 2006, 2002), Ann Bolin (1987), and Margaret Mead (2001[1935], 1955[1949], 1961), had similarly studied and reported on gendered and sexual performativity, cultural norms, and morés in various cultures. What was new with Butler's theory was how she explicitly explained and demonstrated how "under certain conditions of normative heterosexuality, policing gender is sometimes used as a way of securing heterosexuality" (1999:xii). This, along with the timeliness of the release of *Gender Trouble*, undoubtedly contributed to the notoriety of Butler's work. Moreover, *Gender Trouble* spawned a cultural movement and served as a catalyst for how Judith Halberstam (1998b) considered "female masculinity."

To contrast the typical presentation of "female masculinities [that] are framed as the rejected scraps of dominant masculinity in order that male masculinity may appear to be the real thing" (1), Halberstam's focus in *Female Masculinity* (1998b) was to demonstrate the diverse and purposeful ways that masculinity is embodied and performed by individuals who were labeled as female at birth. Specifically, Halberstam exemplifies how female masculinity challenges patriarchy and heteronormativity. She explains that "female masculinity is generally received by hetero- and homo-normative cultures as a

pathological sign of misidentification and maladjustment, as a longing to be and to have a power that is always just out of reach" (9). Therefore, female masculinity is not attainable to heterosexual women (who are well-adjusted simply by being heterosexual), but rather it is an embodiment unique to queer (read: culturally recognized as being pathological, misidentified, and maladjusted) individuals. To exemplify this claim Halberstam calls attention to the memorable image of pregnant Demi Moore on the cover of *Vanity Fair* in August 1991, where Moore's naked body is painted as a man's suit. In contrast to the challenge that "female masculinity" presents, Halberstam argues that this image "fails to suggest even a mild representation of female masculinity precisely because it so anxiously emphasizes the femaleness of her body" (40). Thus, in *Female Masculinity*, Halberstam fixes her gaze on butch lesbians, and to a lesser extent, transmen. In so doing, she reflects and illustrates how female masculinity works as "a queer subject position that can successfully challenge hegemonic models of gender conformity" (9).

With regard to my research, it is important to note that few individuals actually self-identify or find comfort in the term "female masculinity." Obviously, this results in the term being somewhat problematic. On the other hand, it is a useful concept to use – as there is no other fitting term – when thinking about individuals and practices of those perceived to be female at birth and who now present and act in a masculine manner. This applies equally with regard to Western and non-Western cultures (Halberstam 2012b). Moreover, whether the term is "female masculinity," butch, genderqueer, trans, gay, queer, or something else, labels and identities are complex and political regardless of culture. Thus, for a lack of a better term, it can be said that in my research three particular female masculine identities were the focus: butch lesbian, transman, and genderqueer.

Gender and Sexuality: Identities and Labels

Until I moved to Vancouver, I didn't know there were so many [gender and sexual identity] options… I came out almost 20 years ago, and where I was living … there were the gays, the dykes, and the lipstick lesbians. Those were the three choices. (Shelby, 30s,white, butch-identified)

Identities and labels of gender and sexuality are contentious, personal, and political. Histories and culture figure prominently. Moreover, as many researchers have pointed out, factors such as race, ethnicity, class, religion, educational level, rural/urban location, as well as politics and time, can affect ties to specific identity labels (Moore 2011; Valentine 2007; Weston 1996; Weeks 1991; Rich 1980). Mignon Moore (2011) highlights an example of how lesbian identities relate to race and time: "[Present day] *Transgressing* [Black] women might have been called *studs* in a *previous generation* or *butch* in the predominantly *White* Women's community, in that they use the female body as a site for signifying masculinity" (Mignon 2011:76). Seemingly, just as relevant to the political and personal nature of labels, is the feeling or lack thereof, of a connection to a particular label, as well as how other people do or do not recognize one's connection to a particular label. In fact, this posed a challenge with recruiting and having the right people participate in my research.

In order to inform people of my research, I had to use words and labels even though I knew that some people I would categorize as eligible to participate would not feel comfortable with the labels I used, regardless of which terms I chose (or did not choose) at the given time. One of Kath Weston's research participants explained the importance and relevance of using categories.

> 'If you put someone in a category,' she [Kris Lindquist] explained, 'then you can deal with them. I can say you're a butch and it makes it easier for me, and

> when you go outside those perimeters, well, then we're going to have to rethink. But for now, it puts me at ease to call you butch. Because then I know what you're going to do next. You're predictable.' (Weston 1996:202)

Of course, there is a downfall to such categories too. The people affected and who were most deterred by categories, are the individuals who have a political and/or personal preference to avoid labels and language altogether regarding their gender identity. In fact, one individual I emailed to inform and invite them to participate in the study declined my request, and replied, "I really don't like check boxes when it comes to identity issues" (email correspondence, March 5, 2012).

Individuals within the gay, lesbian, bisexual, trans, and queer (GLBTQ) community at-large have an understandable feeling of friction and a love-hate relationship with identity labels. This animosity stems from a combination of factors including the ongoing politics within LGBTQ communities, a negative history between medical professionals and researchers, and the general negative treatment from popular culture, the public and mass media. Sexual and gender non-conformity has been criminalized, medicalized, pathologized, and institutionalized, by Western medicine, sexologists, religion, and governments both prior to and throughout much of the 20th century (Valentine 2007; Gamson 2003; Kong, Mahoney and Plummer 2003; Weeks 1991). This was evidenced by the inclusion of homosexuality in the *Diagnostic and Statistical Manual of Mental Disorders* (also known as the *DSM*) from the manual's inception in 1952. Moreover, even with the removal of "homosexuality" from the *DSM* between the 1974 edition (DSM-7th printing) and 1987 (DSM-III-R [revised]), debate continued among medical professionals about the inclusion or exclusion of homosexuality (Beredjick 2012; Valentine 2007; Green 2004; Cromwell 1999;

Halberstam 1998b). Additionally, *transsexualism* – now medically diagnosed as Gender Identity Disorder (GID), and in the DSM-V to officially be diagnosed as Gender Dysphoria (Beredjick 2012; APA 2011; Cohen-Kettenis and Pfäfflin 2010) – was added to the DSM in 1980 (Beredjick 2012; Cohen-Kettenis and Pfäfflin 2010; Valentine 2007; Green 2004; Cromwell 1999; Halberstam 1998b). Further, research and psychological studies such as those conducted by Albert Kinsey, Sigmund Freud, and John Money, among others, have often pathologized, sensationalized, Otherized, and generally mistreated GLBTQ folks (Gamson 2003; Kong, Mahoney and Plummer 2003). As gender non-conformity piqued many researchers' interest, trans-folks, "mannish" butch lesbians, and genderqueer individuals have been some of the most *poked and prodded* (Gamson 2003; Kong, Mahoney, and Plummer 2003; Creed 1999). Labels such as transsexual, invert, and homosexual, among others much more negative in nature, derived from such research (Gamson 2003; Kong, Mahoney, and Plummer 2003; Creed 1999).

In terms of politics, there are always insiders and outsiders – people wanting just to fit in and be accepted by society in general, and others wanting to "stir the pot" and be recognized for their differences. "Identities based upon gender expression (e.g., butch or femme) can allow a queer community to recognize and value women's preferred styles of interaction and expression. These gender expressions, however, may influence experiences of rejection or discrimination as well" (Levitt and Horne 2002:27). Additionally, over time, identities and meanings change (Moore 2011; Russell, Clarke, and Clary 2009; Diamond and Butterworth 2008; Weston 1996; Weeks 1991). While 'queer' was used as an insult in the late 19th century and most of the 20th century, from the mid-1980s to the 1990s, queer was reclaimed by sexual minorities. Due to its history,

younger people (compared to those over 40 or 50 years of age) find resonance with 'queer,' although it is also more commonly used in urban, academic, white, privileged, and politically left-leaning settings, compared to the label 'gay,' for instance. For how questionnaire respondents identified in terms of their sexuality, please see figures 2.1-2.3 (see below and next page).

Resonance with and respect for butch/femme identities has undoubtedly ebbed and flowed over the past 100 years. Butch/femme identities and communities were pivotal to many (mostly white) lesbians in the 1950s and 1960s (Moore 2011; Koller 2008; Gibson and Meem 2002; Goldie 2001; Weston 1996; Kennedy and Davis 1994). With the rise of second-wave of feminism in the late 1960s through the early 1980s, these

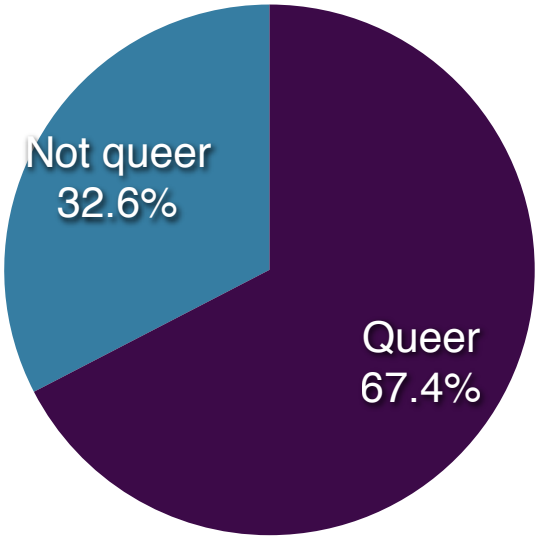

Figure 2.1: Queer versus non-queer identifying respondents: total percentage of BTQ questionnaire respondents who did and did not identify their sexual orientation as "queer"

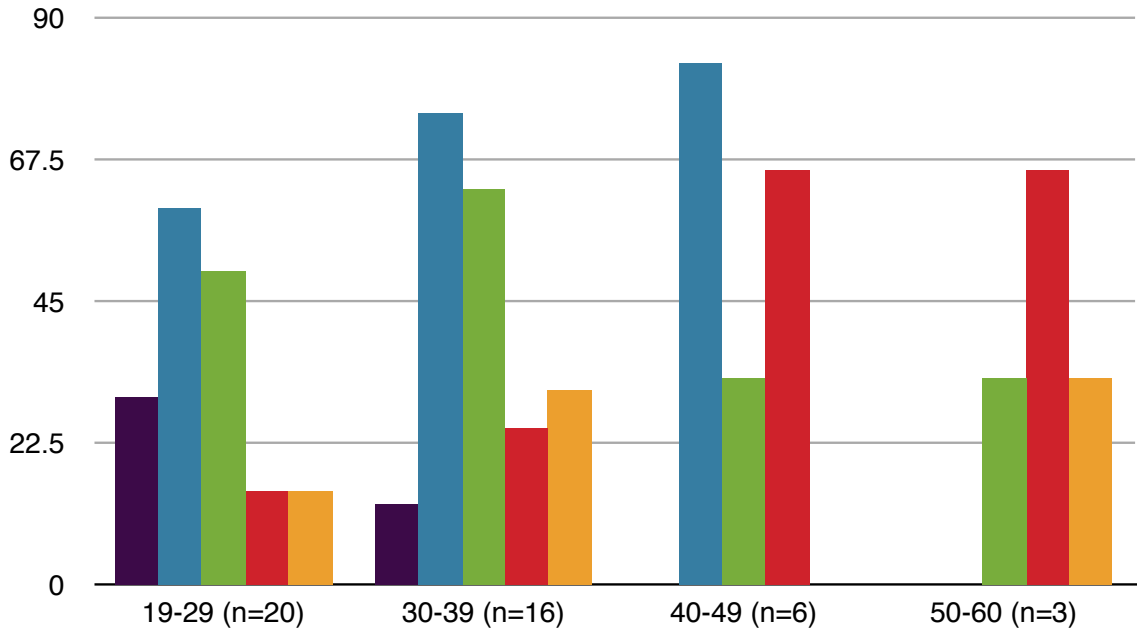

Figure 2.2: Sexual identity by age: percentage of BTQ questionnaire respondents, of each age group, who identified as each sexual identity[1, 2]

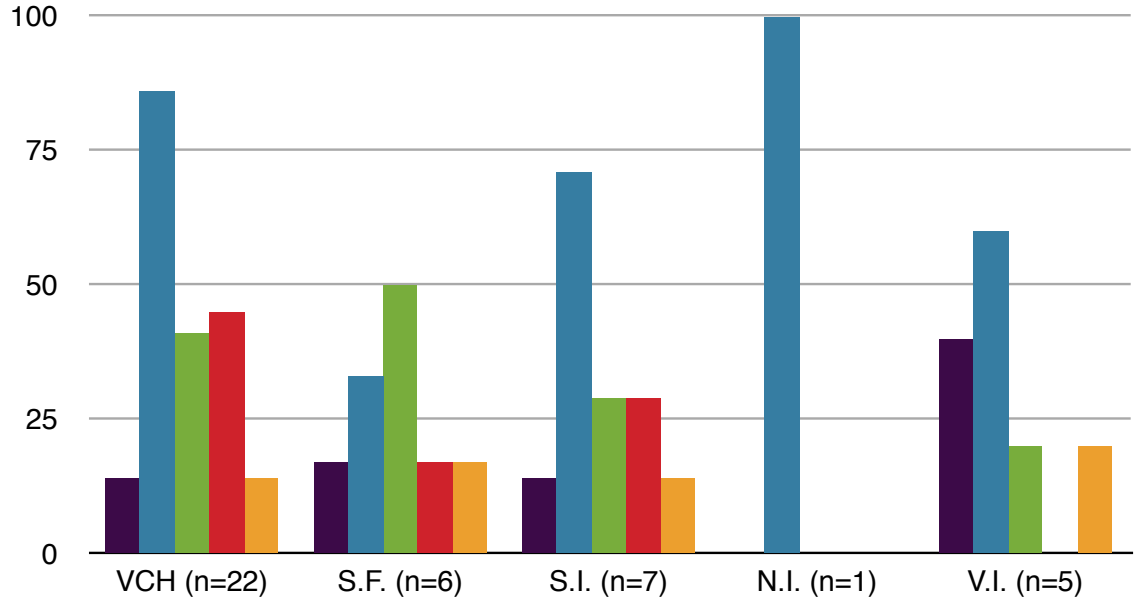

Figure 2.3: Sexual identity by health district: Percentage of BTQ questionnaire respondents, by regional health district, who identify as various sexual identities

VCH: Vancouver Coastal Health, SF: South Fraser, SI: Southern Interior, NI: Northern Interior, VI: Vancouver Island Health Authority

Legend: purple: pan/omnisexual[3], blue: queer; green: gay, red: lesbian; yellow: straight

identities – and those who embodied them – were judged as patriarchal and as based on heterosexual ideals, and thus thrust underground until the late 1980s and much later in some locales (Koller 2008; Gibson and Meem 2002; Goldie 2001; Weston 1996). This history is contentious, political, and personal. Individuals remember what it felt like to be taunted for being "queer," "butch," and/or "femme" in a time when that was not a good thing. I return to butch/femme communities in North America later in this chapter. In the meantime, it is important simply to recognize that living through these circumstances make it challenging to embrace an identity that once caused so much pain. Likewise, the changing what identities represent to a community does not erase their previous significance, whether the significance was positive or negative. Moreover, some individuals simply feel no resonance with a label and/or feel no desire for a community – based on common gender and/or sexuality – who share a language or identity.

In other words, some individuals find it necessary or comforting to have an identity or label used to describe them; other people are not drawn to a specific word or label, or would rather avoid all labels; still other individuals simply feel that no label or identity adequately addresses who they are. Certainly, awareness or exposure to various identities and people who use them helps individuals affirm a connection and/or rejection of these labels. *Kieran* mentioned how the label of "genderqueer" seems the most appropriate for who they are but, due to the way they have seen it embodied by those in their community and the reactions that they have received from others due to *Kieran*'s gender presentation makes them cautious to use this label, or any label at all.

> *I'm still not sure what exactly I am. If pressed, I would use the label genderqueer, but the people I have met using this label all have a much more masculine energy… To be honest, I almost feel discriminated against by others in the community for my feminine energy… There are feminine guys!*

> *[Feminine guys exist!] …Basically, I'm still figuring things out. All I've really established is what I'm NOT – I'm not heterosexual or cisgendered. I don't, at this point, feel the need to label myself, and will do so only to explain who I am to others. I'm a human, and I'm attracted to other humans. Why do we make it more complicated than that?* (*Kieran*, caucasian, 20s, questionnaire respondent)

Moreover, for those who do choose to use particular labels, such as "queer," "butch," "trans," or "genderqueer" those labels often contain a particular meaning for the individuals who use them. For myself, my identity as a queer femme speaks to my femininity (in "femme") in addition to my view of gender being fluid (rather than dichotomous), as well as my attempt to challenge hegemonic representations of femininity through my inclusion of the word "queer." As questionnaire respondent *Leslie* (30s, androgynous, no response regarding race/ethnicity) pointed out, cultural contexts, threats of violence, theorizing, and the desire or lack thereof for a community of similar folks effect how individuals identify and practice their gender and sexuality.

> *I came out rural – we didn't spend much time on labels – just organizing for change – I do believe this obsession with labels is an urban preference, particularly in university environments. No time for theoretical discussions regarding labels when you're getting your face smashed in!* (*Leslie,* questionnaire respondent)

With these factors considered, I now discuss three identity-related concepts that are key to my research: "butch lesbian," "transmen," and "genderqueer."

Butch lesbians

Women loving women have undoubtedly existed historically and cross-culturally, and yet how their attractions have been culturally treated has differed significantly (Moore 2011; Gibson and Meem 2002; Halberstam 1998b). The term "lesbian" was not invented until the mid-nineteenth century (Creed 1999; Halberstam 1998b), and in Western cultures

butches have served as "*the* recognizable" (Munt 2001:95; see also Jiménez 2011) and "quintessential stereotype" (Creed 1999:111) of lesbian. Historically, butch lesbians have often been characterized as "not a woman but rather an 'invert,' or the embodiment of some third and anomalous gender category" (Lewin 1995,106-7; similarly Gibson and Meem 2002:3) or as "really a man trapped in a woman's body" (Creed 1999:112). In so being, butch lesbians have been consistently viewed and portrayed negatively in mainstream culture (for example: see Illustration 2.1 of Sarah Golden, next page). The negative view of lesbians has related to both their deviant sexual practices and the fact that their bodies contest Cartesian dualisms regarding female femininity. Creed further explains that:

> it is the ideological function of the lesbian body to warn the 'normal' woman about the dangers of undoing or rejecting her own bodily socialization. This is why the culture points with most hypocritical concern at the mannish lesbian, the butch lesbian, while deliberately ignoring the femme lesbian, the woman whose body in no way presents itself to the straight world as different or deviant. To function properly as ideological litmus paper, the lesbian body must be instantly recognizable. (1999:122)

As Creed further explains, these stereotypes developed "from a deep-seated fear of female sexuality… and arise from the nature of the threat [that] lesbianism offers to patriarchal heterosexual culture" (112). Butch identities and iconography, however, have also served a positive, political, and crucial role to lesbian communities in many Western cultures.

Butch together with femme form the two main stereotypes and identities of lesbians in Western cultures (Coyote and Sharman 2011a, 2011b; Munt 1998a). Ivan Coyote and Zena Sharman, the Vancouver-based editors of *Persistence: All Ways Butch and Femme* (2011b) note:

"I just want to be me. I just want to look like me – for that to be okay."
-Sarah Golden, March 12, 2012 on *The Voice* regarding how recording companies told her they would sign her only if she changed her ("lesbian"/"butch") appearance

Illustration 2.1: Sarah Golden (butch-identified singer-songwriter, contestant on *The Voice* in Spring 2012). Photographer: Kris McManus. Used with permission.

> Since we were looking for the most contemporary, hip, and down-with-the-people definitions of the words femme and butch, we passed over the *Oxford English Dictionary* in favour of the Internet. But even the interwebs couldn't get it quite right. The word 'stereotype' was bandied about a lot. Butch was used as a synonym for dominant, and most definitions for femme had a lot more to say about outfits and accessories than identity and politics. This would never do. Our experience of these words and the people who use them was so much bigger than that. (2011a:25)

Rifkin similarly explains:

> 'Lesbian gender' embodies the authenticity felt by lesbians who name butch or femme as their identities. Lesbian gender also emphasizes how both [butch and femme] identities disrupt traditional gender categories, indicating their disavowal of a system in which sex uniformly predicts gender and sexuality. (2002:158)

In writings about butch and femme identities, particular notions repeatedly emerge; these include notions of shame, visibility, fluidity (and lack thereof), and innate senses of self (Coyote and Sharman 2011b; Bergman 2010; Rubin 2006; Rifkin 2002; Munt 2001, 1998b; Halberstam 1998b; Lewin 1996; Kennedy and Davis 1994). Thus, despite being perceived as static stereotypical categories, butch and femme identities are quite complex.

From about the time of the Second World War until the 1970s butch and femme identities were central to many (white[4]) lesbian communities in bigger cities (Moore 2011; Koller 2008; Gibson and Meem 2002; Stacey and Biblarz 2001; Halberstam 1998b; Newton 1996; Thorpe 1996; Kennedy and Davis 1993). While second wave feminism critiqued butch and femme identities and practices for their apparent mimicry of patriarchal heterosexual relations, a re-emergence of these identities accompanied the rise of third-wave feminism (Coyote 2011b; Bergman 2010; Gibson and Meem 2002; Levitt and Horne 2002). This re-emergence in the 1980s was gradual, but since the 1990s butch and femme identities have regained their prominence in many major cities. In fact, even

outside of typically thought-of "Western" cultures, butch and femme identities are key to the lesbian community. For example, Naisargi Dave notes that, in 1998 on her first day at Sangini, a lesbian organization in India, "we were all discussing whether we were butch, femme, or something in between" (2011b:658). Moreover, as is noed below, identities similar to "butch" and "femme" are experienced in quite a variety of cultures around the world. Some of these identities borrow their labels from the English "butch" and "femme" or from related terms like "lesbian" and "tomboy," while other identities are rooted in non-Western historical traditions. Before getting into the depth and breadth of these identities, I will explain who and what is "butch" in contemporary Western culture, all the while acknowledging that there is diversity within Western "butch" practice, politics, and identity.

While recent writing has emphasized the diversity of butch practice, politics, and identity – most notably in *Persistence: All Ways Butch and Femme* (Coyote and Sharman 2011), and *Butch is a Noun* (Bergman 2010) – there are particular characteristics associated with butch lesbians. "Butch women defy heterosexual gender norms and thus are at risk for discrimination in this context, while femme women, by their very existence, challenge traditional feminist-lesbian aesthetics and may be discriminated against within these butch-androgynous contexts" (Levitt and Horne 2002:34). Further, as anthropologist Gayle Rubin has noted: "The iconography in many contemporary lesbian periodicals leaves a strong impression that a butch always has short hair, wears a leather jacket, rides a Harley, and works construction" (2006:473). Similarly, Sally Munt notes that,

> Despite the media hype of chic femme in the early 1990s, [butch] communicates a singular verity, to dykes and homophobes alike. Butch –

> despite the evidence of butch heterosexual women, and the passion of femmes for women – is the gospel of lesbianism, inevitably interpreted as the true revelation of female homosexuality. Butch is the signifying space of lesbianism; when a butch walks into a room, that space becomes queer. (2001: 95)

Butches are *the* recognizable and known form of lesbians. To further illustrate this, I will discuss in an encounter I had on campus during my doctoral studies.

While waiting for an appointment on campus one day, I met a nursing student who inquired about my research. While most strangers I spoke with did not know what transmen are, this particular individual was not familiar with the term and identity of "butch lesbian." I informed her that butch lesbians are one of the two main stereotypes of lesbians, and that I generally define butches as women who are sexually attracted to other women and who often identify or express themselves in a more androgynous or masculine manner (though, certainly there are many exceptions, as noted by Bergman [2010] and in Coyote and Sharman [2011]). After my explanation she verified with me, "Oh, you mean the Home Depot type?" I briefly thought about what she said, and figured that for the sake of simplicity I should agree, and then speak to her about femmes[5]. So, I nodded "yes."

Butches, however, are diverse in how they look, how they behave and carry themselves, as well as the things that they like to do (Coyote and Sharman 2011b; Bergman 2010). Butch lesbian Karleen Pendleton Jiménez challenged the butch stereotype by acknowledging, "I may be butch and she the femme, but she's stronger than me and can take me down any day" (2011:55). While much of butch diversity can be accepted as part of the fluidity of any identity category, there are also some labels for particular types of butches, two of which are fairly common in BC, among other locales.

These two types are the stone butch and soft butch. The label of stone butch has been around for a number of decades (Crawley 2002; Feinberg 1999; Weston 1996), and is sometimes described as the epitome of butchness and masculinity because stoneness represents "butch untouchability" (Cvetkovich 1998:159). Sally Munt explains that, "the stone butch … is the abnegation of woman" (2001:102). Anthropologist Kath Weston notes that, "in theory a stone butch derives her pleasure not from touch but from satisfying her partner" (1996:117; similarly noted by Cvetkovich 1998). By contrast, a soft butch is like a cuddly teddy bear. Their masculinity is not found by being emotionally reserved – like the stone butch – but rather in being more of a cute cuddly boy/boi in appearance and comportment. The stone and soft butch represent extremes of butchness, and even within these categories fluidity and exceptions to the above descriptions are found.

Particular stereotypes and expectations, as well as contrasts to such stereotypes of butches have been noted by various participants in my research. Three interview participants (*Shelby, Quinn*, and *Bryn*) particularly talked at length regarding the gendered expectations of themselves and, more generally, as related to "butchness." While *Bryn* experiences will be focused on in chapters 4 and 5, *Shelby*'s and *Quinn*'s narratives sufficiently illustrate the inability for individuals to fulfill the stereotypes and expectations completely.

> ***Shelby*** *[butch-identified]: And I am very butch appearing most of the time. Like for me dressing-up is a shirt and tie. And then, I'm often more femme in attitude, so it's like a real mixed bag.*
>
> ***MW****: Femme in attitude?*
>
> ***Shelby:*** *It's kind of, you know… I used to think when I was younger that I was*

butch, cause I was, 'like hell I'm wearing a dress; I'm not wearing a skirt; like what the – no!' And then I went through this period where I thought I was more femme than I wanted to admit. You know, I was a member of a spinning and weaving guild. Like I was doing things that don't necessarily seem 'butch.' And now I'm at a point where I don't really know what defines 'butch.' So, I was invited to a butch lunch, and I was kind of like, I don't even know if I belong there. I'm not sure – cause I'm the bottom. You know, I'm the one who's afraid of thunder and lightening. [laughs] I have these sort of like 'femme,' or what I see as 'femme' traits, but then at the same time, I get called 'sir' all the time, and I wear men's shoes. I wear men's clothes. There's all of that. *So I'm still not sure where I lie in the whole thing. So Bonnie [my partner] was like, 'if you wanna be butch, be butch, identity that way. And if you don't want to, then don't.'… I am butch. I feel butch. I feel like there's more masculine to me… especially outwardly, when I am out in the world. So, yeah, it's interesting.*

* * *

Quinn *[genderqueer identified]**:** It's kind of weird because people assume I'm a butch dyke sometimes… I don't understand what it means to be butch. I mean, I know… but for myself, I don't know what it would mean for me to be butch, or femme… being read like a butch lesbian for me is like a role that I don't really fit in… I feel I fit in it less than perhaps I fit in to being male.*

It is interesting to compare and contrast the narratives of *Shelby* and *Quinn* who both are often recognized as "butch" but have different ways of negotiating this label for use on themselves. On the other hand, some participants could be perceived as contradicting themselves in their interviews with respect to their gender identities. For example, at the start of an interview some would say that they identified as "genderqueer" but later refer to themselves as "butch," or vice-versa. Their doing so, however, highlights the fluidity of gender identities and the individual themselves.

For the purposes of my research, individuals self-selected to participate in an interview and/or questionnaire, and informed me (verbally or through checking a box, or writing down an alternate identity) of their gender identity/ies. Of the 10 BTQ individuals I interviewed, 7 identified as butch. Likewise, of the 46 individuals who responded to the

BTQ questionnaire, 16 (34.8%) identified as "butch," 5 (10.9%) as "soft butch" and 1 (2.2%) as "stone butch.[6]"

Transmen

We live not just in a culture, but in a world where trans-bodies are typically associated with transwomen, transvestites, or drag queens, and where transmen have only in recent years become more publicly visible[7]. In contrast to transwomen who are people who were born with what was recognized as a penis and who now live as women, transmen (also known as Female-to-Male trans folks or simply FTMs) identify and present as male despite their having been categorized as "female" at birth. The term "trans" linguistically stems from "trans" meaning "different" or "change." Thus, its use as a prefix calls attention to the difference between the originally attributed female and feminine gender/sex identity and the masculinity and/or maleness that transmen identify with as adults. In contrast to trans, "cis" means "the same;" therefore, cis-men are men who have the same gender/sex identity that they were labeled with at birth – masculinity and maleness.

To be socially recognized as men, and/or feel more comfortable in their own bodies, transmen often inject testosterone, have one or more surgeries to alter their chest, and/or have a hysterectomy. In British Columbia these processes – along with a legal name change or 'identity consolidation,' real-life experience (RLE), and multiple sessions with a medical professional to diagnose Gender Identity Disorder (GID) – are usually part of what it takes to be legally recognized as male. Some transmen also pursue genital altering surgery or surgeries, although genital surgery is much more common

among transwomen than transmen, in part due to the quality and cost of the surgery (Green 2004; Cromwell 1999; personal knowledge).

While I interviewed only one transman (in regard to his previous diagnosis related to infertility), a variety of trans and male-identified individuals responded to the questionnaire. In all of 46 BTQ respondents, 19 (41.3%) identified as male, 18 (39.1%) identified as trans**,** 18 identified as FTM (39.1%), 10 identified as a man (21.7%), 14 (30.4%) identified as transgender, and 6 (13.0%) identified as transsexual. In total, 21 (45.7%) individuals self-identified as either or both trans and FTM. Only four individuals who identified as FTM did not also self-identify as trans, and likewise four individuals who identified as trans did not also self-identify as FTM. Similarly, five of the 21 trans- and/or FTM-identified respondents did not simultaneously identify as male, however, 12 of the trans- and/or FTM identified individuals also did not self-identify as men. Likewise, substantially more diversity arose in their responses relating to gender (ie: masculinity [n=9], femininity [n=5], androgenous [n=12], or none of these [n=10][8,9]).

Transmen and the FTM-Butch Border Wars

> *Up until recently, like in the last couple of years, I didn't ... understand why people couldn't just get counseling to get over gender dysphoria. 'Why can't you just get counseling to help you accept your body, rather than mutilate it and pump your body full of steroids?' (Hank, 30s, transman)*

Whereas "female masculinity" is the term Judith Halberstam has used to discuss masculinity present in bodies that were assigned as "female" at birth, I want to expand the discussion to include how transmen negotiate masculinity in a world that continues to see a necessary relationship between "maleness" and "masculinity," and in which "trans-bodies" are typically thought to be trans-women. In *Becoming a Visible Man* (2004),

Jamison Green tells the story of his physical and social transition from being assigned "female" at birth to living and being recognized as a man in his everyday life. As an advocate for and an educator of trans-issues, he tells of his frequent lectures as an invited speaker in university classes. In writing of these experiences he notes that,

> Sometimes the instructor will tell the class in advance that they will have a transsexual speaker at their next session, and students are disappointed when they see me because they think the transsexual couldn't come afterall. They think they know what transsexual people look like, and I don't fit the picture. (9)

Undoubtedly, the experience and embodiment of a trans-man is different from those of butch lesbians, even if many transmen previously identified as "lesbians".

Despite the fact that many FTMs used to be lesbians, there exists a complicated relationship between lesbians and transmen, resulting in what some call a "border war" between these two groups (Halberstam 1998b; Rubin 2006; Cromwell 1999; Valentine 2007). While neither all lesbians nor all transmen feel antagonistic towards people in the other group, there are many factors that have resulted in the conflict that does exist. First, due to the history linking (butch) lesbians to men, Halberstam argues that "a residue" of such linkages exists, which leads lesbians to continue to antagonize transmen. Secondly, each group accuses the other of being gender normative, of not really pushing the boundaries, whether it be due to butches being perceived as fearful of undergoing "the transition" – and thus giving in to social pressures to be or remain "a woman" – or of FTMs for taking up a hegemonic masculinity, instead of challenging "the system" by being a masculine woman (Rubin 2006; Halberstam 1998b). Both the first and the second point here link to a third, which is that FTMs have become "traitors" or "the enemy," as they "lack access to liberating lesbian discourse" (Halberstam 1998b:149; see also Rubin 2006).

Gayle Rubin, however, situates this "border war" within a history of judging and excluding various types of people by the lesbian community. She notes that FTMs are simply the newest group of people to be cast-out from the lesbian community following "[MTFs], sadomasochists, butch-femme lesbians, bisexuals, and even lesbians who are not separatists" (2006:476). Summing up these four points, Rubin explains that:

> Anomalies will always occur, challenging customary modes of thought without representing any actual threat to health, safety, or community survival. However, human beings are easily upset by exactly those 'existing things' that escape classification, treating such phenomena as dangerous, polluting, and requiring eradication. Female-to-male transsexuals present just such a challenge to lesbian gender categories. (2006:476)

While obvious to those who engage in these border wars, there are similarities and differences between butch and transmen's ways of being, not the least of which is linked to female masculinity.

While both butches and transmen embody (generally speaking) female masculinity, as defined by Halberstam, the way this is done, at least in terms of iconography, is quite different. Compared to the prominence of butch iconography (ie: kd lang, Rachel Maddow, Jane Lynch), the iconography of a transman is almost non-existent – save the recent public attention on Thomas Beatie, Chaz Bono, and Lucas Silveira[10]. The fact that transmen have very limited iconography I think reflects the fact that many (but certainly not all) transmen take on a hegemonic masculinity, which makes them invisible or certainly non-differentiated from cis-men. As previously mentioned, to pass as a cis-man and thus not to appear 'too feminine' as to conjure up suspicion for being a butch lesbian, gay man (which some transmen are), or a 'freaky woman', can be a matter of survival. How transmen 'pass' or the masculinities that they embody, however, certainly have changed in recent years as more diverse types of masculinities have come

to the public eye. A discussion of these changes goes beyond the scope of this chapter and dissertation, except to note that the masculinity/ies presented by Thomas Beatie, as a pregnant man, still remains outside of hegemonic masculinities, and types of masculinities that most butches and transmen aspire to embody. How feminine fertility and masculine bodies (can) mesh is quite a contentious issue, and one central to my study. Moreover, the politics surrounding the butch/FTM border wars is small compared to that which genderqueer individuals face from all sides.

Genderqueer

Genderqueer individuals explicitly challenge gender norms and binaries, and thus sometimes they are considered to engage in 'genderfucking.' People who are genderqueer may alternatively identify themselves as 'gender variant' or 'gender non-conforming.' Some genderqueer individuals appear androgynous (or lacking female and male signifiers), while other genderqueers purposefully mix stereotypical masculine and feminine signifiers. For example, some genderqueer individuals might confidently present themselves with a beard while wearing a pink dress or skirt, or "wearing suspenders, large mustaches, bright lipstick, sequins, suits, and glitter" (Stoeckeler 2012:200). Their identity and embodiment typically goes beyond the type of gender boundary pushing that Lady Gaga performances are known for; moreover, it is important to note that with regard to gender identity there is typically a distinction made between what is practiced or performed (to use Judith Butler's term) everyday and what is practiced as explicit or purposeful performance by a persona, such as Lady Gaga. Being a butch lesbian, transman, or genderqueer individual is not about performing a persona –

like being a drag king or queen, or a celebrity persona – but instead it is about living everyday as that person and identity. Additionally, it should be noted that a genderqueer identity can be taken up by individuals regardless of their sexual attractions or practices, as it is an identity related to gender (presentation and/or comportment) and not sexuality.

In my interview with *Lou*, they articulated why a genderqueer identity best fits with who s/he is.

> ***Lou:*** *I don't really fit into any set category, so maybe genderqueer best describes me. If I was to be comfortable with one of the other terms, I would say androgyny, androgynous. And I kind of move around on the scale, if there is one. Sometimes I'm happy, you know, painting my toe nails and the other days I'm happy doing guy things. So, I'm kind of a mix I'd say.*
> *But, I'm really uncomfortable with pronouns. When people refer to me as 'she' I feel okay about it if I sort of switch it around in my brain a bit, and move the 's' a bit further away from the 'h'. Some people use 's/he,' so that feels okay to me. And some people use 'hir' instead of 'her,' that feels okay to me too. I'm not offended when someone calls me 'she,' it just kind of makes me cringe. I have a visceral reaction to it.*
> *People mistake me for guy all the time. The kids call me half-boy half-girl. The other day we went to a local fair, and the line-up for the women's bathroom was atrocious! And Yannik [my son] had to have a poop, so we went into the men's bathroom and he looked at me and said, 'well, you're half boy anyway so it's okay.'*
> *It's mostly kids who mistake me for a guy. It's happened all my life and I'm okay with it. It doesn't bother me at all. I'm really happy with neutral bathrooms. I'm really happy, and I always look for the disability washrooms. I don't like to use them but I'd much rather do that then have someone freak out, which has happened before. So I usually hum or something in a higher voice when I go into the women's washroom, if I absolutely have to, or the change room at the swimming pool. Swimming pools are getting a lot better [with] family change rooms, and so I use that even if I were going swimming by myself. So that's it in a nutshell.*
>
> ***MW:*** *And if an adult said 'he' how would it make you feel?*
>
> ***Lou:*** *I wouldn't correct them. It happens all the time. It doesn't make me cringe. But I don't feel I am transgender. I guess maybe ['he' is] a bit more comfortable, but it still doesn't seem right.*
> *… but FaceBook … to set up an account [you have to identify a gender or sex], and I just left it blank. So now my friends see the pronoun 'their' or 'they,' and I'm comfortable with that because it's neutral.*

As with any identity, there is a range of how and why people relate to it. Genderqueer is undoubtedly quite a complex identity, not only to explain and understand, but also to find resonance with.

In total, of the 46 qualified respondents to the questionnaire, 14 individuals self-identified as genderqueer (30.4%). Likewise, 8 identified (15.2%) as gender variant, and 12 (26.1%) as androgynous. Two of the gender variant individuals did not simultaneously identify as genderqueer, and yet 7 individuals (15.2%) simultaneously identified as genderqueer and androgynous. Moreover, while 'queer' is more often perceived to be a category of sexual identity rather than an identity of gender or sex, 20 (43.5**%)** individuals self-identified queer as their gender and/or sex. This compared to 31 individuals (67.4%) who identified their sexuality as queer.

Queer Anthropology

Studies of same-sex relations and diverse gendered practices have long been a part of anthropology – the work of Margaret Mead (2001, 1961, 1955), combined with the scholarship on *hijra* (Reddy 2005; Nanda 1996, 1990) and Two Spirit (previously called *berdache*) practices serve as well-cited examples (for example: Shaw 2007; Gilley 2006; Reddy 2005; Nanda 2003, 1990; Roscoe 2003, 2000, 1991; Lang 1999, 1998, 1996a, 1996b; Jacobs, Thomas, and Lang 1997) – and yet, ethnographic research focusing on the identities and practices of female-bodied individuals has constituted a minority of this work (Boellstroff 2007; Morgan and Wieringa 2007b; Blackwood and Wieringa 1999b; Weston 1993). While admittedly, there has been a rise in a 'female' focus since the mid- to late-1990s (Boellstroff 2007; exemplified through the work of: Blackwood 2010; Luce

2010; Morgan and Wieringa 2007b; Blackwood and Wieringa 1999b; Weston 1998, 1996; Lewin 1996b, 1993; and Kennedy and Davis 1994), the majority of queer anthropological work focuses on male experiences and identities, as well as identities and experiences taken up by those who were identified as male as children[11] (Boellstroff 2007; Weston 1993). No doubt that part of the male-leaning of queer anthropology is also what served as a jump-start to it, that is HIV/AIDS in the 1980s (Parker 2012; Lewin and Leap 1996a; Weston 1993). Regardless, of all the anthropological work done on variously (queer) gendered and sexual practices, only a slim portion focuses on or relates to the experiences and identities of those who would be classified (by Western standards) as "female" at birth. Despite this, quite a range of such practices and identities have been ethnographically recorded, both pertaining to historical practices and those currently practiced in various cultures around the world.

When considering identities and experiences from different cultures, it is important to remember that language and thinking in terms of comparable practices is undoubtedly problematic, especially with regard to sexual and gendered practices. "From the beginning, topics associated with lesbian/gay studies in anthropology have been vexed by vague and inconsistent usage in terminology" and disregard for context and meaning (Weston 1993:346, 347). While "problems [with definitions of practices and identities] only multiply when a project involves transcultural comparisons" (Weston 1993:346), language is significant even when studying and explaining a practice in one culture. Phenomena cannot be properly understood by anthropologists or the public if the practices are "commonly glossed [over] as homosexuality" and viewed alongside "the single abstract axis of [Western] sexuality" (Weston 1993:349). In other words,

> [There are] problems of categorization and translation. Simply put, international gay-rights activists presume that sexual categories like 'gay' and 'straight' can be translated with relative ease from one linguistic/cultural setting to another, while extreme cultural nationalists like former President Moi [of Kenya] reject the universal translatability of sexual categories. Both discourses have roots in European colonialism. (Gaudio 2009: 184)

Moreover, cultural theorist J. Halberstam explains that we must "[resist] the tendency to cast Asian [among other] sexualities as simple variations on the model of North America and European queer formulations" (2012a:77). Halberstam explains of her time in Shinjuku, Japan with queer people,

> Many queer people I met in Japan told me how frustrated they were when anthropologists would come and 'study' them as if they were strange creatures in a zoo. They felt oppressed rather than liberated by the imposition of terms of gender and sexual variance that had been made popular in the United States and that were presumed to have universal applicability. (78)

Undoubtedly, it is difficult to study and also to inform others of diverse practices without making comparisons between what is "known" and "unknown," or to reference a common anthropological phrase, "to make the strange familiar, and the familiar strange." Acknowledging the complex nature of identities, practices, and language that exist worldwide I explore three very different practices of, what for lack of better terms can be classified as, female "queer" gendered and/or sexual practices that have been studied by anthropologists. I focus on these three examples – the Toms and Dees in Thailand, the Tommy Boys in Uganda, and the Sworn Virgins in Albania – to illustrate some of the diverse practices that exist. I do this not to exoticize them, but simply to acknowledge them and, yes, to allow a comparison and contrast between these practices and those more familiar to those in North America and Europe. While these three are not the most studied or even most well known examples, they do well to reveal diversity in "female masculine" experiences, identities, and language.

Toms and Dees in Thailand

Based on her anthropological research in Thailand, Megan Sinnott explains in *Toms and Dees: Transgender Identity and Female Same-Sex Relationships in Thailand* (2004), that there is no word or concept in Thai to refer to "lesbian", "lesbian relationships," or "lesbian sexual practices." People who engage in what we would call "lesbian relations" use labels based on gender identities to refer to themselves. These labels are "tom" and "dee", being equivalent to the English terms "butch" and "femme." Sinnott explains that, when translating the word "lesbian" into Thai, the word "man" is used, since "females who are sexually attracted to 'women' are commonly understood by Thais to be masculine beings" (2004:1). In other words, much like how a butch lesbian was considered an inverted man, about 100 years ago, "*Toms* are understood by Thais to be biological females who are sexually attracted to 'women' (the term 'woman' in this context refers to a socially ascribed identity), and this attraction is perceived as a natural extension of *toms'* masculine gender" (28); thus, toms are culturally recognized as men (2004:2).

Additionally, in much the same way that femmes are often not recognized as 'really lesbians' – in comparison to butch lesbians – a Thai "dee" is identified only in terms of her being the "feminine" partner to a "tom." She is not recognized as a lesbian herself, but only when she is in a relationship with a tom. Thus, should two "dees" be in a relationship, linguistically and culturally they would actually not even classify as "dees" (or female lesbians), as there would be no tom for her to be a dee to. Moreover, there would be no linguistic or cultural acknowledgement of the dee-dee (or femme-femme)

relationship, as no words would exist to describe those in the relationship, nor the relationship itself.[12]

Tommy Boys in Uganda

> Same-sex practices in general, and more particularly women's same-sex relations, have been difficult to research in Africa due to the fact that many African leaders declare it taboo on the basis that it is 'unAfrican' and an 'import from the west'. The general homophobia of post-colonial governments, apart from South Africa, is compounded by the local patriarchal system in each country, making lesbian women doubly oppressed. (Morgan and Wieringa 2005: 11)

Anthropologists Ruth Morgan and Saskia Wieringa (2005) initiated a project in 2001 to train women activists in different countries to help the researchers to collect personal narratives and create new ethnographies offering insights into sexualities and secrecy in various African countries. During the first training workshop, the activists "informed [Morgan and Wieringa] that it would be impossible for them to interview lesbians as none existed in their countries" (Morgan and Wieringa 2005: 12). This underscored the secrecy and different cultural understandings of same-sex sexual and divergent gender practices in African countries. Despite the extreme and explicit homophobia expressed by various governments and policies in these countries, including anti-sodomy laws and life imprisonment for same-sex (including "lesbian") sexual practices in Tanzania and – more recently, the Ugandan government in October 2009 introduced a law regarding "aggravated homosexuality" that is punishable by death – Wieringa and Morgan concede that these policies and perceptions are a result of ignorance, influenced by colonialism and missionaries, of such longstanding relationships such as "female friendships and women marriages that occurred between powerful women such as rain queens and

traditional healers (sangomas)" (2005: 17). Wieringa and Morgan ended up leading research projects in seven African countries: South Africa, Botswana, Kenya, Namibia, Swaziland, Tanzania, and Uganda (Morgan and Wieringa 2005: 12). Of this research, Morgan and Wieringa note that,

> For the male-identified or butch respondents, female masculinity emerged at an early age in the interview material from Uganda, Swaziland, Namibia and South Africa. Many respondents described their feelings of difference from an early age due to their preference from boys' activities and clothing…[And in] some instances they were regarded as boys by their families and outsiders. (2005: 311)

Here I focus on information that resulted from the interviews conducted in Uganda.

In Uganda, Marie Nagadya and Ruth Morgan interviewed two individuals who self-identified as lesbians and two who self-identified as "tommy boys." The two "tommy boys" noted that they prefer male pronouns, see themselves as (heterosexual) men, and "sometimes they pass as men" (Nagadya and Morgan 2005:66, 73). In their interviews, the tommy boys explained their gender identity saying, "I can't call myself a lesbian because I feel I am more of a man than a woman, and if you call me a lesbian that's undermining me; I feel I am a man" (Marci) and "You see, I am more of a man than a woman and the girls like me, man! I am a man" (Jackie, in Nagadya and Morgan 2005:69). Moreover, these tommy boys traced their gendered difference back to childhood.

> When I grew up I started admiring boys, wishing that I was like them. That went so deep in me that I reached the extent of asking my mother to change me into a boy, but she told me that she couldn't and that I am a girl and not a boy. So I said if she can't change me I will change myself. I started dressing like boys, playing with them and doing whatever they did." (Jackie in Nagadya and Morgan 2005:69)

While it is certainly a small sample to gauge general practices and identities within Uganda, I gather "tommy boys" is a term used quite similarly to our concept of "transman", in that tommy boys identify as men and their sexual relations are seemingly with non-lesbian women, who, as Jackie explains, are "women [who] think he's a man" (73).

The interviewed tommy boys differed from the lesbians interviewed by Nagadya and Morgan (2005) in Uganda. First, the tommy boys stated their preference to be dominant in their romantic/sexual relationships, both sexually and otherwise (whereas the lesbians stated they participated in egalitarian relationships). Thus, the tommy boys accepted "the role of male provider in [their families]" (73). Second, the two tommy boys who were interviewed noted that they were much more concerned with sexual conquests to "prov[e] their manhood" (313), than with the committed relationships that the interviewed lesbians were desiring and experiencing. Lastly, while the lesbians who were interviewed felt they could "hide" their sexual preference for women from their families and friends, the tommy boys expressed that they needed to be "out" as they could not hide their gender identity. They did not feel that living as a "girl" or "woman" was an option for them. In a place where engaging in same-sex practices can legally result in imprisonment or death, and "homosexuality… is seen as unAfrican" (Nagadya and Morgan 2005:65), it proved difficult for the researchers to interview many people. Even a small sample and recognition of these experiences, however, is better than none at all, in order to create more of an understanding of these experiences and the individuals who have them.

Sworn Virgins in Albania

In contrast to the individuals across cultures who are included as "queer" due to their same-sex relations, the female Sworn Virgins of the Balkans are culturally recognized as being masculine and asexual (Grémaux 2003; Young 2001). Moreover, while a great many queer practices worldwide – like those of the Tommy Boys in Uganda – are considered by many as unchristian and of Western or colonial influence, some Sworn Virgins are part of a traditional local Roman Catholic, and less common Islamic practice (Grémaux 2003; Young 2001). With Communism's rule in the Balkans for the majority of the 20th century, the practice of religion and with it, sworn virgins diminished. Thus, when Antonia Young went to the southern Balkans in the mid-1990s, she was surprised that the practice of sworn virgins still existed, albeit in a limited manner in Albania, Montenegro, Serbia, Kosova, Bosnia, and the Republic of Macedonia (Young 2001:xvi). While all identities are complex and have their cultural particularities, Albanian sworn virgins are an incredibly unique phenomenon[13] (Grémaux 2003:242; Young 2001:4).

According to Young there are three types of sworn virgins: "firstly those whose choice was made in childhood, at or even before birth by parents; secondly those whose choice came after puberty. A third variation… believed no longer to be in existence, is the semi-religious one" (2001:60). Thus, while many of the same-sex sexualities and gender identities can be said to be based on an innate feeling of attraction or who the person feels they "are," sworn virgins exist to continue the economic survival of a family, and due to a lack of male offspring. At least at the time of studying the Albanian sworn virgins, Young noted that arranged marriages, and property "owned corporately by the family" (Young 2001:19) and linked to male Head of Household were common practice.

Thus, as Young explained, if the existing Head of Household is no longer capable, or if the Head of Household dies, and "If there is no male, or 'sworn virgin'… to take over the household, the property should pass to the closest male relative of the widow. She, along with all the contents would then also become his property" (Young 2000: 19-20; similarly stated in Grémaux 2003). Thus, if a family lacked a son and feared losing their household and property (to an in-law's family), they might choose a daughter at birth or later request a daughter to become a sworn virgin. From then on the daughter would take up their life as a celibate man, often visually and socially indistinguishable from all other men. To stress the fact that this is not a matter of gender identity, but also that sworn virgins do not seem to display or disclose any challenge to their having this position Young explains that,

> For most 'sworn virgins' male clothing is clearly emancipatory. The dress of the Albanian women and, contrastingly, that of the 'sworn virgins', especially in a rural setting, demarcates not only sex but status – and explains gender status in particular. With a change in dress there are enormous pressures to conform to conventional gender roles as defined by that culture. Yet gender identity is not necessarily linked to sexual preference. (Young 2001: 5-6)

Moreover, while Young (2001) was a bit suspicious or curious of sworn virgins not simply being lesbians in disguise, what she found through her research was that not only was everyone convinced of the sworn virgin's celibacy, but the sworn virgins themselves did not give Young any indication that they are anything but celibate. Additionally, while it is taboo to speak of sexuality at all in the conservative cultures in which sworn virgins exist, Young believes from her experiences of trying to prod a little into the subject of lesbianism, that lesbianism remains an unknown concept both to the sworn virgins as

well as to her interpreters (58). Thus, sworn virgins do not present an example of same-sex relations but instead, in Halberstams's words, "female masculinity" (1998)[14].

Western Studies of Lesbians and Transmen

While anthropological research focused on lesbians, lesbian gender, female same-sex relations, and transmen has occurred in a plethora of cultures worldwide, the majority of anthropological study of has occurred within (Euro-American) Western cultures, mostly in the United States (Craven 2011; Rubin 2011, 2006, 2002; Cromwell 1999; Lewin 1996a, 1996b, 1993; Weston 1997[1991], 1996; Newton 1996, 1993; Kennedy and Davis 1994)[15]. While Jason Cromwell (1999) a transman himself, almost stands alone as the only anthropologist to study transmen[16], there has actually been a fair amount of anthropological focus on lesbians in the United States or Canada (Craven 2011; Rubin 2011, 2006, 2002; Luce 2010; Lewin 1996a, 1996b, 1993; Weston 1997[1991], 1996; Newton 1996, 1993; Kennedy and Davis 1994). Despite the well-established focus on North America, anthropological research of lesbians and transmen has mainly maintained a focus of community, identities, and/or reproduction/family.

Inventing Lesbian Cultures in America (Lewin 1996b) and *Boots of Leather, Slippers of Gold* (Kennedy and Davis 1993) are the most notable anthropology-based books focused on lesbian community. While *Inventing Lesbian Cultures in America*, "certainly [does] not exhaust the possibilities for cultural productivity among Americans who identify (or may be identified) as lesbian" (Lewin 1996a:8), as an anthology it does consider examples contemporary and recent historical lesbian-based communities. In so doing, issues of race, politics, motherhood, boundaries, identity, performance, daily

struggles, and celebration are told along with the discussion of both longer- and shorter-term lesbian communities. In contrast to the diverse experiences highlighted in *Inventing Lesbian Cultures in America*, Elizabeth Lapovsky Kennedy and Madeline D. Davis' ethnography *Boots of Leather, Slippers of Gold: The History of a Lesbian Community* (1993) is focused on the oral histories of lesbian women who were a part of one (or more) of three working-class butch-femme communities that existed in Buffalo, New York from the mid-1930s through the early1960s. Identity also figured prominently in this work, both in terms of race or ethnicity, as well as in terms of butch and fem [*sic*] and even lesbian and gay identities. "For many women their identity was in fact butch or fem, rather than gay or lesbian" (5). Moreover, Kennedy and Davis illustrate: "This history shows clearly that to develop gay and lesbian politics solely around the concept of a fixed identity is problematic, for it requires the drawing of static and arbitrary boundaries in a situation that is fluid and changing" (386-387). Moreover, this also became evident in Esther Newton's work on lesbian community in the United States.

While Newton is most known for her research on drag queens and gay community (2000, 1993, 1979), her work on drag kings and the lesbian community is also significant (2000, 1996, 1993; see also Halberstam 2000). In fact, Halberstam notes that Newton's "work on drag, camp, gender performances, and lesbian masculinities, which dates back to 1972, has been foundational and fundamental to the development of an interdisciplinary project of tracking and identifying lesbian genders" (2000:ix). Newton has challenged the over-representation and social division of, and politics related to, (research, and the population/community more generally of) "white, college-educated women in the lesbian 'community'" (2000c:156). In so doing, she has called for further

investigation of the representation and experiences of diverse populations who engage in what could be considered lesbian identity and community. At the same time, Newton has also called for a deeper consideration (comparison and contrast) of how lesbian and gay male communities and identities relate, as well as of how power and representation factor into these relations and their visibility (2000c, 1996, 1993). Moreover, Newton (2000c, 2000d, 1996, 1993), Kennedy and Davis (1993), and Lewin (1996, 1993) have not been the only anthropologists to consider identities with respect to lesbians in the United States.

Anthropologists Gayle Rubin (2002, 1996) and Kath Weston (1996) have done some incredible and unique work relating to sexual and gender identities of lesbians in the USA. In *Render Me, Gender Me: Lesbians Talk Sex, Class, Color, Nation, Studmuffins…* (1996) Kath Weston privileges the personal narratives of those she interviewed to highlight the complexities (including but not limited to intersectionalities), fluidity, and political nature of lesbian gender identities in the San Francisco Bay area. In contrast to Weston's work, Gayle Rubin has written essays that have been foundational and unique in their own right. In particular, in "Thinking Sex" (2011), originally published in 1984 (and first presented in 1982), Rubin points out that sexuality is not biological but rather a political and cultural phenomenon, to be understood in its historical and social contexts. Moreover, she brings in examples of shoe fetishes, sadomasochism, and gay porn to illustrate her points, in a way that does not sensationalize but rather illustrates the lack of harm these practices have on those who participate in them. These arguments were so original and well argued that "Thinking Sex" is sometimes considered "a foundational text of queer theory" (Rubin 2006:471).

Another of Rubin's important works is "Of Catamites and Kings: Reflections on Butch, Gender, and Boundaries" (2006), originally published in 1992. In it Rubin reflects on the gender variance among and sexual identities of bisexual women, femmes, butches, and transmen. Rubin focuses most on these latter two identities, including both the a discussion of stereotypes, as well as the actual diverse sexual practices of said individuals and their partners. Rubin explains,

> Our categories are important. We cannot organize a social life, a political movement, or our individual identities and desires without them. The fact that categories invariably leak can never contain all the relevant 'existing things' does not render them useless, only limited. Categories like 'woman,' 'butch,' 'lesbian,' or 'transsexual' are all imperfect, historical, temporary, and arbitrary. We use them, and they use us. We use them to construct meaningful lives, and they mold us into historically specific forms of personhood. (2006:479)

Similar conclusions arose from Ellen Lewin's work with lesbian mothers' identities and communities.

An array of anthropological work has focused on LGBT/queer kinship and reproduction. While Lewin's (1995, 1993) work with lesbian mothers considered how lesbian mother's identities and communities were less with other lesbians and more with other mothers, Kath Weston's *Families We Choose: Lesbians, Gays, Kinship* (1997) focused on gay and lesbian adults who mostly made families with other LGBT adults/friends, without any children. On the other hand, Luce's (2010, 2004) ethnographic work within British Columbia focused on lesbian, bi, and queer women's "conceptions" of family – the play on words being intentional. While it was not a specific focus of her work, Luce (2005) came across stories of pregnancy loss and infertility, not unlike the focus of Christa Craven's current work on "loss," including unsuccessful adoptions and

adoption placements, pregnancy loss, and infertility (2011). While many may categorize all of this work as queer kinship, it has all been influential in larger studies of kinship and (motherhood) identities, expanding how kinship, family, and motherhood are thought of and identified with. Moreover, these have, undoubtedly, been influential to my own work.

The other ethnographic work that, in terms of gender identity, relates most to my own is Jason Cromwell's *Transmen & FTMs: Identities, Bodies, Genders & Sexualities* (1999). As noted above, Cromwell's work is the only work thus far to explicitly focus on transmen in a Euro-American culture. In fact, Cromwell's research crossed national boundaries, as he explains that trans individuals are a "nonsituated population" (151). Thus, while geographically his research mostly focused itself in Seattle and San Francisco, he notes that he corresponded with people in 11 other countries, in a total of 5 continents. In *Transmen & FTMs*, Cromwell gives medical, historical, and cross-cultural context to transmen and FTMs who reside in Western cultures; he highlights the diversity of their (often culturally invisible) experience and identities. Moreover, Cromwell argues that, "FTMs and transmen offer an uncommon perspective on the constructions of sex, gender, masculinity, femininity, maleness, and femaleness… in being female-bodied yet masculine men in identity and social expression" (143). As he further explains with the help of Jamison Green, many transmen often forgo "complete sex changes because, as Green has said, 'We are aware of the limitations of surgery and aware of our masculinity in a deeper, more spiritual way' (1994a:52)" (142). Thus, Cromwell articulates the fluidity, diversity, and non-essentialist manner in which transmen identify and experience their everyday life.

Lastly, Holly Zwalf's doctoral work has investigated sexual practice and identities of lesbians and trans-masculine individuals who engage in Mommy Play. Zwalf's fieldwork was mostly focused in San Francisco, but also included other cities in the USA, in addition to Sydney, Australia. Zwalf explains that, "Mommy Play is sexualized maternal role-play between two consenting adults, where the dominant person in a dominant/submissive sexual scene plays as 'Mommy'" (Nd. 4). In her work, she focused on how "Mommy Play perverts [and] perpetuates traditional gendered constructions of the maternal identity" (Nd 5), as well as how gendered and sexual identities are played out by those who engage in Mommy Play. From this work, Zwalf argues "that Mommy Play can assist in a reconfiguring of gendered roles by presenting a more flexible model of the maternal" (Nd. 10). In this way, Zwalf's work is not unlike my own – illustrating a "more flexible model of the maternal" – albeit the examples we employ to do so are considerably different.

Summary

While "there has been a long history when displaying the 'wrong body' served to position subordinated social groups as 'monstrous others', resulting in their annihilation" (Mac an Ghaill and Haywood 2007: 167), my work with BTQ individuals and my involvement in queer (and mainstream) communities reveals that there is a shift presently occurring that is allowing for a more "flexible model" for both gender and mothering. While pressure to fit into particular categories or labels undoubtedly exists, more inclusive and challenging identities (ie: omni- and pansexual, as well as queer) are emerging. While perhaps there is a saturation of labels and identities, the ideas that come with the emergence of new identities are seemingly increasingly about openness and inclusive change. Certainly

there is a catch-22 with identities, as they will remain political – both serving as a community builder and as a point of categorization and confinement –but they will also provide the language needed for discussions of change. As this chapter has illustrated, identities are complex, as well as deeply personal and political.

Endnotes

1. Sums of the columns of each age group total more than 100, as questionnaire respondents were able to check (as valid) more than one (sexual) identity response.

2. While Figure 1.1 compared the percentage of BTQ questionnaire respondents who identified and did not identify as queer, Figures 1.2 and 1.3 illustrate the differences in sexual identities by age and geography. Despite the lack of full generalizability of the findings of my research (due to non-probabilistic sampling), the patterns of sexual identities are to be noted by these graphs. Figure 1.2 shows that a queer identity gradually increases with age until the 50 - 60 age bracket where it totally disappears. On the other hand, a pan/omnisexual identity is notably most prevalent in the youngest age bracket, although still present in the 30s, and not seen in those over 40. (In fact, no respondent over age 30 identified as being "pansexual" or "omnisexual.") Also notable in Figure 1.2 is how lesbian and gay identities are distributed over the various age ranges. Understandably the difference in how many responded in each age bracket affects how reflective these responses accurately reflect the population of BC. All the same, while there is no other statistic to find to compare figure 1.2 with, I think it provides a base from which future research can build, and particularly with respect to the two younger age categories.

On the other hand, as only the Vancouver Coastal Health region has a substantial number of respondents, Figure 1.3 can be taken to be (even) less representative of the population. All the same, I think this graph has value in its ability to show that in BC, "queer" is not exclusively an urban (larger city) identity, and also that pan/omnisexual identities are found throughout the province as well. Popular (gay/queer) opinion is that rural LGBTQ individuals identify exclusively as gay or lesbian, but this graph shows this not to be the case. It will be interesting to see how these graphs compare to similar data gathered five or ten years from now.

3. As can be understood from the age graph (Figure 1.2), a pansexual or omnisexual identity is a fairly new sexual identity. Omnisexual and pansexual – literally "all-sexual," meaning attracted to or sexually involved with all people, regardless of gender – are identities that no BTQ questionnaire respondent over the age of 30 identified with. "Lori" in Diamond and Butterworth's research explained that identifying as pansexual or omnisexual is about "'looking past the two genders' and acknowledging the possible existence of more than two genders" (2008:373-374). While queer (explained later in this chapter), can be used in a multitude of ways, inclusive of the meaning of omni- or pansexual, these labels explicitly and exclusively are about acknowledging attraction beyond gender or sex.

4. Much of the written work on butch/femme culture in the 1940s through 1960s does not specify or speak to racial diversity within lesbian gendered practices. Moore (2011) and Thorpe (1996) however, both critique this noting that while a minority of African Americans may have been involved in butch/femme culture, different practices and identities were engaged in due to class and racial differences. In studying African-

American lesbian communities and practices in Detroit from 1940 to 1975, Rochella Thorpe "problematize[s] the [racially unspecific] definition of 'public' culture as it is referred to by historians of lesbians" (1996:41). She argues that instead of butch/femme bar culture that so often is used to characterize lesbian history, house parties were key to the gay and lesbian social scene for African-Americans in Harlem and Detroit.

As Blacks have never been a large population in British Columbia, and research on diverse (racial) historical practices of lesbians (including in BC) is certainly lacking. Additionally, Moore (2011), Thorpe (1996), and Kennedy and Davis (1993) note that a minority of African-Americans did participate in butch/femme bar culture. Thus, I have put "white" into brackets – as butch/femme culture is more often but not exclusively a white practice – and I have put this discussion to a endnote rather than a more extensive discussion within the main text. While this may seem like I am continuing to marginalize the experiences of African-American lesbians, this is not my intent. Instead I felt that a longer discussion in-text could distract from the rest of the discussion there. I have, however, brought in other components relevant to this discussion in other ways through the text (ie: see later in this section for African-American identities similar to "butch").

5. For someone, such as this nursing student, I thought it was important for her to also be made aware of who femmes are. So, proceeded to tell her that while butches are characterized by their androgyny or masculinity, femmes are typically characterized by their femininity. Unfortunately, nothing could ready me – a queer femme – for her reply. She proceeded to 'inform' me that "those aren't real lesbians, cause I've kissed girls in the bar for free drinks too, you know!?!" While I could not think of words to say, my eyes likely bugged out of my face, and, untimely as it was, I was then called to my

appointment. Three years later I still feel violated when I think back to that conversation, and my inability to be able to correct her belief that no real lesbian is feminine. No doubt, while she was unfamiliar with the term butch, her knowledge of femmes was a product of our culture in which Katy Perry's (2008) song, "I kissed a girl" was loved (and to some extent hated) by both queers and non-queers, as it simultaneously validated and violated the experiences of queer women. Moreover, it also speaks to the invisibility of femmes (as queer/gay) – such as myself and a midwife I interviewed. When I asked *Ginny*, a queer/femme-identified midwife, if she was "out" to her midwifery clients and to the hospital staff where she sometimes worked, she responded, "*I think people tend not to know that I'm queer. I pass [as 'straight'] pretty well. I mean, I think queers tend to know, but straight people don't*."

6. While there was only one stone butch respondent, and this may not seem like this is an insignificant category of identity, I reason a methodological limitation of my research is found in the very identity and comportment of stone butches. By this I mean that stone butch untouchability often means they come across as standoffish. Moreover, "stone" also refers to a lack of sharing personal information about themselves, except to those they know very well. Thus, it is not surprising that stone butches would not be comfortable filling out a questionnaire, regardless of its nature, but particularly when it is of a personal or intimate nature. Moreover, I am aware of my own discomfort in approaching stone butches, and in fact had quite a confrontational interaction with the one stone butch I did approach. Despite the confrontation – which caught me off guard – she ended by saying that she would willingly accept a copy of the BTQ questionnaire.

7. Three examples of transmen who have been the focus of various popular culture media in the last few years are Thomas Beatie (aka: "the pregnant man"), Chaz Bono (formerly known as Chastity, the grown child of Cher and Sonny Bono), and Lucas Silveira (the lead singer of the Canadian band The Cliks, who in 2009 was voted as the sexiest Canadian man by readers of CHARTattack [2009; also Hector 2010]).

8. The total of these responses obviously do not equal 21, as some respondents self-identified as more than one of: feminine, masculine, and/or androgynous.

9. While part of my desire to have so many labels for respondents to choose from was so they could see themselves represented in a choice, rather that just have to label it (as often is the case with 'other'), but I also realized that "transman" was not an identity that listed, and it would have been beneficial to see who and how many would have responded to that label or identity compared to those that were listed.

10. See note #4 (above), if you are not familiar with who these (trans)men are.

11. For example, see the anthropological work on Two Spirit and hijra practices (mentioned earlier in this chapter), as well as the ethnographic work by Tom Boellstorff (2007, 2005), David Valentine (2007), Niko Besnier (2003), Anne Bolin (2003, 1987) Richard Parker (1998), Mark Johnson (1997), and Esther Newton (1979), among others.

12. To think beyond a comparison of tom/dee with butch/femme, cultural theorist Judith/Jack Halberstam brings in an example from a trip she made to Thailand. In *Gaga Feminism*, Halberstam both critiques and illustrates the comparison of tom/dee with butch/femme through her own experience in "what felt like a massive town hall full of [1500-2000] queer female types of people" in Bangkok (2012a:79). Halberstam acknowledges that while some people could make the comparison that this hall of toms

and dees was reminiscent of butch/femme bars in the USA in the 1950s, that comparison suggests toms and dees are "behind" (80) the queer scene of present-day USA. Instead, Halberstam suggests – as many anthropologists also do – to consider the cultural contexts without judgment or explicit comparison, but rather recognize the value of both the uniqueness of the practice, and the similarity that facilitates the toms' and dees' readability of others like them. To this end Halberstam notes, "I didn't know them and … they didn't know me but … we all recognized each other" (79). In other words, Halberstam argues that instead of looking for "lesbians" or practices we (Westerners) are familiar with, we should rather wait to be recognized as an "insider" by the Others, without necessarily trying to. Halberstam explains, "while I was instantly readable to my [Thai] table companions, my [white, Western] colleagues from the conference were not" ((79). Halberstam further argues that being "gender conforming or gender variant" (80) makes a difference for a researcher, in terms of being in a better position to be recognized, accepted, and then to understand the different practice.

13. I have only heard of two similar practices, one in the Himilayan foothills, the other in Afghanistan. The phenomenon and practice of *sadhin* occurs in the Himalayan foothills (Shaw 2007).

> A *sadhin* can take on many of a man's social roles and behavioural attributes, can wear men's clothes and can cut her hair short like a man. Becoming a *sadhin* is regarded as a respectable alternative to marriage for a female. Her status as a saint or ascetic, however, is not directly equivalent to that of a male renouncer. A man can become an ascetic, renouncing worldly responsibility, at any time in his life, regardless of financial or family commitments, but a girl becomes a *sadhin* specifically at puberty as an alternative to marriage and remains living 'in the world', at home (Phillimore 1991: 332). In effect, she exchanges the status and reproductive potential of married womanhood for aspects of male religious privilege. Becoming a *sadhin* transforms her not into a man but into a celibate woman, who retains her female name with the suffix Devi. (Shaw 2005:7)

While the *sadhin* experience begins at puberty, in Afghanistan, the practice of dressing girls and having them act as boys typically ends around puberty (Halberstam 2012a; Nordberg 2010; Wade 2010). Children who take this up are known as "*bacha posh*" or "dressed up as a boy" (Halberstam 2012a; Nordberg 2010). This practice "cuts across class, education, ethnicity and geography, and has endured even through Afghanistan's many wars and governments" (Nordberg 2010), and is not linked to any legal or religious practice, but rather economical, social, and sometimes superstitious reasons lead parents to one day change the social perception, appearance, and behaviour of their daughters (Nordberg 2010, Wade 2010).

14. Albeit this is without providing a challenge to the *status quo* of the culture in which they reside, which is necessary to fit properly within Halberstam's concept of "female masculinity" (1998).

15. Jacquelyne Luce (2010) is, to my knowledge, the only anthropologist to have studied lesbian, bi, and queer women in Canada. No (published) anthropological work has focused on transmen's or genderqueer individual's experience in Canada.

16. The only other ethnographic writing that I know of relating to transmen in North America is Elijah Adiv Edelman's, "The Power of Stealth: (In)Visible Sites of Female-to-Male Transsexual Resistance," in *Out in Public: Reinventing Lesbian/Gay Anthropology in a Globalizing World* (Lewin and Leap 2009). In this chapter, Edelman uses a public anthropology approach to critique the notion that transmen who live stealth are "ashamed of or in denial of their trans histories" (164). Edelman instead identifies the complicated layers, including personal safety and employment that lead transmen to not publicly or explicitly identify as trans, but just as men.

Chapter 3:
Desiring and Achieving Parenthood: Expectations, Attainment, Experiences

"I'm glad that you're studying [pregnancy and infertility among BTQ individuals] because we have this cultural fetish of pregnancy being associated with femininity" (Quinn)

"I confess that I have this womanly desire, an animal urgency, to make a baby. Would they [the other butches] see me as less of a butch?"
(Jiménez 2011:161)

In Canada, among other countries and cultures, when a baby is born and seen as having a vulva[1], the child is labeled as 'female,' and there is a cultural expectation for that baby to grow up and become a feminine heterosexual mother. That said, not all of those babies become feminine, heterosexual, or mothers, and yet femininity and motherhood continue to be seen as going hand-in-hand in Canadian mainstream culture. Our "cultural fetish" that, as *Quinn* put it, links femininity to pregnancy continues to persevere.

> Repeated performances of expected behaviours establish regulatory practices for pregnant bodies. Pregnant bodies are produced in ways that assume particular gendered norms and a particular coherence…. Pregnant bodies and the regulatory regimes that prohibit and enable them to perform in specific ways are temporally and spatially located, and are socially coded through a range of competing gendered discourses. (Longhurst 2000:456)

As is the case in many Western and non-Western cultures and countries (Walks 2011; Allison 2010a, 2010b; Abu-Duhou 2007; Liamputtong 2007; Liamputtong and Spitzer 2007; van Balen and Inhorn 2002a; Inhorn 2000, 1996; Letherby and Williams 1999; Kitzinger 1993[1992]), and despite a less pronatalist approach, the idea that one is not truly a "woman" until or unless she is a mother persists in Canada. Likewise, "women's bodies are represented in medical discourses as bodies that are waiting for babies"

(Longhurst 2000:460). Moreover, the ties between femininity and motherhood also persist. While the focus of much academic work on mothering and womanhood has been on people who are recognized as women and mothers, or who have sought such recognition but failed, there is a dearth of research in the area of how individuals who are female but masculine negotiate these decisions and experiences. Moreover, aside from Thomas Beatie's fairly public pregnancies (in 2008, 2009, and 2010), Canadian mainstream culture has not had any or many representations of masculine desires and experiences of pregnancy.

In fact, regarding transmasculine individuals' experiences of pregnancy, a common question that comes to people's minds is, "How can you have a baby?" (see illustration 3.1 "How Can You Have A Baby?", next page). To address the dearth of attention given to transmasculine individuals' experiences and desires for pregnancy, this chapter focuses on particular questions. Among others, these include: What is it like to grow up and not identify as particularly feminine or heterosexual, and yet to still desire to experience pregnancy and parenthood?; How do such individuals balance or make sense of their masculinity with pregnancy which is culturally perceived to be a feminine desire or experience?; And, how do the individuals around them, and our culture more generally, react to these people's desires and their experiences of pregnancy? This chapter, thus, makes a unique contribution by focusing on butch lesbians', transmen's, and genderqueer individuals' desires for and expectations and attainment of pregnancy and parenthood, their negotiation and experiences with clothes during their pregnancy, and lastly, the impossibility of being recognized for who they were when they were pregnant.

Illustration 3.1:"How Can You Have A Baby?" (from the photography project "A Series of Questions," that "explores the power dynamics inherent in the questions asked of transgender, transsexual, genderqueer, gender non-conforming, and gender-variant people" [Weingarten nd])
Artist: L. Weingarten ©
Used with permission.

The information presented here stems from multiple sources. Most significant to this discussion are the narratives derived from the seven interviews I conducted with butch lesbian and genderqueer individuals who had previously experienced a successful pregnancy. Some narratives from the four individuals I interviewed about their experiences or diagnoses of infertility also contribute to this chapter. Additionally, questionnaire responses and interviews with midwives and physicians provided relevant material for this section. Moreover, writings on policy debate and practice, and anthropological work on reproduction also provided much needed context and background. Indeed, it is with these latter resources that I start, as together with discourses of stratified reproduction and "good mothers" noted in the Introduction, an explanation of the policies, legislation, and practices related to assisted and queer reproduction in British Columbia provides a necessary context from which to understand the experiences, choices, and opinions outlined later in this chapter.

Policy and Practice that Affects Queer Reproduction in BC

Due to different social pressures on various individuals regarding the expectation for them to be mothers, and despite increased legislation giving rights to queer populations, "heterosexism permeates virtually every aspect of Canadian culture: language, guiding practices of all gatekeeping institutions, and social interactions" (Shroff 1997:287). Unfortunately, the combined effects of these attitudes, policies, and institutional practices mean that particular families and reproductive practices are more valued and acknowledged than others. For example, when Prime Minister Stephen Harper speaks of "family values," the Canadian public recognizes that he is not referring to the values of

families of queer parents. In this way, experiences that do not fit the norm (such as those of queer parented families) are erased from public discourse and the popular imagination, just as they are erased from the *status quo* (Bauer, et al. 2009; Agigian 2004).

Part of this erasure is what Bill C-389 and Bill M-207 aim to address, by fostering a more respectful and understanding society with regard to non-normative gender identities[2]. Bill C-389 is a federal Private Member's Bill that seeks to add "gender identity" and "gender expression" to the Canadian Human Rights Act and the Criminal Code of Canada. BC Provincial Bill M-207, also a Private Members Bill, focuses on explicitly recognizing that the term "sex" in Human Rights discourse includes "gender identity" and "gender expression." Both bills are usually discussed with regard to making it possible to identify and prosecute acts of violence towards trans and gender variant individuals as official "hate crimes," acknowledging the added seriousness of such offences. They are also recognized as tools to reduce discrimination against similarly identifying/presenting individuals when applying for jobs or seeking housing. The bills would, however, also be useful in providing people of non-normative genders increased access to relevant and respectful health care services.

With regards to reproduction, Bill C-389 and Bill M-207 would go a step further than the 1995 ruling that prohibits discrimination in the provision of fertility services based on sexual orientation. These bills would officially make it also illegal to deny (access to) fertility services due to gender identity and gender expression – this would apply to the very people who, because of their gender, would most likely have difficulty convincing a physician or fertility clinic nurse of their capacity to be a "good" parent, or even of their real desire to become a parent. *Imogen* and *Deidre* each informed me of

incidents occurring after 1995 when a butch lesbian presented herself for intended pregnancy, and was subsequently denied access to fertility services[3]. First, in 1999 when *Imogen* and her partner sought fertility services at one of the fertility clinics in Vancouver, they were explicitly told, "we [at the clinic] do not serve lesbians." Second, *Deidre* (a registered nurse) told me of a lesbian couple who had, only days before our interview (in the summer of 2011), left their family physician's office without a signature on their referral to a fertility clinic, because the physician was "not comfortable" signing the referral. He instead suggested that his patient use "a more traditional method of achieving pregnancy." It is possible that he does not sign anyone's referrals to fertility clinics. It is also possible that despite the 1995 decision, the women in both instances were denied fertility clinic referrals or service at the fertility clinic, as a result of their sexual orientation, which is likely what *Dr.A* usually does when faced with a similar situation. What is also likely is that the denial of access to fertility services was a result of the women's butch gender expression.

While it cannot be unambiguously concluded that the responses these butch lesbians received were solely due to their gender identity/presentation, the possibility also cannot be neglected. At this point in time, the physician and clinic could legally be supported in making the claim that the women were "too masculine" to receive services, thus underscoring the necessity of the passing of Bills C-389 and M-207. Of the 28 health care and social service providers who responded to my questionnaire, only one – a physician – thought that butch lesbians, genderqueer individuals, and transmen should be denied access to Assisted Reproductive Technologies[4]. In fact, on his questionnaire he wrote, "What child, if given a choice, would opt for such parents? Does no one consider

their innocent victims?" (*Dr. A*). While he was the only health care professional (HCP) to voice such an opposition, or any opposition, I know he is not alone in his opinions. (More about queer access and negotiations with fertility clinics and experiences of infertility, and about HCP exposure to issues of queer reproduction and infertility are discussed in chapters 3 and 6.) The delay in the passing of these Bills illustrates a continued ignorance and, therefore, a justification for the continued erasure of butch lesbians, transmen's, and genderqueer individuals' experiences, as well as a continued acceptance of HCP's expressions of homophobia and gendered-conforming opinions and behaviours. In this light, I draw attention below to some of the effects of the everyday social experiences that butch lesbians, transmen, and genderqueer individuals face in a culture where they and their reproductive desires, choices, and experiences are ignored and misunderstood, even by their friends, family, and communities. This was apparent in the narratives of desire and dissonance regarding pregnancy, as well as in the discussions of what the interview participants wore when they were pregnant, in addition to how they were seen (and not seen) when they were pregnant.

Pregnancy: Desire and Dissonance

> *I think it's … how often we see [pregnancy and birth] as a femme thing. Like it's a very feminine thing to have a baby and to be pregnant, and to even try to be pregnant. And it's actually interesting because there's a couple in the community – Harley and Mason, both of them are pretty butch, like I was fairly surprised when I discovered that Mason was the one who had the babies and is the stay-at-home 'mom,' just because – I mean, I don't know them very well – but I'm like, "Wow, that doesn't seem like a fit." But at the same time it's like, "Well, yeah, you can do whatever it is that you want to do." You know, I try not to lay my preconceived notions on to things that other people are doing cause it's like, "Well that's your choice. That's what you want to do."…. There's the whole preconceived notion about our community and about what we're doing in the bedroom and what we're looking for in our families. And so I think looking at folks of gender*

> *variances having kids is interesting to say the least. (Shelby, 30s, white, butch)*

Pregnancy is an incredibly public experience for women. "The everyday behaviours of pregnant women tend to be policed by strangers… People frequently regard themselves as societal supervisors of pregnant women's behaviour" (Longhurst 2000:468). Moreover, pregnancy as a public experience is expected to be a feminine experience. For all but one[5] of the butch lesbians and genderqueer individuals with whom I spoke who had experienced pregnancy, their narratives clearly articulated both their desire to experience pregnancy and their feelings of tension or awkwardness with the feminine-perceived of that experience. For *Bryn, Cathy, Vanessa, Joy, Imogen, Quinn,* and *Lou* – and even for *AJ* who had yet to be pregnant, but desired that experience – gender, and more specifically femininity, was not connected to their desire.

While they acknowledged that pregnancy as a feminine thing, culturally speaking, these individuals' desires to experience pregnancy was not connected to gender. This was similarly experienced and noted by Thomas Beatie who said of his pregnancy and desire to biologically have a child that, "Wanting to have a biological child is neither a male nor female desire, but a human desire" (2008a). Thus, instead of it being a feminine desire, the people I spoke with linked their desire to their love of children, felt that their desire was rooted in what can be described as human biology (as in DNA or the biological clock/"yearning"), or simply that their innate desire could not really be explained. Likewise, I am guessing that the two transmasculine patients whom *Dr.K* had recently referred to the local fertility clinic (as they sought to experience pregnancy) felt the same. I am also gathering it would be similar for the "one trans man [who] was reluctantly delaying male hormones in the hopes of becoming pregnant, [and] another

[transmasculine individual who] had planned from the beginning to preserve his fertility through his transition" (Pyne 2012:21), who participated in Jake Pyne's study of trans parents in Toronto, in late 2010. Moreover, the experiences of those I interviewed also had similarities voiced in the creative memoires of Chicana butches Karleen Pendleton Jiménez (2011) and Cherrie Moraga (1997).

While Jiménez's *How to get a girl pregnant* (2011) is focused on the author's desire and mission to get pregnant, Cherrie Moraga's *Waiting in the Wings: Portrait of a Queer Motherhood* (1997) centres on the author's pregnancy, the premature birth of her son, and his first few months. That said, both reveal their early considerations regarding pregnancy. Moraga explains:

> As a child and a tomboy, I never fantasized about having kids. No more than most little boys do, dreaming about a brood of five sons – enough to make up a basketball team. When I came out as a lesbian at the age of twenty-two, I simply assumed that since I would never be married to a man, I would never have children. So while my sister was busily making babies every three or four years, I was busily making lovers (yes, about every three or four years). Then, at the age of thirty, it hit me: I was a woman and, therefore, potentially *capable* of having children.
>
> That may sound strange, a statement of the blatantly obvious, but buried deep inside me, regardless of the empirical evidence to the contrary, I had maintained the rigid conviction that lesbians (that is, those of us on the more masculine side of the spectrum) weren't really women. We were women-lovers, a kind of third sex, and most definitely not men. Having babies was something 'real' women did – not butches, not girls who knew they were queer since grade school. We were the *defenders* of women and children, children we could never fully call our own. (1997:19-20)

Reflecting on her own butch gender growing up, Jiménez notes that she only realized that she wanted to get pregnant when she came out as a lesbian to her mom.

> [My mom] panics. She exclaims suddenly, "You do want to have a baby, don't you?"…
>
> "Yes, I want to have a baby," I answer, "but not yet."…
>
> I didn't know until that moment that I wanted a baby, but when asked the question, there was no hesitation. I knew that I wanted a baby like I knew I

> wanted to breathe, eat, live. I spoke it and that truth became part of how I have seen myself in the world.
>
> I also learned in that moment that my appearance, my boyishness, would lead people to believe [that I wouldn't want to have a baby]. As a butch, I would alarm proper women like my mother, who would see me as someone who wasn't going to make family, make babies, make home. (2011:8)

The conflict or contrast in their gender to "real [read: feminine] women" is obvious, and as Jiménez explains, this made her hesitant to disclose her desire to anyone aside from her mother and her partner, especially other butch lesbians.

> I don't really want butches to know I'm trying to get pregnant because I don't want them to make fun of me. I don't want to feel like a lesser butch. The idea of getting pregnant is revolting to a lot of butches, right up there with wearing a dress. I don't know why I want to get pregnant while at the same time there's no way in hell I'd wear a dress. It's what feels right… What if I never get pregnant but because they know I tried, I'm automatically relegated to the lesser butch category. I'm not ready for that. I love my masculinity. (2011:53)

Themes that emerge in Moraga's (1997) and Jiménez's (2011) written narratives such as not always being sure of their desire, not being aware that they "could" desire or experience pregnancy, being parents to "children we could never fully call our own" (Moraga 20), and hesitancy regarding others knowing of their (culturally-perceived to be) "feminine" desires also came up in the interviews I had with butch lesbian and genderqueer parents.

Vanessa, Joy, and *Bryn* each talked about how their desires to experience pregnancy were not always present. *Vanessa* who grew up attending an all-girls' high school with daughters from families more wealthy than her own, commented that, "*For [their] mothers to work was very, very rare*." She later noted:

> *I wanted a career, and I wanted to be taken seriously. And I found [their mothers] just, in many ways, like their daughters, kind of shallow and catty, and, um, uninteresting. And so, that was probably – after my own mother – probably my second biggest image of what mothers looked like… And that really affected my not wanting to have children, because I didn't want to be that!*

Before that experience at high school, however, *Vanessa* had envisioned herself as a parent, although without a husband.

> *When I came out, [the] one thing I remembered about my early fantasy of what I was going to look like when I was grown up… did involve kids, and it never involved a husband… You know? Those were the stories I would tell myself of what I might look like. And I never thought that was weird, that there was not a husband. There just wasn't. And there was often quite a few kids… But I always wanted to be something. I had a named career. But there were always children in that picture.*

When I asked her if she felt this fantasy was a result of her family or social pressures, *Vanessa* noted that:

> *It wasn't really until that period of time when I didn't want to be a mother that I felt strongly that it was a societal expectation. And that it was an expectation that would be incredibly damaging for me. That it would have economic and career impact that wasn't fair.*

Despite this acknowledgement, once *Vanessa* saw herself settling into her chosen career path, the desire to become a parent (via pregnancy) was strong, emphasized by the fact that her circle of friends included a few midwives.

Similar to *Vanessa*, *Joy* had always loved children and yet felt that becoming a mother could have a negative impact on her career. In fact, as an engineer and raised by a feminist, *Joy* thought that mothering was not something she was going to experience.

> *So I was 18 – I remember quite distinctly, quite a few discussions after class where I was with this group of other women, and we all said to each other that we would never have children because it would be such a needless interruption in our careers, and we were already up against it [a patriarchal system] as women in engineering, and that why would we make it harder for ourselves. And so there was probably a couple of years where that was my position.*

At the time *Joy* made that decision, she figured it was a choice between being a successful engineer and being a mother. As she got older, however, *Joy* yearned not just to be a professional but also to be a parent, and realized it was possible to be both. Moreover, having worked in childcare to financially support her engineering education, and then being involved with a partner who did not want to experience a pregnancy. *Joy* first considered adoption and eventually came to desire the experience of pregnancy for herself.

Lou grew up and came out as a lesbian when LGBT folks were viewed as not able to be parents. Despite this, *Lou* had a strong desire to parent.

> ***MW:*** *So what did you think, as you were growing up, about potentially becoming a parent or a mother?*
>
> ***Lou:*** *It was an expectation [of my parents and society] right from day one, but I always wanted to have kids and I remember in my grad 9 yearbook we had a photo and the grade 9s were able to write a little blurb about themselves – so what was their pet peeve, what was your greatest ambition, … or do you have a famous quote of something like that. And my greatest ambition was to have 10 kids, and it's something I always wanted, not just from external pressure, just a really strong desire from within to have a family, and be close to my kids.*
>
> ***MW:*** *So was there a point that you think that desire was challenged by the outside world – of not being able to have that happen or --- ?*
>
> ***Lou:*** *Well it's funny. When I came out, it was 1983/84, and I thought I could never get married, I could never have kids just because nobody was doing it. And then people started doing it. I remember my friend was talking to me one day and she just said, "I wanna have a baby." And I thought, "That's great, but how? You can't do that!" And she said, "Yes I can. I'm gonna do it." She was single at the time even, and she just got together with a friend, and she had a baby, who's now a beautiful teenager. So I think she kind of opened the door for everyone in Vancouver. She was in the newspapers. She was quite famous. And this little baby had a gay dad and a dyke mom, and a huge community behind her. Lot's of support.*
>
> ***MW:*** *So when you were thinking [that it wasn't] a possibility, how did that make you feel?...*

> ***Lou:*** *Something was out of sync because I had this drive to have my own family and be a close-knit family, but I'd been raised [to think that] there were black and white ways of thinking, and if you are A then you can't be B. And I started seeing more possibilities. I went to university and met more people that opened my mind a lot.*

While being a parent in a close-knit family was key to *Lou*'s explanation of wanting to be a parent, *Bryn* explained having the desire to have children play a central role in her life.

Bryn had always loved children, and figured that she would be a parent, although not likely a biological one. In fact, *Bryn* did not feel a desire to experience pregnancy until she had experienced the role of being a co-parent in a multi-parent family. She loved her role as a parent, but when a job offer had her heading in a location away from that family and those children, *Bryn* was torn and disappointed about having no say in whether the children could come live closer to where she would be. She explained the job offer and situation: "*I decided to take it up, and I could no longer live with them [the kids]… And that is a lot of why I wanted to biologically have a kid. I never want to be trumped again." Bryn* noted that she would not use her biological connection to her child to "trump" her wife (*Kait*) either, but her fear of being "trumped" was likely significant in their decision regarding which of them would experience pregnancy.

For *Vanessa, Bryn*, and *Joy,* as well as the other butch lesbian and genderqueer parents who came to experience a pregnancy, their decisions were not about gender. They were comfortable with the idea of experiencing pregnancy, as it did not present itself as a uniquely feminine experience to them, but they still had to negotiate their own sense of how to fit their gender (identity and expression)

together with an experience typically thought of as feminine. For *Joy* this realization happened when reading Rachel Epstein's article "Butches with Babies" (2002).

> *When I read [that article], it started making me think about my own [future] experience. I was quite a bit younger then, and I wanted a child. I wanted to carry a child… And it got me thinking about [my gender] presentation. And the fact that I was very comfortable with who'd I'd become, and very comfortable with my body, but knowing this would raise issues for me in the future. So, whenever I think about – [the topic of your research] – I mean, I think about my own experience as well – but it often goes back to that moment of realization, that there was going to be dissonance there for me at some point.*

Clearly, the fact that as butch lesbians and genderqueer individuals are not "feminine" presented a challenge to their thoughts about and experiences of pregnancy. It, of course, also presented a challenge to those they encountered.

The individuals I spoke with were sometimes surprised by the reactions of others to their desires and experiences of pregnancy, as well as frustrated by their need to justify and prove themselves. *Bryn* talked at length about needing to justify her desires for pregnancy with her butch/genderqueer identity. *Bryn* told me, "*I've always been clear to my family and friends that I wanted kids*," and yet before conceiving, she felt she had to weigh her desire to experience a pregnancy against her need to be recognized and accepted as a "butch" by fellow queers:

> *It's not acceptable in the queer community to have trans people, butch people, all these people who are not feminine to be pregnant – I have to feel people … think weird of me, I mean if we are supposed to be a community that is about accepting … and yeah, I do this thing, and it is like, 'Why would you do that?'*

Once she was pregnant, *Bryn* found her friends and family critical of her experience, and committed to the discordance between being butch and pregnant.

Bryn provided examples relating to how friends, family, and strangers could not fathom pregnancy as anything other than feminine; she commented on how people made inaccurate assumptions about her pregnancy and her gender identity. For example, *Bryn* revealed to me that her parents were convinced that her being pregnant meant that she was *finally* embracing femininity. She explained that her family had always been accepting of her being gay, but her masculinity "*dumbfounds them*;" they continued to say, "*Your hair would be so much nicer if you grew it out*." Thus, "*When they found out I was pregnant, it was a big hurray! ... It was like, 'you are finally acting like you should be acting*.'" Similarly she noted how her friends were sometimes unable to see beyond the *status quo* and imagine pregnancy as something someone "butch" could do.

The individuals I spoke with are, by far, not the only butch lesbians, transmen, or genderqueer individuals to have experienced a pregnancy.[6] While many people see butches, transmen, and genderqueer individuals as being in opposition to experiences of pregnancy, Gayle Rubin explains otherwise – at least with respect to butch lesbians – noting that, "Butches vary in how they relate to their female bodies. Some butches are comfortable being pregnant and having kids, while for others the thought of undergoing the female component of mammalian reproduction is utterly repugnant" (2006:474). Trying to negotiate being more masculine-identified while embodying pregnancy – seen as an innately "feminine" experience – is made even more challenging when presented with the situation of figuring out what to wear.

Ma(n)ternity Clothes

"Unfortunately there is no such thing as 'manternity' clothes."
(Thomas Beatie *in* Tresniowski 2008)

Before engaging in this research I was quite aware of the overtly feminine nature of maternity clothes, yet I gained a new perspective on maternity clothes from the research participants. When I asked *Tracy* about her reaction to finding out she was pregnant – after she inseminated on a lark, with a little semen that was left in the syringe after her girlfriend tried inseminating at home – she noted: *"I was shocked. What was I going to wear? ... [There is] nothing that I'm going to freakin' wear!"* Only one of the seven interviewees who had experienced pregnancy noted that she felt comfortable in the available maternity wear. The six others either endured being uncomfortable in maternity wear, or wore larger sizes of the typical men's wear they were used to, or a mix of both.

Imogen, a butch lesbian in her forties, was the only person I spoke with who expressed comfort in wearing typical maternity wear, and joy in her pregnancy experience.

> *I loved being pregnant. I loved it. I rubbed my belly constantly. Loved the feeling of feeling someone inside. Loved going for the ultrasound, and loved going to the, you know, monthly check-up with the midwife, and they are, "there is the heartbeat'...*
>
> *People were like, "what's going on with you? Why are you growing your hair?!?" And I was like all "lalala." It's funny, cause my hair grew fast. When I was pregnant my hair grew really fast. So, yeah, I didn't have to think about.*
> *Yeah, I wouldn't say it was societal at all. If anything, it was self-imposed. It was just what you do… I think it was the most feminine I've ever been, and I was happy…*
>
> *You know what's funny?... . And before that, like I said, before that if I wore a skirt it felt like I was in drag, it did. It didn't feel comfortable. But here I was, all of a sudden, I don't know what it was, [maybe] the shot of hormones that*

was going through my body, I don't know… [But], all of a sudden, I felt feminine. I was shaving my legs. I grew my hair long. I bought sundresses. It was the oddest thing, and that went on through the whole pregnancy, and then I would say, at about 8-months, I was getting pretty big. I was getting pretty uncomfortable, and I'm [thinking], "this has got to stop." And the first thing I did was cut my hair. And, "let's go. This is over."

It is interesting. A hormonal thing, I don't know what it is, was. No idea…

At the same time, though, it was - Here's what different about it, though. So, I'm pregnant. I have long hair, I definitely look feminine, and now if I meet people and I tell people that I am gay or queer, they're like … more shocked, cause what are you talking about?

And for those six or seven months, I got to realize how invisible femme lesbians are. I got to experience a bit of the other side. I got to experience a bit of what Jacq goes through, cause she's very feminine. I had no idea. I thought it was hard being me, right? 'cause I'm butch – not as butch as some, but butchier – it comes across [that] I'm not straight, you know, most often, and for her, people never assume she's gay. Never, you know, so she has more explaining to do, which is harder. So, I got to experience a bit of that, which was interesting….

I think being pregnant, it was harder to be 'out' because it's unexpected, and the rudeness of some people, [saying] 'How did you do it?" [and] "Who's the dad?"

Would you ask your friend that? You know. Some people were quite rude in their presumptions. Feeling like it was okay to ask, to be questioning.

Imogen's excitement and comfort seems to have stemmed from so many different places – not just the clothes and the attention, but also in being able to truly understand what her partner, a femme , experiences – and yet it contrasts the other narratives of pregnancy.

While *Vanessa* admitted that pregnancy "*was probably the first experience that I had that did make me feel more feminine,*" she did not consider that as positive. *Vanessa* compared her experience of pregnancy to when she was a pre-teen, "*it was like I was 11 again, and being forced into clothes that didn't work, and I was so frustrated. I would scour the internet for shirts that would work*." Further, *Vanessa*'s experience of

pregnancy was reminiscent of the contrast between the girls she went to high school with and herself. When pregnant *Vanessa* was again faced with an extreme, almost surreal, stereotypical "feminine" ideal to contrast her (previous to pregnancy) genderqueer sense of herself.

> ***Vanessa:*** *I really felt so uncomfortable. I never felt uncomfortable in my own body, but I felt uncomfortable in what I had to put myself in. I swam a lot… during my pregnancy and I really struggled finding swimwear that I felt comfortable in. I did an aquafit class and all the other women would be in … skimpy bikinis, and I would just feel out-*
>
> ***MW:*** *That's so not appropriate for aquafit!*
>
> ***Vanessa****: I know! Exactly, I don't actually know how they managed to keep [the bikini tops] on, but yeah, but I would feel so uncomfortable in my one-piece plain swimsuit, in this … world of ultra-femininity.*

While others did not bring up stories highlighting such a contrast between themselves and others, they certainly shared examples of how they made clothes work for them – as best they could – during their pregnancies.

Before becoming pregnant, and early in her pregnancy, *Bryn* was unsure about what she was going to wear when she was visibly pregnant, and if she would still be recognized by others in the queer community.

> *I was very apprehensive about my body changing, and very apprehensive about how people were going to see me in the [queer] community. I think I was still in their [butch] club. I was still wearing a plaid shirt [just] extra, extra large.*

While for most of her pregnancy *Bryn* wore the same clothes as before she became pregnant, just in larger sizes, at a certain point she needed maternity pants. At this point she found that not only were the men's (regular) pants not comfortable, but they were not staying up either. Thus, she had to "bite the bullet" and give in to the notably more feminine maternity wear.

> *Yeah, I actually ended up going to the men's section and wearing those, but at the end, the pants – but the pants, eventually you are going to need something that is going to stay up. No matter how wide of a belt you get – you need, those elasticy pants. They really work. You know what I mean? The elastic band at the front, they really work, but they all had these flair bottoms! ... So, I had to go modify all my maternity pants – 2 pairs of jeans and 2 pairs of cords. Like I had to cut out the bottom, and unflair them. But damn those things were comfy!*

While *Bryn* felt she had to "give-in" at the end, *Tracy, Quinn*, and *Cathy* did not find that wearing maternity clothes was a choice for them at all, and simply opted to wear larger sizes of men's clothing. Part of this lack a choice, at least for *Cathy*, was the fact that she could not get the help she needed when she did enter a maternity wear store.

Choices of what to wear, thus, were not just about comfort, but also about being able to access clothes that fit. While *Vanessa* turned to the internet for appropriate maternity wear, *Cathy, Bryn*, and *Joy* attempted to find appropriate clothes at local maternity stores. There, however, they were ignored by the sales associates. Being ignored or not recognized as (potentially) pregnant, it turns out, was not limited to sales associates, but a matter of cultural norms and gendered expectations regarding *stratified reproduction*, "microaggressions," and pregnancy.

Invisibility of Masculine/Queer Pregnancy

One of the most surprising findings from this research was the degree to which the individuals I spoke with, when pregnant, were seen for who they were: a pregnant masculine individual. Sometimes this was a result of what they wore when they were pregnant, and sometimes even they could not explain why this might have been the case. Their invisibility might be explained by the fact that, as questionnaire respondent, *Isabella* (40s, Asian, butch), noted with regards to Thomas Beatie being "a pregnant man:"

"*Pregnancy seems discordant to being masculine. [Pregnancy] seems contradictory the idea of a transmen. In this light, the title 'the pregnant man' seems inaccurate.*" In contrast to this perspective and cultural norm, however, *Bryn*, *Cathy, Joy, Imogen, Quinn*, *Vanessa*, and *AJ*, did not see pregnancy as something innately feminine, but rather something they really wanted to experience, despite their butch/gender non-conformist identity. Trying to deal with their personal beliefs and feelings that contrast the norms of our culture resulted in their experiencing of microaggressions.

Microaggressions are most often written and talked about with regard to race, ethnicity, and racism, but *cultural microaggressions* have been identified as being "'commonplace indignities' due to prejudice and stereotyping" (Schoulte, et al. 2011:292), due to "norms" of all sorts, including sexism/misogyny, ageism, ableism, homophobia, and transphobia, as well as the rarity and cultural discomfort of women holding professionals positions (Ross-Sheriff 2012; Schoulte, et al. 2011; Sue, et al. 2007). Microaggressions are "brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative [discriminatory] slights and insults to the target person or group" (Sue, et al. 2007:273). In fact, microaggressions "may seen innocuous to the perpetrator of aggression" (Ross-Sheriff 2012:233). Sue, et al. note there are "three forms of microaggressions [that] can be identified: microassault, microinsult, and microinvalidation" (2007:274); and as an example they note how "the sheer exclusion of decorations or literature that represents various … groups" (274) affects how individuals can feel excluded, unwelcome, or discriminated against, even if the exclusion of such

material is not deliberate. An example from one of the interviews I conducted would be *Cathy*'s awareness of how:

> *people just couldn't wrap their heads around [a butchy/masculine-presenting person being pregnant]. [It's like], 'these two things do not go together' – you know like that Sesame Street thing, (singing), 'One of these things is not like the other. One of these things just doesn't belong*.'

While *Cathy* could not put her finger on what exactly what made her think that people feel that way – a look, something subtle that someone said – what she experienced was a result of microaggressions. While microaggressions will be discussed further in Chapter 6, it is important to recognize their role in the lack of recognition of pregnant butch lesbians, transmen, and genderqueer individuals. Here I want to bring attention to how cultural perception of pregnancy as exclusively a feminine experience led to microaggressions, including misunderstandings and invisibility among friends, family, and strangers.

A recurring microaggression that came up in the interviews was experienced at maternity wear stores. *Joy, Cathy*, and *Bryn* each recounted stories of misunderstandings and/ invisibility that they experienced while trying to purchase maternity wear. *Joy* had immigrated to British Columbia from outside of Canada, and spoke with a different accent. She was unsure if her negative experience stemmed from the fact that she was masculine-appearing or because the sales associate really did not understand what *Joy* was saying.

> *I had a really uncomfortable encounter at a maternity wear store, where I went in and said [that] I was looking for shirts. And [the sales associate] said, 'I don't understand what you mean.' And I said, 'shirt, like a button shirt,' and she said, 'I don't think we have shirts.' And so I kind of repeated, thinking surely is it my accent? I mean, how is it you don't understand the word 'shirt'? And eventually she said, 'oh you mean a blouse!' And I don't know if it was a deliberate, 'you don't look the part' or if she literally didn't understand what I was saying, but, um, I mean, it was bizarre. And, and so I felt like whenever I went into a maternity wear store that I was, I just didn't*

> *look the part. I didn't – none of the clothes made me feel comfortable. In my general life shopping I've found a couple of stores that will always have the clothes that I need, and I don't deviate. I hate shopping. And I go to these places, and I get my clothes, and I get out as quickly as possible. And suddenly I was thrust back into [the] generalized shopping world… into the ones that are about being feminine.*

Since two other interview participants also noted feeling hints of unease and difficulty with getting the help they needed at maternity stores, I would argue that what *Joy* felt was not just in her mind but a microaggression (which could equally be about her accent, and the sales associate not wanting to understand what *Joy* was saying).

Both *Cathy* and *Bryn* felt like they were ignored or not recognized as potentially pregnant individuals when they sought to buy clothes that would (better) fit their bodies when they were pregnant. *Cathy*'s sense of frustration, being overwhelmed, and lack of understanding why no one would help her was evident in her narrative, even five years after the experience.

> *That was weird, cause I think I was– one of my defining experiences [when I was pregnant] was, I was in Kitsilano [at the upscale] baby stores, and I went into [one]. I went in there and they didn't - I tried to make contact with [the sales associate], and it was like I was invisible. I don't know what that was about, but I think it was about gender.*

From *Bryn*'s experience, it also seemed like gender was a key factor in being ignored.

> *Yeah, [my butch friend and I] had some interesting conversations [and found out that] we actually had the same experiences. This is the thing: we'd both go into maternity stores, and nobody helps you, everybody ignores you, like, 'excuse me?' [The sales associate's thought must be,] 'You just must be an overweight person in my store. There is no way there is a baby in there.' Yeah, [my friend] had that experience…[And] I'd go into stores like that and not be helped… My partner would be helped. She often wore skirts back then. She had the long hair and skirts, and she'd be helped. 'Okay, how can we help you?' But me, no.*

Further, and related to their choices in maternity wear, what became evident in the narratives of their pregnancies was that there is an invisibility of "the pregnant lesbian."

While femme lesbians are often invisible as lesbians in their daily life, and thus it is not surprising that when pregnant they are recognized as 'straight,' what surprised me to find out during the interviews was that none of the interview participants felt that they were recognized as lesbians during their pregnancy. This was despite the fact that almost every one of them lived in East Vancouver – a lesbian mecca – during their pregnancy or pregnancies. *Tracy, Quinn*, and *Cathy*, who wore larger sizes of men's clothes, each noted that publicly they were very rarely, if ever, recognized as pregnant, but instead perceived as men with a beer belly. *Tracy* noted: *"I still got called man or sir – [people thought I had a] beer belly."* Similarly, *Cathy* and *Tracy* noted how even at 8-months pregnant, their co-workers could not fathom that they were pregnant. Their embodied masculinity denied any possibility of pregnancy.

In contrast, those who wore typical maternity wear were continuously recognized as 'straight.' As noted earlier in this chapter, pregnancy was the first time in many years that *Imogen* was perceived as a straight woman, *Bryn* and questionnaire respondent, *Gayle*, also noted similar experiences.

> *When I was pregnant, people just assumed that I was straight, and it was the weirdest thing to be seen as straight…. I am sure everyone experiences that – everybody assumed that there was a husband waiting at home for me. (Bryn)*

Likewise, *Gayle*, a white butch questionnaire respondent in her forties noted,

> *When [I was pregnant and out] with my wife I was constantly frustrated with people trying to figure out our relationship cause being a lesbian couple didn't make sense to them. We were sisters or friends or something else.*

While strangers had a hard time seeing *Gayle, Bryn,* and *Imogen* as anything but straight, *Bryn*'s friends could not understand her being pregnant, unless it could be justified it in terms of her partner being unable to get pregnant.

Thus, *Bryn* recounted a few occasions when her friends had made comments that made her realize that they did not understand she was pregnant. Sometimes upon telling her friends that she was pregnant, they would respond by saying, "*What the hell? We thought you were butch?!? Why can't Kait have a kid?"* Two particular situations exemplify this point. First, *Bryn* noted:

> *We were at a friend's dinner party – I even said, 'oh I am pregnant', and [my friend] said, 'oh that's great', and later she offered me a drink. When I said 'no', she said, 'So big of you not drinking when your partner is pregnant.'*

Another example demonstrated the awkward position that *Bryn* was put in as a result of her friends' disbelief and questioning.

> *Even when I was showing, one of my best friends didn't get that it was me [who was pregnant, so I said to them,] 'Like do you see that it is me?' 'Like, what? It is you?!? I thought it was Kait! I just thought you were getting stuffier.'*
> *Like over and over again with my friends, they just wouldn't get it… 'What,* you're *pregnant?!? Oh there must be something wrong with Kait.' And I felt awkward about it too … Cause then, when they realized there is nothing wrong with Kait – that I fought for this – I felt like I had to get into the details of the relationship that I wasn't even comfortable talking about … But no, thank you very much, Kait is okay. They just assumed there [are] fertility issues there.*

Bryn's awkwardness is definitely a result of microaggression, even if her friends did not necessarily or explicitly want to hurt her feelings or invade the privacy of her relationship with her wife. As Sue et al. (2007) explain,

> Microaggressions are often unconsciously delivered in the form of subtle snubs or dismissive looks, gestures, and tones. These exchanges are so pervasive and automatic in daily conversations and interactions that they are

> often dismissed and glossed over as being innocent and innocuous. Yet … microaggressions are detrimental… because they impair performance in a multitude of settings by sapping the psychic and spiritual energy of recipients and by creating inequities. (2007:273)

Thus, working together with *stratified reproduction* and "good mothering" discourses, microaggressions negatively affect the desires and experiences of pregnancy among butch lesbians, transmen, and genderqueer individuals. Moreover, these microaggressions are due to the cultural fetish of feminine pregnancy.

Feminine Pregnancy as Cultural Fetish

> *It's my job [as a midwife] to care for people… It's not my job to decide who should be pregnant or not. Personally, I'm a big fan of pushing boundaries and specifically gender boundaries… It takes a lot of fucking guts [to be butch, FTM, or genderqueer, and pregnant]. I have a lot of respect for that. I think it's a big deal… It takes guts for queer-identified people in general to become pregnant; it takes a lot of fucking work, usually… Just in the [same] way that I have a lot of respect for women who are single moms by choice, I also have a lot of respect for genderqueer, masculine-identified transmen – you know, however they [individually] identify – to get pregnant… Especially in the case of transmen, it can potentially be a lot of work hormonally….*
> *I think a lot of queer couples just don't have access to information [about conceiving and queer reproduction], and I would say specifically people who identify on the masculine side, because to look into that, to ask questions about [pregnancy], is to identify themselves as women, which is not necessarily what they are looking to do.*
> *(Ginny, 30s, white, queer/femme-identified midwife)*

What has come out of this research for me is that, similar to New Zealand-based human geographer Robyn Longhurst, "I want to displace the alignment of pregnant with a particular gendered construction of femininity" (2000:457). I recognize that in part, this displacing involves recognizing the "*cultural fetish of pregnancy being associated with femininity" (Quinn).* Despite *Quinn* telling me this during out interview, it took me a while to understand the layers to what she said. I realized that while these words stemmed

from *Quinn*'s being an academic – what non-academic would put the word "cultural" and "fetish" together – they also came from her experience of pregnancy and motherhood as a queer masculine-appearing individual. At first her statement seemed easy enough to agree with and accept as an everyday statement, but upon hearing *Quinn's* words repeated as I went back to the digital recording and transcript, I realized that her concept of "cultural fetish" is more appropriate than my initial classification of feminine pregnancy simply being expected. The experiences narrated to me, in my interviews with butch lesbians, transmen, and genderqueer individuals, were not just about a cultural *expectations*. Instead, they exemplified the West's cultural obsession with feminine pregnancy being a cultural fetish.

When I first heard the words "cultural fetish" I dismissed the "fetish" aspect as hyperbole or a humorous use of words from someone in the queer community. It was only in my being reflexive of why I did that, and thinking about what came to my mind as "fetish" that I really *heard* was *Quinn* was saying. The word "fetish" is loaded with meanings. In the queer community, the word "fetish" often conjures up ideas and practices related to something that is sexually stimulating. To the general public, a "fetish" may be seen as an obsession. For anthropologists, "fetishes" are items or idols with supernatural or religious significance or powers. For Marx, "commodity fetishism" renders subjects and actions into objects with economic value. Put together, it is revealed that a cultural fetish is something that is valued not necessarily for its original use or for its base use or parts' value, but something with added sexual, spiritual, aesthetic, or commodity (for commodity's sake) value.

Thinking in this way, feminine pregnancy is a cultural fetish in mainstream Euro-American cultures. *Women* who are pregnant become *pregnant bodies* that are objectified and sexualized. Pregnant women and bodies are no longer private entities; instead, they are under the surveillance of both strangers and people they know. The view and treatment of pregnant women and their bodies is part of the larger cultural rendering of women into objects, whether it be through the medical and scientific discourse as "bodies that are waiting for babies" (Longhurst 2000:460) or through popular culture's display of women as sexually stimulating heroines in latex or leather skin-tight outfits as "fighting fuck toys" (Newsom 2011). Pregnant women/bodies are cherished icons, and understood to be fragile, and in need of protection (provided by men). The cultural value of pregnant women/bodies is both economic and beyond economic. Economically, pregnant women and bodies are a valuable commodity, both to use in advertising and as a market to direct advertising towards. Beyond economic value, pregnant women and bodies hold cultural value for their reproductive power. That power, however, is recognized as exclusively a feminine one. The cultural fetish is one not simply about pregnancy, but about *feminine* pregnancy.

The feminine-pregnancy fetish (as obsession) can make it impossible to see even what friends and family otherwise know to be true. *Bryn* told me that, "I've always been clear to my family and friends that I wanted kids." Yet when she told her family she was pregnant, they took it as a sign that she was *finally* embracing femininity. Likewise, when she told her friends that she was pregnant, they often understood her to be saying that her (femme) girlfriend was pregnant, even when *Bryn* was visibly showing. *Cathy*, a butch lesbian, likewise informed me that her co-workers never recognized her as being pregnant,

but rather as just gaining a beer belly. On the other hand, *Bryn* and *Imogen* were both recognized by strangers as being straight pregnant women. *Imogen* and her wife were often viewed as sisters, even as they walked down the street hand-in-hand. Undoubtedly part of this was the fact that *Imogen* and *Bryn*, at least sometimes, wore traditional maternity wear as opposed to larger sizes of "men's" clothing.

Choosing and experiencing pregnancy as anything other than feminine is challenging, due to the cultural fetish surrounding feminine pregnancy. The fact that family, friends, and strangers could not acknowledge the reality that they were presented with illustrates this. In Canada we have come a long way to recognizing lesbian and gay parents, but it is important to note that sexuality and gender are different. Breaking gender boundaries and expectations related to pregnancy and parenting is undoubtedly not something that can be done in a short amount of time. Moreover, butch lesbians, transmen, and genderqueer individuals are not the only ones to be uncomfortable in overtly "feminine" maternity wear. Undoubtedly, many heterosexual women are also repulsed by the obligatory feminine wear available to them when pregnant. Thus, I argue that the first part in creating change, and being more aware of the diverse experiences of pregnancy, is in consciously recognizing that "*We have this cultural fetish of pregnancy being associated with femininity.*"

Summary

I conclude this chapter by making a couple of points about the (changing) relationship between gender (identity) and pregnancy. First, while I do not know how many butch lesbians, transmen, and genderqueer individuals in BC desire or achieve pregnancy –

although I know it is not the majority of said individuals – this does not lessen the importance of the experiences of those individuals who do desire/achieve pregnancy. Moreover, recognizing the cultural aspects that affect people's desires and experiences of pregnancy is important. For example, for *Ulric*, a white FTM questionnaire respondent in his thirties, his female sex and desire to be a father confused him as an adolescent. He noted, *"[As a teen] I thought about becoming a father, but I didn't know transition resources existed, so I assumed I was crazy*." If *Ulric* told anyone else of his desires, they likely too would have thought he was crazy, quite literally. *Hank* (30s, white, transman) had a similar response when I asked him in our interview, *"And as a teen or young adult, was there a time when you thought you might become a mother or parent?"* He responded, "*Parent, yes. Mother, no. Like I said, [I've] had no inkling to birth… [Never] a birthing parent. But I didn't grow up thinking I was going to be a dad [either]."* Still today, masculinity and pregnancy are not seen (by mainstream culture, at least) as potentially coexistent. Individuals, however, certainly are recognizing the potential for these two (formerly mutually exclusive) traits to coexist. Such was not only the case for those I interviewed, but also for one of the genderqueer individuals who participated in Diamond and Butterworth's (2008) longitudinal study on changes in gender and sexuality. Of one of their pansexual-identifying participants, they note:

> In fact, by the 10-year interview [Lori, at age 33] was considering going off of testosterone in order to get pregnant, and was clearly comfortable with the prospect of combining her masculine-appearing body with perhaps the ultimate symbol of femininity: A pregnant belly." (Diamond and Butterworth 2008:370)

Secondly, we must consider how despite the relationship between gender (identity) and pregnancy being a cultural norm, it is not something that children and youth necessarily understand (yet) or have accepted.

This was exemplified in a few stories that *Bryn* told during her interview, but most poignantly in one related to her job as a teacher.

> *I have this story… I come out to my students every year. It isn't a big deal, and I want to be honest with them about who I am, and to demonstrate that being queer is not something they need to be ashamed of. Anyways, so I come back from summer, and in my [high school] class I am teaching half of the same students as the previous year – so I have already come out to those ones, but the new ones don't know [that I am queer]. Anyway, so on the first day I tell them, 'just so you know, I am pregnant, and I am going to be having a baby in February.' And the old students are like, 'but how did you get pregnant?!?' And the new students are looking weirdly at the students from the previous year thinking, 'they don't know [how babies are made]?' So, of course, I had to explain the whole process to my students.* They don't get the butch-femme thing. *They didn't think that it was weird at all [that as a butch I would be pregnant], but just not sure how to get pregnant without easy access to sperm. (*italics removed for emphasis)

Bryn's story touched me, especially as I read it over again (after transcribing it): "They don't get the butch-femme thing." No, I keep thinking to myself, they don't, but they obviously also do not get the cultural fetish that pregnancy is feminine. While the new students may not have officially heard their teacher come-out to them, they would have realized – just like the students from the previous year – that she was not particularly feminine. Thus, it was not just about being "butch" or "femme." Instead, about masculinity and femininity, something they would have all been quite familiar with on a daily basis, but apparently not with regards to pregnancy.

I think these students can teach the general public a valuable lesson about gendered expectations and sexual reproduction. They knew the basics of human reproduction, and thus needed a little lesson regarding the possibility of lesbians/queer

women using a sperm donor. In terms of biology, this then made sense to them. As *Bryn* noted in her story, however, no explanation was needed about gender norms and pregnancy. Their feeling was seemingly the same as what *Bryn* had responded when I asked her about her thoughts on Thomas Beatie's pregnancies; she replied, "*If you have the equipment, go for it! Yeah, if that's something you want to do… there should be no feelings of judgment about it*." It is unfortunate that so many other people get caught up on the elements of gender, and cannot see desire for pregnancy and parenthood as a personal or human desire, instead of a gendered one.

This divide between masculinity and pregnancy continues, however, to be an effect of living in a patriarchal society. Rothman (1989), Layne (2003), and others have expressed, pregnancy and "all the other nurturing aspects of motherhood… are systematically undervalued in terms of our patriarchal ideology, which privileges 'the seed'" (Layne 2003:244). Thus, the culturally perceived dichotomous nature of masculinity and pregnancy is not just about linking pregnancy to female biology, but instead it relates back to Cartesian dualisms, patriarchy, and privilege. In this line of thinking, why would anyone who embodied masculinity want to lessen their value – both to themselves and to society in general – to partake in a feminine-associated experience? To do so is unimaginable and certainly *queer*, as it *fails* to meet cultural understandings of how things work, fails to uphold the cultural fetish of feminine pregnancy. This, however, on a larger scale is not just evident this chapter, but also emerges within the next two chapters which demonstrate that focus on breastfeeding and being a *queer* parent/mother.

Endnotes

1. I use this phrasing regardless of its awkwardness, to draw attention to the fact that trans-folks sometimes choose to identify their genitals with words or in ways that differ from common usage. So, instead of perceiving themselves to be "born *with* a vulva," they recognize (as anthropologists do too) that they were "born *with what was culturally perceived to be* a vulva." This difference is significant, and reflects my desire to respect and call attention to the ways that gender non-conforming individuals sometimes relate to their bodies (and "sex"-associated physical characteristics) in different ways than mainstream individuals do. This discussion is also highlighted in Chapter 6. (See also: wallace 2010 and Ware 2009).

2. Parts of this chapter appear in my forthcoming published chapter, "Stratified Reproduction: butch lesbians, transmen, and genderqueer individuals' experiences in BC" in *Fertile Ground: Reproduction in Canada*.

3. Bill C-389 was introduced twice to the 40th Parliament (in the 2nd and 3rd Sessions), by MP (Member of Parliament) Bill Siksay (NDP, BC: Burnaby-Douglas). Neither time did the Bill have the opportunity to complete the process of becoming law, due to parliament being dissolved – through prorogation and an election being called. On September 19, 2011 it was re-introduced (now to the 41st Parliament) by Liberal Hedy Fry (NDP, BC: Vancouver Centre).

Similarly, Bill M-207 was introduced to the BC legislature on May 26, 2011 by the openly gay MLA (Member of the Legislative Assembly) Spencer Chandra-Herbert (NDP, Vancouver-West End). At the time of writing this, it is uncertain when it will come up for debate in the legislature.

4. Additionally, while *Cathy* was not denied access to services, she did mention that when she did not feel exactly welcome or comfortable there. *"So I went to the Fertility clinic, which is not a warm and fuzzy place. Now it's just kind of an impression I have, but I don't think they knew quite what to make of me. But they never said anything*." Undeniably, this is a better experience than being denied services, but *Cathy* also highlights the need for more awareness and understanding among the clinic staff regarding respect for the potential diversity of their clients.

5. *Tracy* was the sole person to have experienced a pregnancy without really wanting to experience it. This was due to *Tracy* and her former partner acting on a lark on *Tracy*'s birthday. After assisting her (then) partner with an at-home insemination, her (then) partner talked *Tracy* into letting her empty the remains of a syringe of semen into *Tracy*. They figured that given the amount of semen in the syringe that there was no chance of it taking, but instead they were both surprised (and disappointed to some extent) to find out a couple of weeks later that *Tracy*, and not her (then) partner, was pregnant. A couple of years later, knowing that her (then) partner had a condition linked to infertility, and had had problems conceiving when *Tracy* obviously did not, *Tracy* was inseminated – more purposefully this time – with the goal of bringing a second child into their family. *Tracy* never had a desire to be pregnant, aside from its "use value" of bringing a child into her family because her partner was not able to. For *Tracy*, being pregnant made her "fragile" in a sense, and she did not like that. She explicitly told me, "*I don't like [being] pregnant.*"

6. This evidenced through the aforementioned narratives of Cherrie Moraga (1997) and Karleen Pendleton Jiménez (2011), as well as in the writings of Ware (2009),

Ryan (2009), and through the existence and success of the TransFathers 2B course offered at The 519 Community Centre in Toronto (Epstein 2009a). Moreover, most recently pregnant and breastfeeding transmasculine individuals have come to the public eye through the controversy surrounding La Leche League's (LLL) refusal to permit Trevor MacDonald to be a leader of his local LLL group (CBC News 2012a; Facebook 2012a; Tapper 2012).

Chapter 4:
Breasts, Breastfeeding, and the Public

On the cover of the May 21, 2012 edition of *TIME* magazine, Jamie Lynne Grumet stood breastfeeding[1] her almost four-year-old son, as he stood on a chair to reach her. The magazine reasoned that the image related to their story on attachment parenting to mark the 20-year anniversary since the release of Dr. William Sears' 1993 *The Baby Book* (Pickert 2012b). As the *TIME* article notes, attachment parenting is characterized by breastfeeding, co-sleeping, and baby-wearing (Pickert 2012b:34). As anthropologist Charlotte Faircloth has noted in relation to her research on "attachment mothers" in the UK, "among all the elements of mothering, infant feeding is the one that is most conspicuously moralized" (2009:15). Mainstream culture, thus, recognized the TIME cover image and the words accompanying it – "Are You Mom Enough?" – for what it was: controversy for the sake of publicity, "provocative" (Mallick 2012), and "engineered to ignite a storm" (Braiker 2012). In so doing, the *TIME* magazine cover successfully initiated a "bruhaha" *[sic]* (Weise 2012) not just about attachment parenting, but more specifically about what is "normal," "natural," and "appropriate" breastfeeding and mothering (Braiker 2012; Mallick 2012; Weise 2012).

The *TIME* magazine cover was not alone in its public or media focus on breastfeeding; it was simply the latest of events to cause such brouhaha. Breastfeeding holds an awkward position in our culture, straddling the lines between natural biology and sexuality – although it is always considered "feminine" (Epstein 2002). As a result, breastfeeding is often hidden from the public eye – quite literally – as mothers keep their breasts and practices of breastfeeding private for fear of public humiliation (either by

exposing their breasts or by being harassed for being "caught in the act"). In recent years, however, there has certainly been a heightened (and) public awareness of breastfeeding, as women have used the internet and other media to call attention to the confrontations they have experienced with employees who have requested the women cover themselves up and/or to leave the airplanes, stores, and restaurants they are in (Schrobsdorff 2012a, 2012b; CBC 2008; personal knowledge). Moreover, in late 2011 and early 2012 moderators on the social website FaceBook deleted photographs and personal accounts that depicted breastfeeding. Becoming aware that friends of hers had experienced this, and that she also had, Vancouverite Emma Kwasnica subsequently asked for people to inform her when their photos of breastfeeding were deleted. Eventually, in January of 2012, the story of breastfeeding images being pulled from FaceBook caught the media's attention (Bindley 2012; CBC News 2012b; personal knowledge). In protest, breastfeeding women turned to an act that has become routine when harassment of breastfeeding women is brought to the public's attention. They "fought back" via "nurse-ins" in Australia, the UK, Canada, and the US, among others countries (Bindley 2012; personal knowledge). With both the *TIME*'s cover image and the cases of breastfeeding images on FaceBook, part of the discussion has been about the age of the children involved (i.e, that they are not infants), and another part of the discussion has related to the private/public nature of breastfeeding (Bindley 2012; Braiker 2012; CBC News 2012b; Mallick 2012; Weise 2012; personal knowledge).

The World Health Organization (WHO) recommends breastfeeding exclusively for at least six months, and continuing to breastfeed for at least two years (WHO 2007; see also: Weise 2012; Chary, et al. 2011; Rudzik 2011; Chalmers, et al. 2009). As I have

noted elsewhere (Walks 2011), anthropologists have found that breastfeeding and other infant feeding practices differ substantially in other countries and cultures (Chary, et al. 2011; Dombroski 2011; Rudzik 2011; Urbanowski 2011; van Hollen 2011; Faircloth 2010, 2009; van Blerk and Ansell 2009; Van Esterik 2002; Dettwyler and Fishman 1992). A recent study found that in Canada 53.9% of mothers are still breastfeeding their babies at 6-months, although only 14.4% of them are doing it exclusively (Chalmers, et al. 2009:125 and 129). Urbanowski reports that Arab Muslim immigrants in the Canadian prairies, aim for at least two-years, as that is recommended by the Qur'an (2011:154-155). In K'exel, Guatemala, mothers have been found to breastfeed exclusively for eight to twelve months, and on average they continue to breastfeed until the child is 21 months-old, although some children are breastfed "for more than four years" (Chary, et al. 2011:175). In rural China, "breastfeeding may still continue up until school age" (Dombroski 2011:62). Likewise, breastfeeding is so normalized in some cultures that, for example, in South India, Ethiopia, and Tanzania a lack of breastfeeding has to be explained, and thus can reveal a mother's HIV-positive status to her community and social support network[2] (Van Hollen 2011; Blystad and Moland 2009).

In contrast, only 25% of women are still breastfeeding at 6-months in the UK, and just 2% do so exclusively (Faircloth 2010:359). Not surprisingly in the UK, "being on the margins of mainstream practices is often uncomfortable for women practicing full-term[3] breastfeeding, and they report feeling isolated from family and friends as much as 'society' at large" (Faircloth 2009:17; similarly stated in Faircloth 2010). Whether it be the length of time breastfeeding, the complete lack of breastfeeding, or even presenting as masculine while breastfeeding, "being on the margins of mainstream practices" is

isolating, challenging, and takes dedication. While only one of those I interviewed talked about "being on the margins" due to "prolonged" breastfeeding, others mentioned how their gender caused their experiences to – at times – raise a brouhaha, or cause others to respond in a way that displayed their conflicted or disapproving feelings regarding breastfeeding.

As the aim of my research had been to delve into issues of fertility, pregnancy, and infertility, I had not expected the topic of breastfeeding to emerge from my interviews and questionnaires. What I found out, though, was that this was an important topic for both the BTQ individuals whom I interviewed, as well as for a couple of questionnaire respondents who had experienced a pregnancy. Of the seven interviewees who had experienced pregnancy and birth, five mentioned breastfeeding. Two questionnaire respondents also explicitly recounted their breastfeeding experiences. Moreover, *Ginny*, one of the midwives I spoke with, brought up the topic of queers and breastfeeding. The fact that these issues were expressed without my specific or explicit intent to study this topic revealed to me its significance to those who participated in my research. Thematically, about half of the narratives and remarks were explicitly about gender; the others varied considerably. Four of the five mothers I interviewed who mentioned breastfeeding do so within their narratives of other topics, and two (one mother who voiced one of each type of narrative) recounted particular encounters and/or feelings related to their masculine experiences of breastfeeding. In retrospect, I think I was naïve to not be prepared or expect to hear about breastfeeding, particularly as breasts are such a gendered and controversial part of the body.

Gender, the Public, and Breasts: in brief

While Bordo found that "the presence of the penis [is] the single most powerful, *the* definitive cue for deciding… gender" (1999:23-24), breasts are innately gendered through their size and public appearance (or lack thereof). Human geographer, Robyn Longhurst argues that, "breasted men disrupt understandings of sexual specificity because they are coded as feminine-fluid and as abject bodies that are subject to loathing and derision" (2005:164). Moreover, just as the brouhaha regarding the *TIME* magazine cover drew attention to the fact that breasts are culturally recognized as sexual "objects" rather than sources of child nutrition, Longhurst also notes that "In the West 'Breasts are the symbol of feminine sexuality' (Young 1990a: 190). Men's breasted bodies, therefore, tend to make little sense." (Longhurst 2005:173). Similarly, in a different article Longhurst also argues that part of what made an Aotearoa/New Zealand bikini contest of pregnant women so controversial was that pregnant women are socially thought to follow "unwritten rules of what it means to be seemly, motherly and sensible" (2000:468), and yet these women caused "pregnancy trouble" by exposing or sexualizing so much of themselves – this despite the fact that "pregnant bodies *are* sexed/sexual bodies" (2000:457 – italics in original). It is no doubt that with such social contradictions and regulations regarding breasts, gender, sexualisation, surveillance, performativity, and breastfeeding that butch lesbians, transmen, and genderqueer individuals would find contradictions as well as both public and personal conflict regarding their breastfeeding decisions and engagements.

Negotiating Breastfeeding

Bryn, Joy, Imogen, and *Quinn* each mentioned their practice of breastfeeding while they talked about other subjects. While this may seem to demonstrate a lack of importance to their breastfeeding, or their experience of it, to me it demonstrates that they did not need to make a big deal about their experiences of breastfeeding, as breastfeeding is a normal practice. The "normalcy" of it was most evident in the narratives of *Joy* and *Imogen*, which were emotional despite the lack of primarily focus on breastfeeding itself.

Joy's mention of breastfeeding came up as she told me about her emergency caesarean section, and how she subsequently went into shock and was rendered unconscious. Her story, as anyone could imagine, was emotional. In fact, as much as I had expected tears in the interviews I had with individuals who had experienced or been diagnosed with infertility, the only time I saw tears during an interview was during *Joy's* telling of the birth story of her son *Henry*. She credited her midwives with the fact that despite being unconscious for the hour following *Henry*'s birth, at no time during her two-day stay at the hospital was her son separated from her. Instead, because her midwife knew of *Joy's* desires, she had latched *Henry* on to *Joy*'s breasts, he breastfed for the entire time that *Joy* was unconscious. Further, *Joy* noted that *Henry* was "*a champion breast-feeder from the absolute beginning. He was… 8 and a half pounds when he was born. He was 10 pounds eight days after he was born… [Despite the c-section,] he wasn't lethargic; he didn't have any trouble breastfeeding. I was very lucky."* Similar to *Joy*, *Imogen's* narrative relating to breastfeeding was from early on in her newborn's life.

Imogen's story related not only to an early post-partum experience, but also to the experiences of invisibility that many of the individuals experienced when they were

pregnant (as mentioned in Chapter 3). *Imogen* recounted this experience because it related to the fact that she was never recognized as a queer or lesbian woman when she was pregnant, and because this encounter occurred when she still looked pregnant, albeit when she was accompanied with a one-week old baby. This experience occurred when she and her partner, *Jacq*, were out looking for a product that had been recommended to help *Imogen* with breastfeeding.

> *It would be, [when] we were somewhere, and everyone would assume that me and Jacq were sisters, or we were friends or cousins or something. And most of the time I would let it go. And I remember… it was right after I gave birth, and I was still looking like I was pregnant, [because] the weight didn't just disappear, and I was still looking like I was pregnant, and here we were with this newborn baby, and we were at [a store] …cause I was having trouble breastfeeding and I think Sarah [the baby] was a week old, and I was in a foul mood, because I was in pain, and all of it. And the [store employee] – it wasn't the regular woman that was there. It was somebody else. And she was so chipper, and I was grumpy, and I am usually nice to strangers anyways, and I was – [Jacq and I now] tell this story, cause its funny – and [the store employee was asking], 'Oh are you guys sisters?' … I'd had enough of it, right – I looked at her and said, 'Well, I sure hope not, cause I've been sleeping with her for years!' Her face just went white. And Jacq looks at me and says, 'I can't believe you just said that.' And I was just finished. I'd had it. I'd had it with me walking somewhere with our newborn baby, and people thinking you're my sister... That was my only outburst. That poor woman in [that store]!*

Imogen's narrative does not explicitly refer to her experiences of breastfeeding, rather it exemplifies the cultural link between gender/sexuality and reproduction/ breastfeeding.

This was similarly noted in multiple examples that *Bryn* gave, and particularly to how she and her partner *Kait* each negotiated being in public with their baby (*Sage*) when he needed a feeding.

> ***Bryn:*** *At the beginning it was hard, the breastfeeding… I mean every time I had to breastfeed him, I felt like I was outing myself [as the birth mother, and as a woman], cause people would just assume that he was Kait's, that she was the birth mom until I [breastfed Sage], and then it was, 'Woah! Wait a sec!' And Kait had the same head problems too, cause she'd go out with him*

on her days and she'd not be breastfeeding. She'd be bringing out a bottle, and so she felt she was being judged for not breastfeeding, and so she felt she had to out herself, 'No I didn't give birth to him.'

***MW**: And it [was] breast-milk!*

***Bryn:** Yeah, it [was] breast-milk. 'I didn't give birth to him.' She felt, rather judged too, cause she'd be with all these women, and 'well, you're not really the mom.' Cause all these feminine women, straight women, gay women, all whatever it was, they'd all given birth to their children, and here's Kait with someone else's kid essentially. She can't breastfeed it. She never went in there telling ... birth stories, ad nauseum. She [felt] awful. She didn't have a birth story, didn't give birth to him, didn't give him breast-milk [from her breasts]. She felt she was not in the club, the femme club. And I got temporary status in the femme club.*

These early negotiations of breastfeeding reveal that while statistically overall only 53.9% of mothers are still breastfeeding their babies at six months postpartum (Chalmers, et al. 2009), breastfeeding is still normalized and expected, at least in certain communities. British Columbia actually has the highest rates of breastfeeding in Canada (Chalmers, et al. 2009), and the highest rates of breastfeeding are in urban areas (Health Canada 2011). I expect that Vancouver – where all three of the above experiences occurred – has the highest breastfeeding rates in the province. As the next section illustrates, however, along with the expectation to breastfeed also comes the expectation of femininity.

Masculine Breastfeeding: "Chestfeeding"

One difference between the masculine experience of pregnancy and that of breastfeeding is while individuals were not recognized as being pregnant even when in public, depending on the circumstances, it can be harder to not be recognized as someone who is breastfeeding their child[4]. While the masculine experience of pregnancy is rendered

invisible, the masculine experience of breastfeeding – by contrast – proved to be quite visible. Thus, for individuals who do not identify or present in a feminine manner, breastfeeding presents unique, and jaw-dropping, experiences for the individuals themselves as well as those who witness their breastfeeding. *Bryn* shared with me many such experiences, while *Vanessa* seemed to have had less of these brouhaha-inducing experiences. Regardless, all of their narratives – in addition to *Imogen's* noted in the last section, and *Quinn* who made a very slight comment regarding breastfeeding – touched on the relationship between gender, sex, and breastfeeding.

Despite the fact that men in various cultures around the world have been noted to engage in breastfeeding (Gohmann 2012; Moorhead 2005; Reents 2003; IOL News 2002) – albeit not on a substantial level – breastfeeding, similar to pregnancy (as discussed in Chapter 3), is considered an exclusively female and feminine experience. For *Quinn*, her mention of breastfeeding was very much in passing, but it was explicitly tied to gender and parenting roles. It was when I asked *Quinn* about the relationship between gender and mothering or parenthood that she explicitly linked birth and breastfeeding to "mothering."

> *Well, I see myself as the mother because I gave birth. If I wasn't the birth mom, I think I would probably think of myself as more a "parent." But I don't think of what I do – I mean* once he [was] weaned *– as that different [from what any parent does, regardless of gender or the title of their parental role].* (italics removed for emphasis)

Thus, while *Quinn* simultaneously challenged the gendered link to "mothering," she also supported through her words, the link of "mothering" to birth and breastfeeding. As I was not paying attention to this particular distinction during the interview, I was not able to clarify if this linking of "mothering" to breastfeeding was one that she felt was necessary, or more one that society thought was necessary. From her interview as a whole, I gather

that she meant the latter. Either way, however, her words call attention to the fact that even though lesbian, gay, and queer parenting is increasingly visible and legally recognized, there continues to be a general lack of ability to recognize pregnancy and breastfeeding as anything but feminine.

People are jarred when presented with such examples, and even with the suggestion of a masculine engagement with pregnancy or breastfeeding. Moreover, although the public became visibly aware of masculine pregnancy through seeing photographs of Thomas Beatie, it was his wife (Nancy) who breastfed their children through hormonally induced lactation. Thus, no image of masculine breastfeeding was made public. Instead, with "nursing tops" being as feminine as pregnancy wear, breastfeeding continues to be culturally recognized as an exclusively female and feminine experience. *Bryn* and *Vanessa* spoke to this, albeit in different ways.

Bryn expressed that breastfeeding is not considered a butch thing to do.

> *And I was out, and I was actually breastfeeding Sage, and this friend of mine came up and said, "oh, you did adoptive breastfeeding, that's so amazing!" [laughs] I'm actually like, "well, that would be amazing and very un-butchy of me, but actually I did something even more unbutchy, I just had the child."*

While *Bryn* knew it was not a butchy thing to do, she did it anyways, and (as an example will demonstrate later) she reveled in the moments she had her masculinity recognized as she engaged in this "feminine" act.

Vanessa, who was still breastfeeding at the time of our interview talked about her daughter's age, wearing clothes that are practical, and making conscious decisions about when and where to breastfeed two-year-old *Abigail*. The topic of breastfeeding came up when *Vanessa* talked about her clothing, and the fact that she does not present as a butch or genderqueer to the extent that she did before conceiving.

> ***Vanessa****: Part of [the way I dress] is [because] I'm still breastfeeding, and so some of [why I wear feminine clothes] is … accessibility and comfortableness in breastfeeding. That means that it's just easier to wear clothes that are, you know, meant for women who are breastfeeding.*
>
> ***MW****: And have there been any interesting interactions? I don't know how much you've breastfed in public or –*
>
> ***Vanessa:*** *Not a ton [of breastfeeding in public] now. I mean she's two. She would like me to breastfeed her more in public, but I have somewhat mixed feelings about that, at this age. Again, just an uncomfortableness... I gauge the environment… I live in a cooperative housing complex, with a central courtyard, and I will breastfeed in front of some of my neighbours but not others when we're outside.*

Vanessa's gender presentation or the conflict between identifying more masculine than what an engagement with breastfeeding suggests was not explicitly her focus, and yet, it was still present in what *Vanessa* said. While *Vanessa*'s gender presentation is expanded on in Chapter 5, it is important to recognize its role with relation to breastfeeding. This perhaps becomes clearer when *Vanessa's* experience is combined with both *Quinn*'s words, stated earlier, and *Bryn*'s experiences.

Bryn frequently heard people make comments to each other about her breastfeeding, and occasionally such comments were made directly to her. Her most memorable encounter took place when she breastfed in the local mall.

> *Young children always consider me a boy. They are not looking for the clues. Most adults [recognize me as female]. So we were at the mall, and this boy excitedly urged his mother to, 'Look at him! Look what he's doing!'… So this one little kid was arguing with his mother about whether I was a boy or a girl… and he was insisting, 'No, that's a boy. I know that's a boy.' I would have liked her to say, 'Yes, they are dressed like a boy,' … as opposed to this clear 'No, no.' It's sad, because that's how people view it.*

Upon telling me of this encounter, *Bryn* informed me that she felt a sense of contentment at having her masculinity recognized while she breastfed her daughter – a typically

"feminine" act. The disruption to gender binaries that masculine breastfeeding presents was also expressed by questionnaire respondents *Tanya* and *Eli*.

Despite the fact that the BTQ questionnaire had no explicit questions on it regarding breastfeeding, two respondents wrote in comments explicitly relating to their experiences of breastfeeding. As these comments were added in the extra space provided, they obviously stood out in the respondents' minds. *Tanya,* a butch lesbian in her 40s, discussed the discordance expressed by others regarding their gender identity and pregnancy/breastfeeding. She wrote that when she told her friends that she was pregnant, they would often respond by saying, *"You aren't going to breastfeed are you? 'Cause that would be too weird."* Moreover, when *Tanya* did breastfeed her child (in public) she was greeted not just with children misunderstanding her sex, but also shocked adults.

> *It was at the breastfeeding stage when people in public witnessed me go from being viewed or assumed to be a male to a woman who dared feed her child. [I got] many looks of shock – but I never did it for shock value. I'm not that kind of person. If my child was crying from hunger, I disregarded stares.*

While those seeing *Tanya* were subject to the shock of interrupting gender binaries, it was *Eli*, a transman in his 30s, who experienced such a shock soon after his baby was born, while still in the hospital. On *Eli*'s questionnaire he wrote: *"Nursing was also a huge change of mindset for me. All the nurses at the hospital grabbing my boob to get the baby to latch – welcome to the secret world of women!"* It is unfortunate that I did not have a chance to interview *Eli*, as I would have loved to hear more about how it was for him – a transman – to breastfeed his child. No doubt, it created even more of a shock (among those who witnessed it) than *Bryn*'s breastfeeding did. *Eli*'s experience, however, is reminiscent of a narrative expressed in Rachel Epstein's article "Butches with Babies" (2002).

With a focus on butch lesbians who experience pregnancy and mothering, "Butches with Babies" is not explicitly about breastfeeding, but similar to my research, Epstein found few but significant mentions of breastfeeding. Most comparable to *Eli*'s shocking experience in the hospital with nurses grabbing at his "boob," BW also uses humour to note her overwhelming experience of having her milk come in.

> I can't remember anything much, except the morning my milk came in after the baby was born and I had these enormous tits and I made a joke out of that, before I broke down and cried… because the baby had slept through the night and the milk came in and my tits were enormous and hard and burning and in agony. Well, I guess my lack of memory leads to the conclusion that it wasn't a very stimulating time sexually. (BW, 1998) [Epstein 2002:53]

The reality expressed in BW's narrative is fairly universal with regards to milk coming in. No doubt, however, that the enlarged breasts that she joked about caused her not only physical pain but also emotional pain, as butches seemingly rarely find comfort in having their breasts noticed by others, especially as "large" (sexualized) breasts. Likewise, simply having their breasts paid attention to at all can be quite overwhelming, for heterosexual and femme lesbians too, and as midwife *Ginny* explained, some queers find it so uncomfortable that they refuse to even speak to their midwife about breastfeeding, whether or not they (want to) breastfeed their baby.

A Midwife's Perspective

While *Joy, Imogen, Bryn, Quinn, Vanessa, Tanya,* and *Eli* recounted their experiences, one of the health care practitioners that I interviewed also spoke of breastfeeding. This was one of the major areas that *Ginny*, a midwife, saw differences in attitudes and practices between queer clients and clients who are women in heterosexual relationships. *Ginny* practices midwifery in East Vancouver and has had significant queer clientele in

her practice. While she admitted to only having a transman as a midwifery client in the role of a supportive and involved partner to his pregnant girlfriend, *Ginny* recalled various butch and genderqueer clients she had or was currently serving as a midwife. Further, while she could not think of any explicit differences particular to these individuals, she added a different perspective on breastfeeding from the other individuals I spoke with.

Ginny's observation, was not unique to butch lesbians and genderqueer individuals in particular, but more generally applied to some of the queer clients she had served.

Ginny: *Breastfeeding seems to be one of the bigger [differences for BTQ individuals], even if the pregnancy and birth is a no brainer, the breastfeeding comes up – as not being so into it or… [Breastfeeding], it's like it either works or it doesn't, and there's not a lot in between. If it's working [for my clients], great! I'm there, I see it, that's it. It's not that we're spending a lot of time [pause]*

MW: *Chatting about it?*

Ginny: *No, yes, yeah. Or like, "oh, let me hold your breast, and let me" – you know, like there's just, there just seems to be more business-y, which also makes good sense. And then if the breastfeeding isn't working, it's like [the parent can say,] "no, it's not working, here's what I'm doing instead." [And I'd say,] "Great! Right on!" Or, I've had, actually, it's been not even necessarily obvious to me masculine-identified queer women, but queer women that have just declined breastfeeding help, period. Which I never have that with the straight women.*

MW: *Wow!*

Ginny*: So, like either they just decide in themselves that they don't want to breastfeed, or they don't want me to see their breasts, or they don't want a lot of attention to be paid to it, or who knows what it is. But yeah, I haven't actually had that experience except with queer women.*

Quite obviously, this is not something that came up in the interviews that I conducted, which certainly can relate to the fact that until the final couple of interviews, I did not explicitly inquire about breastfeeding. As this was the case, I would gather that some

individuals may not want help or accept assistance with breastfeeding and would not volunteer information to me about their lack of desire to breastfeed nor their experiences of it. Instead, *Ginny*'s observation gives an added perspective to this topic, and one that certainly is worth exploring more deeply in the future.

Summary

In August 2012 the media's and the public's attention was once again caught with (sensational) breastfeeding news (CBC News 2012a; Tapper 2012). This time it was due to La Leche League Canada's (LLLC) refusal to allow Trevor MacDonald to be a group leader, as he does not identify as a mother (or woman). Instead, Winnipeg-based MacDonald is a transman who "chestfeeds" his son, and supplements his own milk with a feeding tube of breastmilk from various donors. He originally sought to be a LLLC leader when he and Mary Lynne Biener decided to start a queer breastfeeding support group that would meet via Skype (MacDonald 2012b). While MacDonald finds the term "breastfeeding" appropriate for what he does (MacDonald 2012a), he is aware that many transmen are more comfortable with the term "chestfeeding." This is because breasts are more often associated with females, despite the fact that cismen also experience breast cancer (MacDonald 2012a; personal knowledge). The term "chestfeeding" is a new term, and not one that was used by any of the individuals who shared their breastfeeding narratives with me. That said, breastfeeding was neither a topic that was discussed at all interviews, and none of those I spoke with about their pregnancy or breastfeeding identified as trans. Thus, they used the language that they and I were familiar with.

Despite this, I expect that the term "chestfeeding" will increase in usage among queer populations, and particularly among transmasculine populations.

As this chapter demonstrates, particularly through its lack of drawing from other material in this area, the area of queer/s' experiences of breastfeeding is one that has not been researched or written much about. Instead, this chapter serves but as the tip of an iceberg of explicit study in this area. While major themes that have arisen in this chapter – such as the strength of the cultural perception of masculinity/androgyny and pregnancy/ breastfeeding are paradoxical, in both straight and queer contexts – there is much more to explore, and more depth to delve into, to more thoroughly understand not only the diverse experiences of BTQ, and more generally queer, breastfeeding, but also the hows and whys, and cultural contexts of these experiences. To hear of the inner struggles that *Bryn* and *Vanessa* had with regards to breastfeeding, and the comments and interactions that *Bryn* and *Tanya* had with others is not only revealing of our culture, but also frustrating. Unfortunately, the inner struggles and conflict experienced as a result of conversations and actions by family, friends, and strangers that came up regarding breastfeeding pales in comparison to the challenges that BTQ parents faced with regards to their queer parenting in a neoliberal, hetero- and homonormative world, which are explored in the next chapter.

Endnotes

1. Breastfeeding is not only a feminine-associated experience in our culture, but its very name has feminine connotations. While men biologically have breasts, the word "chest" is more commonly used to refer to men's upper torso region. Thus, I would like

to be clear that many who identify as butch lesbians, transmen, and/or genderqueer individuals and who participate in feeding a child with their own mammalian milk, the words "nursing" (wallace 2010) or "chestfeeding" (MacDonald 2012a) are used to separate the feminine-body part from the action. That said, all of those I interviewed who partook in this practice referred to their actions as "breastfeeding." I have used this term to reflect their experiences and language choice, as well as to avoid confusion with the actions that medically trained nurses partake in.

2. As "breastfeeding can increase the risk of HIV transmission by 5-20%" (WHO 2004:7), WHO recommends that women who are HIV-positive refrain from breastfeeding their children, "if replacement feeding is acceptable, feasible, affordable, sustainable, and safe. Otherwise, exclusive breastfeeding is recommended during the first months of life and should be discontinued as soon as the conditions for replacement feeding exist" (WHO 2004:7). This is because by "giving only breastmilk and no other liquids or solids… the transmission rate [is brought down] to less than one-fourth compared to mixed breastfeeding" (Blystad and Moland 2009:1080; see also: WHO 2004). The problem is that both HIV/AIDS and individuals with HIV/AIDS are stigmatized in all cultures around the world. Thus, in cultures where breastfeeding is a normalized and typical practice, a lack of breastfeeding can alert others, cause suspicion, and result in a disclosure of their HIV-positive status, which can then lead to stigmatization and social ostracism of the infected individual and their child(ren) (van Hollen 2011; Blystad and Moland 2009). For more information on this, please see the anthropological research on HIV/AIDS and breastfeeding/infant feeding (Downe 2011, 2010; Van Hollen 2011;

Kroeker and Beckwith 2011; Levy, Webb, and Sellen 2010; Blystad and Moland 2009; van Blerk and Ansell 2009; Guigné 2008).

3. By breastfeeding "full-term," Faircloth refers to the ideal practice found within "attachment parenting" which is to "[breastfeed] until [the] child outgrows the need, -- which can be at any point between a year and eight years old, though is typically between two and five years" (2010:358).

4. This is not to say that breastfeeding in public is always obvious. Instead, many women and products pride themselves for making breastfeeding a discreet (public) act.

Chapter 5:
Raising Queerlings through *the queer art of failure*

> To live is to fail, to bungle, to disappoint, and ultimately to die; rather than searching for ways around death and disappointment, the queer art of failure involves the acceptance of the finite, the embrace of the absurd, the silly, and the hopelessly goofy. Rather than resisting endings and limits, let us instead revel in and cleave to all of our own inevitable fantastic failures.
> (Halberstam 2011:186-187)

"Silly Momma!"
(said endearingly by my 4.5 year-old son almost every day)

As I noted in the Introduction, Judith Halberstam's book, *The Queer Art of Failure* (2011) offers an unusual perspective about failure. In it, Halberstam points out that failure is not a lack of success, *per se*; rather, "failure" is found through the unsuccessful maintenance or contribution to the neoliberal, patriarchal, heteronormative *status quo*. Whereas failure is ordinarily feared, Halberstam illustrates that failure can actually result in joy. In fact, she notes that while failure is sometimes unexpected and/or disappointing, it can also be playful, liberating, and creative. Halberstam further exemplifies how failure can be planned and explicit or, likewise, implicit, spontaneous, and most importantly, subversive. Succinctly, she explains that, "we can … recognize failure as a way of refusing to acquiesce to dominant logics of power and discipline and as a form of critique" (88). While much of this dissertation illustrates "failure" in Halberstam's sense, this chapter focuses on how *the queer art of failure* is creatively enacted in contemporary everyday life, through the art of "raising queerlings."

Creativity came into play when my partner came up with the term "queerling" for our son, and other children who are raised by queers. Others have used "queer spawn" (Epstein 2009c), the children of or within queer/LGBT (parented-/headed-/led-) families

(Pelka 2010; Epstein 2009b; Moore2011), and/or the children raised by lesbian mothers and/or gay fathers (Lewin 1993, 2009a, 2009b; Owen 2001; Kelly 2011) to refer to those who in this chapter are called "queerlings." While my partner and I recognize that "queerlings" are not necessarily "queer" themselves in terms of their gender or sexuality, they are – from an anthropological prospective – "culturally queer." That is, they are raised in an environment of queerness, and this can lead the children to have some queer characteristics and/or politics. This does not mean that all children of LGBT parents identify as "queer" themselves (politically or due to their gender or sexual inclinations). Instead, children of queers also have agency enough to not identify, practice, or live as queer. That said, "queerlings" are not just any children raised by LGBT parents; they are the children of *queers*. Thus, I use the word "queerling" as a way to recognize children who are "culturally queer," and who are parented in a way that embraces and engages in *the queer art of failure*.

While parenting *queerly* was not a topic that I had set out to research, it came up, either implicitly or explicitly, in every interview I conducted with BTQ parents. The interview participants and I often shared our stories about having boys with longer hair; our challenges in acquiring appropriate clothing for our children that is not always blue or camouflage for boys and pink and sparkly for girls; and having our children commonly perceived as a different sex than that which they are. Not all of the stories involved "hard core," explicit, and "in your face" challenging of hegemonic gender values. Regardless, these narratives contrasted with those that are typically reported in research regarding LGBT parenting.

Many studies over the last 30 years have concluded that LBGT-parenting is "just as good as" or "the same as" the parenting of heterosexuals (as noted by: Lewin 1993; Owen 2001; Stacey and Biblarz 2001; Epstein 2009b; Moore 2011). There is no doubt that these studies have helped to legitimize the parenting of LGBT parents by demonstrating their competency, commitment, and desire for their own children to be heterosexual. Still, it has left some queers wondering if or why LGBT parents would want to raise their children in the same heteronormative, patriarchal ways that most heterosexual parents do (Epstein 2009c; Owen 2001; Stacy and Biblarz 2001) – do we not want to offer an alternative to heteronormative patriarchal parenting practices? In the 1970s and 1980s many LGBT parents

> had to prove that they were 'fit' to be parents – that their kids would understand traditional gender roles and behaviours, that the children were no more likely to be gay themselves, that they would not be damaged by the teasing and discrimination they might face, and that they would be 'just like' kids growing up in heterosexual families. (Epstein 2009b:14)

More recently, it has been realized that trying to be "just like" heterosexually-parented families results in the perpetuation of a particular standard of parenting – one that privileges, normalizes, and depends on heteronormative and patriarchal practices. Further, this style of parenting has not allowed queer parents to be true to who they are nor "converse honestly about the full breadth of their realities" (Epstein 2009b:15; see also Owen 2001, and Stacy and Biblarz 2001). Undoubtedly this has resulted in the fact that "queers who most closely resemble the heterosexual ideal are deemed the most 'normal.' As to whether or not it is desirable for queers to be considered normal, opinion remains divided" (Owen 2001:97). While Owen noted this back in 2001, opinion among LBGT/queer-parents is still split about whether it is optimal be to "queer," or to parent

and be recognized as "normal." The focus of this chapter is parenting with *an art of failure*, or in other words, raising *queerlings.* Despite this focus, I am not suggesting that most LGBT parents engage in this "failure," but here I highlight some of the reasons and ways that some parents do *raise queerlings*.

In this chapter, it is particularly important to remember that, as I noted in Chapter 2, my usage of particular gender and sexually related terms such as *LGBT*, *gay/lesbian*, and *queer* is purposeful. The terms are used to reflect the (chosen) identities of those whom I reference, as well as to meaningfully signal their specific politics. Keep in mind that the acronyms explicitly recognize each specific identity. Contrary to "LGBT," "queer" is (or attempts to be) inclusive without overtly naming each identity or practice it includes. Moreover, "queer" is an umbrella term that is inclusive of all individuals who practice/embody non-normative gender and sexual identities; sometimes it is also inclusive of others who contest heteronormativity and binary genders. Moreover, while "gay" and "lesbian" can also be said to be in opposition to the *status quo*, "queer" is unambiguously political. In fact, mainstream gays and lesbians criticize queers for being "too 'extremist'" (Watney 1994:23), while queers argue that gays and lesbians are "too mainstream" by only "plea[ding] for 'toleration' and 'equality'" (1994:18), and not offering anything new or different. Watney explains that *queer* "aims to destabilize the overall discursive legitimacy of modern sexual classifications, and the power relations they sustain and protect" (1994:23; similarly Halbertam 1998, 2011). At first it may seem that "gay" offers something new and in contrast to heteronormative ideology, but queers and queer theory object to it being a significant difference because "gay" maintains stable gender and sexuality categories.

Likewise, "gay" becomes a new target audience instead of a challenge to capitalist consumption and normative ideals (Mac an Ghaill and Haywood 2007; Halberstam 2011, 2005). While queers have been labeled as "in opposition to the institutions of family, heterosexuality, and reproduction" (Halberstam 2005:1), it is important to point out that institutions can be separated from practice. Some may argue that it is impossible to have children or be in a "straight" relationship and simultaneously be "queer." I believe it is important to acknowledge fluidity, and that politics is more than exclusionary practice. Queers' involvement in "straight" relationships and with parenthood, therefore, does not negate their queerness. While Lewin (2009a, 2009b, 1993) demonstrates that being gay does not lie in opposition to fatherhood nor being a lesbian with motherhood, this chapter illustrates how queerness and parenthood are not mutually exclusive, and more specifically, how queer parents make use of *failure* in order to raise their queerlings.

Specifically, this chapter focuses on examples of queer parents who explicitly challenge patriarchal hetero- and homonormative ideals. It focuses on three particular interviews and families. Parenting *queerly* was not a topic I had explicitly set out to research. It was, however, a topic that once broached, led to a discussion that was talked about with ease – albeit also with frustration – due to the mutual engagement, goals, experiences, and commitment to this type of parenting that I shared with those I interviewed. When I read *The Queer Art of Failure* (Halberstam 2011) a few months after these interviews were conducted, there was resonance between the experiences of raising queerlings and Halberstam's theory. Moreover, as I mentioned in the Introduction, neoliberalism and homonormativity had a significant role in influencing both my work and that of Halberstam in *The Queer Art of Failure.* We now live in a culture where

neoliberalism, neoconservatism, and homonormativity have particular ways of defining success, and queerness is (in a negative fashion) regarded as failure. This chapter, then, offers an alternative to the *status quo*, and offers tangible ideas of how parenting *queerly* can be successful regardless of the political and economic climate in Canada.

Neoliberalism, Neoconservatism, and Homonormativity

Working together, neoliberalism and neo-conservatism quash diversity and "the queer." While neo-conservatism can appear to be mostly a political entity, neoliberalism appeals to our cultural love affair with capitalism, and has relied on a discourse that is often recognized as neutral and normal (Griffin 2007; Craven 2010). This has inevitably impacted its success (Griffin 2007; Craven 2010). Anthropologist Christa Craven explains that

> *neoliberalism* [is] a political philosophy that rests on the idea that shifting away from government responsibility for ensuring personal liberties toward a 'free,' or unregulated, market will ultimately resolve social inequalities. Thus the state's role has moved beyond protecting the freedoms of individual citizens to safeguarding the ability of corporate entities to compete within the market. The notion of what freedom means in the context of citizenship has also changed. Although neoliberalism still promises citizens 'freedom,' it is defined almost entirely by their ability to participate in financial markets. (2010:9)

Further, Penny Griffin reveals that, "neo-liberal discourse (re)produces meaning through assumptions of economic growth and stability, financial transactions and human behaviour that are intrinsically gendered while presented as universal and neutral" (2007:220). Thus, under the guise of a political and/or economic philosophy, neoliberalism affects people's behaviour, identities, social relations, definitions of personhood, and "particular definitions of successful human endeavour" (Griffin 2007:

226; as well as Patrick 2010; Kingfisher 2009; Kingfisher and Maskovsky 2008). As I noted above, one particular way that neoliberalism is embodied is through hetero- and homonormativity (Duggan 2003; Griffin 2007; Halberstam 2005, 2011).

While heteronormativity is a practice of seeing, comparing, and expecting everyone to be heterosexual, homonormativity is the practice of "normalizing" being gay or lesbian, and thus, not presenting one's self as a threat or challenge to heterosexuality (Duggan 2003). Homonormativity has proven to be effective in gaining rights like marriage – an institution that acts to normalize the relationships of gays and lesbians through the (perceived) demonstration of commitment and monogamy (Ettelbrick 2007; Duggan 2003). Duggan explains that homonormativity acts to "[depoliticize] gay culture [by anchoring it] in domesticity and consumption" (2003:50). Duggan further asserts that through neoliberalism and homonormativity, "we [queers] have been administered a kind of political sedative – we get marriage and the military, then we go home and cook dinner, forever" (2003:62). Through this statement, Duggan succinctly exemplifies homonormativity using a 1950s perfect family ideal – through marriage and domesticity LGBT folks are not a threat to the *status quo*. They are normal.

For gay and lesbian parents raising children, it often seems safer to demonstrate that they are not a threat to patriarchal, heteronormative ideals nor to their children's well-being. Coming across like this shows that they have no – typically negatively perceived – "gay agenda." As a result, gay and lesbian parents have fairly successfully proven themselves as capable, competent, and effective parents (Owen 2001; Stacey and Biblarz 2001; Epstein 2009b). Moreover, this homonormative approach has often resulted in all LGBT parents being regarded as "sell-outs" to homonormativity, and deniers of

their *queerness*. While Lewin (2009a, 2009b, 1993) demonstrates that being gay does not lie in opposition to fatherhood nor being a lesbian with motherhood, I illustrate how queerness and parenthood are not mutually exclusive.

Raising Queerlings

All three of the parents who highlighted explicit narratives of *raising queerlings* were conscious of the embodied femininity and masculinity of their children, and supported their children in expressing themselves in ways in which they felt most comfortable. *Tash*, *Bryn*, and *Quinn* each explained to me how they purposefully parented in ways that challenged heteronormative, patriarchal expectations of gender and children. What stood out for these parents was how their children's gender and bodily expressions contrasted the cultural *status quo*, although none of the parents considered their children to be trans or explicitly genderqueer. All three of these moms believed strongly – in part due to their own experiences growing up with a non-normative gender – that their children should be given the opportunity to be exposed to things of all genders, thus facilitating their children's comfort in expressing their gender(s) comfortably. At the same time, however, these moms also expressed concern for their children's well-being growing up in a culture where dichotomous genders are privileged, as those who visually contest this dichotomy often face endless critique and challenges.

The earliest example of explicitly raising a queerling was given by *Quinn*. She told me of her desire to not have her child's sex announced upon their birth, as she felt it was not necessary to attribute the cultural dichotomy of sexes and genders upon she (as a new mother) and her child, especially in her newborn's first moments after being born.

> *But the one thing [that was important to me was that] when the baby [is born, is that] I really prefer that you don't do the "it's a boy [or] it's a girl!" thing. And she [my midwife] was like, "I never do that! That's completely not my role. That's completely up to the parents to do or not to do." Like the whole, 'it's a boy!' [or] 'it's a girl!' as the most important thing, is so messed up in my mind. And then the whole 10-fingers, 10-toes thing, it's just as bad cause who really cares about fingers and toes? I'm like, I wanna hold the baby and make sure it's spinal column is closed. That's all. I wanna hold my baby and check it's spinal column. She [the midwife] said, "Absolutely, I never ever do that." And one of the newer midwives was not on the same page, one of the apprentices, and so she actually did it, "It's a boy!" Then I was like [sigh, in frustration and disappointment with being told].*

As *Quinn* articulates, her desire to "fail" to have "the announcement of the sex" of her newborn child – which, in fact is not uniquely queer and is becoming more common especially among feminist parents[1] – also stems from a belief that a baby's health and parental bonds with the newborn are more important than the child's genital make up. One could argue that this ("failure," and) belief – that other things in life are more important than a constant reinforcement of the cultural dichotomy of the (perceived) two sexes – is what underlies raising queerlings in general. Whether it is in following the interests and passions of the child, or keeping the child safe and healthy, the child's sex should not (or does not have to) be of primary concern when raising them.

For *Bryn* who was at the time of our interview raising a preschool-aged son, her frustration with gender boxes concerned both herself and her son, *Sage.* When I asked her about the relationship between gender and mothering, *Bryn* replied saying, "in terms of gender and mothering, I just wish people would leave me alone with the gender crap. Why can't we be whoever we are, whatever that is? Why do we have to focus on butch, femme, male, female, all those things?" *Bryn* also admitted to me that she is likely judged by mainstream society for her failure to mother in a way that maintains *status quo* child-raising and gender ideals. Of her son*, Bryn* noted,

> *He prefers to wear girly clothes, so I know, people must think that I am really trying to screw my kid up big time. Not only am I raising him in a two-mom household, but I'm actually trying to make him into a girl! (Sighs.) But no, I actually don't give a – I actually think it doesn't matter.*

What *Bryn* was saying was not that it did not matter that people thought it was weird or screwed-up. Instead, she expressed that having longer hair, wearing particular colours of clothes, or having particular role models should not be based on someone's sex or gender. *Bryn* was committed to "failing" to meet the *status quo* perceptions of gender; she would continue to mother in a way that respected both who she and her son are. While she could sit back and feel bad about not meeting mainstream expectations, and being judged her for being a bad parent, *Bryn* gave up on being "successful" in their eyes. Despite that, *Bryn* was concerned about *Sage's* future and bullying by other children.

> *It's very sad to me. I am very sad to see Sage grow up in the world, and he's [in] such an innocent place right now. He doesn't understand gender. He doesn't get it. And it is so wonderful to see him play with his dolls, pretend to be Angelina (the Ballerina) all of the time, and Alice in Wonderland, and Dorothy. He always picks the female figures, but he doesn't even know they are females…. And I know it's going to leave him, and I'm going to be sad. And eventually he is going to be teased. He is going to be teased about his long hair. Teased for being Angelina, or whatever.*

Teasing is a very effective technique of social pressure. While *Tash* did not say whether teasing played into her becoming "more of a girl" during her teens, my guess is that it did.

Like many of those I interviewed, *Tash* grew up with mostly boys as friends, "until I was a teen, and succumbed to some of that pressure to be a girl, but I was not all that good at it. I've never been good at [being a girl]." After giving it a try for a few years, *Tash* reveled in her "own inevitable fantastic failure" (Halberstam 2011:187) and eventually decided that part of that was to become a "butch Mama." When she was

pregnant, *Tash* convinced herself that she was having a son. When her daughter *Lucy* was born, *Tash* was surprised, and she remembers saying, "but I don't know anything about being a girl!" Despite this, she recognized the importance of supporting *Lucy* in being herself, even if "*Lucy* is a bit more on the girly-ish side and wants frills."

Tash was aware that *Lucy*'s attraction to frills might be age-related – preschoolers in general love shimmery and "pretty" things – and also an affect of daycare and popular culture. In fact, our interview had started late because *Tash* and *Lucy* had been out searching for slippers for *Lucy* to wear at daycare; eventually they had come home empty-handed.

> *And we were in [a cheaper-end chain store] today, and the woman just couldn't wrap her mind around it, 'no pink.' … [The particular store] only has pink slippers… For girls they only have pink slippers with characters on them. Oh my god, everything is fucking pink! And I am getting so bitchy about it that Lucy is now repeating it, "Pink is not the only colour!" (Laughs.) So, yeah, FYI… But I'll be damned if I am buying something with flippin' Dora on it, and I'll be damned if I am buying something pink, [with] sparklies on them!*

Thus, *Tash*'s decision to avoid pink sparkly Dora slippers despite her daughter's girly-ness was thus not to crush any appreciation that *Lucy* had of pink, but instead was done to bring awareness of social pressures/norms, and to be political in terms of providing an alternative to what girls are expected to wear and be. Moreover, although *Tash* did not explicitly admit to it, this choice was not just for *Lucy*'s benefit, but also for the awareness and exposure of all the daycare children and staff. Moreover, *Tash* acknowledged the importance of both recognizing who *Lucy* is and giving her alternatives in terms of gender. *Tash* noted,

> *I want to roll with who she is, but I also want her to have a range, and not to have that [gender norm] socialized into her, cause she's kind of a crazy dresser… Cause some of the kids at daycare, I mean – man! – they could be*

> *clones. The girls look one way, and the boys look another way. You know, they are so small, why don't you let them be who they are?*

This comment of "letting the kids be who they are" recognizes, as Halberstam suggests, success in the "embrac[ing] of the absurd" (2011:187); moreover, it was similar to both what *Bryn* had talked about, as well as *Quinn*'s experience with her son *Levi*.

Quinn successfully "embraced the absurd" in how she spoke with her son about gender and sex. This came through her narrative about *Levi*'s sense of self, as well as how she queerly taught him about what boys and girls are.

> *He's always been very secure about his gender, like I was always very careful from day one, to, you know, [teach him] what's a girl, and what's a boy. And I was very careful not to fall into the trap of those stupid stereotypes and stuff, "boys have penises, girls have vulvas" or whatever, stuff. And, so far it's worked out great. He's remarkably secure that he's a boy. Which is something that I never – I don't understand cause I never had that kind of confidence about a particular gender identity. But he's also like, well, most boys have penises but there are some exceptions. Like most times, "I before E except after C" or whatever it is, but sometimes there's an exception. Life is full of exceptions… [so] it's just normal to him [to have exceptions and diversity].*

Regardless of his strong sense of himself as a boy, *Levi* – like *Bryn*'s son *Sage* – loved having longer hair.

While *Bryn* was concerned for *Sage*'s future with regard to bullying because of his hair, *Quinn* was able to tell me of some of the negative effects that *Levi* had dealt with. *Levi* was a few years older than *Bryn*'s and *Tash*'s preschoolers, and he had unfortunately experienced "gender policing" and bullying, both at school. Additionally, one of his family members repeatedly asked about when he would have his hair cut. *Quinn* told me that *Levi* loved his longer hair, and thus she gave him tools to support and empower him. She admitted and explained:

> *My mom pressures him to cut his hair. We talk about how Bubba and Papa have a more old-fashioned worldview. And he's down with that, and that it's a cultural thing. That there are cultures where boys grow their hair long, and some cultures where boys cut their hair all short, and we can choose to do what he wants to do.*
> *He was having a lot of intense gender policing at the beginning of grade 2 – end of grade 1, and the beginning of grade 2. It was from the older boys, mostly. They would fly paper airplanes into him, and they'd say "are you a boy or a girl?" on them.*
> *And he went through a period where he was thinking about cutting his hair, and then decided not to, because cutting his hair would be like giving in to the bullies! And so since then he's been adamant that he's not going to cut his hair because people wanted him to, because that would be like them winning, which has been interesting to see. His hair has become such a symbol.*

Quite obviously, both *Quinn* and *Levi* participated in *the queer art of failure*. They "refus[ed] to acquiesce to dominant logics of power and discipline and [instead, they took part in] a form of critique" (Halberstam 2011:88). *Quinn* and *Levi* worked *together* to make sense of the world around them, and to challenge norms of what parenting and childhood are. They demonstrate that children are not innocent and lacking agency, and adults do not have to protect their children, at least in the traditional sense. Moreover, creativity and spontaneity are clearly present in their negotiations and *failures* of gender and mainstream (Canadian) culture.

In addition to *Quinn, Tash*, and *Bryn*, *Joy* also was engaged in this *failure*. With *Joy*'s daughter *Emma* being only two-years old, *Emma's* agency and personal preference were not visible in *Joy*'s narrative, the way that *Levi's, Sage's,* and *Lucy's* were in their mothers' narratives. For *Joy*, *Emma'*s gender *failure* was a matter of finances as well as allowing *Emma* free movement. *Joy's* narrative reminded me of my own growing up, and made me reflect on how much has changed in the last 30 years, from when gender in children's clothes (under 10-years) were not as defined as they are today (see also Paoletti 2012). *Joy*'s attitude was reminiscent of what I think many parents experienced

in the 1970s and 1980s, when children's clothing was not as gender-specific; hand-me-downs were fairly common, passed down from girls to other girls, or brothers to sisters, and more rarely (but still existent) girls to boys (Paoletti 2012; personal experience/ knowledge). This contrasts with the emphasis on having *the* right clothes (according to the wearer's sex and the current popular culture icons) today.

> *I don't spend a lot of money on Emma's clothes, and I have a lot of hand-me-downs. They are hand-me-downs from both girls and boys – including [Emma's brother] Henry – so I have actually had quite a few comments from both adults and other kids that she looks like a boy, and it's particularly because she has so little hair. She's often mistaken for a boy even if she's in pink. So the hair thing really matters, but I'm very conscious of that, and I'm not going to change it cause, that's quite frankly who I am and I'm not going to spend lots of money on her clothes – on either of my children's clothes. But I've begun to notice – well, I think that I am somewhat nervous about that, if I present in a particular way… and then my female child is also sometimes in clothes that people would identify with boys, that I'm imposing that on her… I'm just a bit worried about what people might say. I'd defend myself, but I mean, my choice of clothes for Emma is by far a function of her ability to move. I can't stand the way girls are often dressed in tight clothes or clothes that restrict their movement and she's an extremely active, athletic kids and I want her to have the freedom to do that. And, that means often wearing clothes that are "boys," or for boys, ostensibly.*

While *Joy*'s practice may not seem that much like *failure* in terms of gender – at least for those of us who grew up, as I did, wearing hand-me-downs from our older brother(s) – she is consciously and actively countering the *status quo* of not just gender/sex (and movement) restricted clothing, but also of consumerism/neoliberalism.

Moreover, *Quinn*, *Tash*, *Bryn,* and *Joy* were not the only parents to speak about why they parented the way they did; in fact, two parents explained to me their practice of not explicitly parenting queerly. For *Lou*, hir decision to not be "political" with hir adopted children, *Yannik* and *Zola*, stemmed from *Lou's* childhood spent with hir parents at anti-abortion protests. S/he felt that being outwardly political/queer with hir children –

besides using the men's washroom when in public with hir son, which *Lou* did successfully passing as a man – was using hir children as pawns, as they could not truly understand or consent to participating in being *queerly* parented. On the other hand, *Vanessa* expressed her desire to be more queer in her parenting of *Abigail*, but she already felt judged and critiqued by both LGBT and mainstream heterosexual parents.

In fact, it was not until my second to last interview – which was with *Vanessa* – that I made the connection between *queer parenting* and neoliberalism or homonormativity. I had met *Vanessa* as a genderqueer individual before she was pregnant, and knew she was passionate about queer reproduction. Once I had the go-ahead for my research, I sent her my call for participants, with the expectation that she would not only pass it on to others she knew, but also volunteer to participate due to her interests and experiences. So, I was surprised when I did not hear back from her. Little did I know that when she was pregnant and as a new parent, she had been so affected by neoliberalism and heteronormativity. *Vanessa* explained:

> *As you know, I didn't agree [to participate in an interview] immediately, and really it was the prompting of a friend who reminded me of some of the challenges I had while I was pregnant, that made me think about [participating]. And it also really reminded me – that same conversation – made me realize how much, not only being pregnant, but being a mother has driven me in a different direction, in terms of my physical presentation, because of feelings of uncomfortableness.*

Later in the interview she expanded on this.

> *I think because I feel [that] externally I do present differently, and not completely by choice. I think that's why when I talked to [my friend] I said, 'yeah, okay, this does fit me because I feel like I've succumbed to a fair bit of societal pressure since becoming a mother, and the kind of relentlessness of it.' And maybe a desire to fit in a little bit or to avoid conflict a little bit – maybe as Abigail gets older for her sake, but for now, for my sake. But I'm not happy about it, I don't like the idea that there are mornings that I get dressed and then I think, 'Oh, I'm going somewhere,' and so I change. That*

> *happens on a semi-regular basis, and so [sighs] it's still there. But for now I feel this pressure. And I may just be [laughs] too tired to fight it or something. I don't know…*
>
> *I think a lot of it is internal. It's like kind of an internal battle and I'm sure many of the people I encounter would be perfectly accepting of me presenting slightly differently, but I even find because I work four days a week, and so one day a week I do exist in the world of largely stay-at-home-parents, or at least, part-time outside of the home working parents, that I am thrust back into that world fairly frequently, and [sighs] particularly as Abigail gets older, that group is fairly distinct now, and they do tend to be the more – many of them are more of the classically feminine women.*

Vanessa went on to describe some encounters she had experienced in the local grocery stores, and the critiques she had experienced from others, that linked her gender presentation to not being a "good (enough) mother." Thus, to preserve her own mental well-being, *Vanessa* altered the way she presented herself, and began to engage in more implicit queer parenting than what she otherwise would have liked to. Her shift in gender identity and presentation was echoed by another person, *Helen*, who had been suggested as a potential participant. When I spoke with *Helen*, she admitted that while a few years earlier she would have qualified to participate in my research – at least in terms of her gender identity and presentation – but she no longer identified or presented as "butch." This was, *Helen* explained, both a result of becoming a parent as well as "growing older" and having a professional career – quite similar to Kath Weston's research participant *Cynthia Murray* who rationalizing that her "switching from butch to femme involved the sense that she was getting too old to be butch" (1996:141). While it can seem that neither *Vanessa* nor *Lou* engaged in explicit *failure*, it is clear from their justifications and other elements of their interviews that they both actually did parent *queerly* in more implicit ways.

Summary

For LGBTQ folks, there remains a split about whether to be recognized as different/*queer* or as the same as heterosexuals. In 1989, activist and academic, the late Paula Ettelbrick, had her essay "Since when is marriage a path to liberation?" published. In it she wrote:

> Being queer is more than setting up house, sleeping with a person of the same gender, and seeking state approval for doing so. It is an identity with many variations. It is a way of dealing with the world by diminishing the constraints of gender roles which have for so long kept women and gay people oppressed and invisible. Being queer means pushing the parameters of sex, sexuality, and family, and in the process transforming the very fabric of society. (2007:306)

To Halberstam (2011) this pushing and transforming is "failure." For *Bryn*, *Tash*, *Quinn*, *Lou,* and *Vanessa* this is everyday life.

While Halberstam (2011) referred to this as *queer*, she also recognized it as *feminist.* Moreover, queers are not the only ones to explicitly and implicitly challenge gender norms and *status quo* politics in their families. Not surprisingly, recent research and publications show that "feminist" parenting also aims to counter the patriarchal heteronormative *status quo* (O'Reilly 2004; Green 2011). A feminist mother and researcher of other feminist mothers, Fiona Green points out that:

> As in other areas of my life, mothering is a site where personal action is political and where general societal values are reflected in personal experience. I saw how mothering had become a location where my feminist activism could question and challenge, rather than support and replicate, patriarchy. (2011:17)

Likewise, Green notes, people may engage in feminist (or queer) practice without even knowing their particular philosophy has such a label (2011:13). Those I interviewed did not label their parenting as "queer," nor express a feeling of "failure" in their practice, but this does not stop their practice from being these things. Their parenting was guided by

their hearts, and in so doing engaged with liberty, playfulness, creativity, subversion, and thus, *failure*.

While to some *failure* can seem haunting, coercive, or malicious, it is none of these things. *Failure* and *queerness* are a politics that bring attention to the current state of affairs, regarding gender, sexuality, and what is considered "the norm" in our culture. Or, in Halberstam's perspective, it is to "fail" the *status quo*. With this consideration, the moms I interviewed succeeded remarkably.

As this chapter ends, however, I want to suggest something to think about, albeit it is essentialist beyond my typical comfort zone. Singer songwriter Ani Difranco is quoted as having said, "Either you are a feminist or you are a sexist/misogynist. There is no box marked 'other'" (Cochrane 2007). In a similar way, I believe individuals are either politically queer or they support heteronormativity – there is no box marked 'other'. Certainly there are more implicit and explicit ways to challenge heteronormativity, but I think we can all take something from *Bryn*, *Tash*, *Quinn*, *Joy, Vanessa,* and even *Lou*'s *queer art* of parenting, that is, unless we enjoy the fact that we live in a patriarchal, heteronormative culture.

Endnote

1. In fact, while *Quinn* wanted to delay the immediate announcement of sex of her son at his birth, Kathy Witterick and David Stocker decided that except for a nominal few (seven) people, the sex of their child Storm would remain private. This was to raise Storm without gendered expectations, but instead for Storm to have the room to be themselves, regardless of the social gendered expectations associated with Storm's genitals (Poisson 2011).

Chapter 6:
Infertility: Diagnoses and Experiences

> Lesbian fertility issues remain invisible in this [biomedical] discourse, since the infertile are assumed to be heterosexual. (Agigian 2004:46)

> When I finally got pregnant for the first time, I ended up having an ectopic pregnancy with triplets. (Beatie 2008a)

Infertility is an experience and diagnosis that is often surrounded by silence and awkwardness in Western societies. Moreover, particular expectations of gender and sexuality are pivotal to cultural understandings of infertility (Bharadwaj 2011; Craven 2011; Jiménez 2011; Liamputtong and Spitzer 2007; McPherson 2007; Tjørnhøj-Thomsen 2005; Parry 2004; van Balen and Inhorn 2002a). Thus, the usual silence and awkwardness surrounding infertility is multiplied when it is experienced among queer individuals, and the experiences or ability to label or identify queer individuals as "infertile" is undoubtedly more complex (Craven 2011; Mamo 2007; Luce 2005; Agigian 2004). Where "infertility … provides a convenient lens through which issues of *fertility* can be explored" (Inhorn 1994:459), queer experiences of infertility also need to be explored for their own importance (Craven 2011; Mamo 2007; Luce 2005; Agigian 2004). These factors formed the foundation of my research focused on infertility among butch lesbians, transmen, and genderqueer individuals.

What brought my interest to this area were three particular circumstances that arose while I was working on my Master's degree focused on "Queer Couples' Birthing Experiences" (Walks 2007b). First, before my MA fieldwork began, a close (trans-masculine) friend of mine informed me of their[1] diagnosis of Polycystic Ovarian Syndrome (PCOS). As is noted later in the chapter, PCOS is the most common condition

linked to infertility in Euro-American/Western countries; although it does not necessarily lead to total infertility, its symptoms (including less regular ovulation and higher levels of testosterone) often make it more difficult for people with PCOS to conceive or maintain a pregnancy. My friend talked to me about their shock and disappointment, and about how to them, this diagnosis felt like being robbed of their choice to reproduce. Even though they had been undecided about whether or not they wanted to try to achieve a pregnancy in their future, they felt robbed of their choice by the fact that the possibility had been taken from them. Second, during my Master's fieldwork on queer couples' birthing experiences in BC, three of the ten couples I interviewed disclosed their experiences with infertility (Walks 2007b; also noted in Walks 2007a). For two couples this resulted in their deciding that the other (non-infertility diagnosed) partner would try to conceive, and for the third couple, it resulted in a six-year journey that eventually successfully resulted in the birth of their healthy IVF (*in vitro fertilization*)-conceived baby. Last, when I discussed my emerging interest in *queer infertility* with friends and acquaintances, they would often disclose to me their own (queer) experiences of being diagnosed with or coping with a condition linked to infertility. Most often these experiences included being diagnosed with Polycystic Ovarian Syndrome (PCOS), Polycystic Ovaries (PCO), or endometriosis. Underlying many of their experiences was the fact that while discussion of infertility among heterosexuals is often fairly quiet, discussions pertaining to infertility among queers is even more rare, if existent at all (see also: Craven 2011; Mamo 2007; Luce 2005; Agigian 2004).

When I applied for my PhD, I had thought my doctoral research would focus solely on queer experiences and diagnoses of (female-associated) conditions and

experiences of infertility. Since this time, however, I have for various reasons felt that the scope of my research needed to change. First, I felt it was necessary to narrow my gendered focus because increasingly I realized that gender had a significant role in how people experienced their potential fertility and infertility. Second, I thought it was necessary to broaden my scope in order to encompass both fertility and infertility. Among other reasons, I thought that in limiting my research to infertility I was skipping a step, as many aspects of *queer* pregnancy and parenthood had yet to be explored. I felt that maintaining a limited scope would hinder my ability to fully locate infertility within its cultural context. Thus, despite the wider focus inclusive of fertility, the importance of considering and investigating infertility remained.

The guiding questions in this part of my research were: (1) does a diagnosis of infertility help to confirm butches and transmen's masculine identities?; (2) does it make them blame their lack of femininity?; (3) does it make them want to get in touch with their femininity?; and, (4) does it make them want to disprove the dichotomy and medical diagnosis and demonstrate that they can still achieve pregnancy despite a masculine identity and diagnosis of infertility? If this last question serves to be true, this would support what Thomas Beatie noted in the *Advocate* when he "outed" his pregnancy to the general public: "Wanting to have a biological child is neither a male nor female desire, but a human desire" (2008: 24).

While the data I collected often related to broader aspects of fertility, pregnancy, and parenting/mothering, the findings related to infertility were also significant, especially due to the fact that each person interviewed had experienced or been diagnosed with a condition linked to infertility highlighted different opinions and relationships to

"reproduction." In the later part of this chapter, I focus on their experiences, diagnoses, thoughts, reflections, and opinions related to infertility that were articulated or made visible in my research. The four individuals most central to that section are interview participants *Shelby, Hank, Lou*, and *AJ*. The information gathered from the BTQ questionnaires – and in particular from the nine respondents who indicated they had been diagnosed with or otherwise experienced infertility – also figure prominently in various sections of the chapter. Before focusing on their experiences and opinions, this chapter covers some of the challenges to defining what infertility is, what infertility is in a Western biomedical sense, reviews some of the anthropological work that has focused on infertility cross-culturally, and provides an overview of some of the main conditions of or related to infertility. These sections will provide contextual background on the subject of infertility among butch lesbians, transmen, and genderqueer individuals.

Defining Infertility

Defining or understanding the term "infertility" is complex, not only as a result of particularities differing across cultures but also at a general level within the Western biomedical system and Western cultures. The titles of three medical journal articles about infertility demonstrate this challenge: "Definitions of infertility and recurrent pregnancy loss" (PCASRM 2008), "Research on infertility: which definition should we use?" (Larsen 2005), and "Towards less confusing terminology in reproductive medicine: a proposal" (Habbema, et al. 2004). Habberma and colleagues explain, "The noun 'infertility' has different meanings, which can give rise to misinterpretations, errors in communication, and confusion. Of course, the same problems arise with the related

adjective 'infertile'" (2004:36). The other two articles further exemplify the confusion and contradictions. The Practice Committee of the American Society for Reproductive Medicine (PCASRM 2008:S60) labels both infertility and pregnancy loss as diseases, "distinct" from each other, characterized by "the failure to achieve a successful pregnancy after 12 months or more of regular unprotected intercourse," and "two or more failed pregnancies," respectively[2]. Despite their distinctness, "the failure to achieve a successful pregnancy" can be due to pregnancy loss, and yet this is not apparent within the distinction. While addressing that confusion, Larsen (2005) identifies and explains yet another point of confusion.

> The classic clinical definition of infertility is the absence of conception after 12 months of regular unprotected intercourse. It is well known, however, that many couples conceive without treatment after more than 12 months. The World Health Organization (WHO) recommends 24 months of unprotected intercourse as the preferred definition of the condition. This discrepancy in definitions occurs because in clinical practice it is important to initiate treatment as early as possible, whereas in epidemiological research it is important to reduce the number of false positives. (846).

Despite the clarity intended by these articles – with regards to definitions – the only clear point is that different definitions exist and work for different reasons. It is no wonder the general public lacks a clear understanding of what "infertility" is.

To get a sense of the understandings of infertility within the BTQ population, I included the statement "I understand/define 'infertility' as:" on the BTQ questionnaire. To analyze the responses to this question I did a simple analysis that involved identifying and counting keywords that reemerged from their collective responses, and then I grouped these keywords into categories. Typically the categories were based on the linguistic roots of the words of the keywords. In the end, eight keyword categories

contained five or more individual responses. Each of these is listed in Table 6.1 (below), along with an example.

Table 6.1: List of top keywords/categories and examples of definitions of infertility, as provided by BTQ questionnaire respondents (n=46). Respondents' responses are, as appropriate, included in multiple categories.

	Keyword	***Example (Respondent)***	***F***
1	Inability/Unable	*"Inability to get/stay pregnant." (Leighton)*	23
2	Children/Kids	*"Biologically unable to have children." (Allison, Jade)*	13
2	Pregnant/Pregnancy/Impregnate	*"Can't get pregnant or carry a child to term?" (Caleb)*	13
4	Conceiving/Conception	*"Not being able to conceive (a child/baby) (naturally)" (Eli, Krista, Deb)*	12
5	Biological/Biologically	*"Inability physically to be pregnant or have biological children." (Hunter)*	9
6	Produce/Production	*"The inability to biologically produce offspring." (Denver)*	7
7	Ova/Sperm/Organs	*"A record of attempted and failed impregnation; the biological inability to produce eggs or sperm or to carry a fertilized egg." (Yvonne)*	5
7	Fertility/Fertile/Fertilize	*"Physical lack of fertility/inability to produce offspring because of physical reasons." (Seamus)*	5
7	Reproduction/Reproduce	*"Unable to reproduce due to lack of reproductive organs/working reproductive organs." (Felix)*	5

f = frequency, or number of respondents who had this keyword in their answer

Despite the diverse terms used overall, it is obvious from these examples that a general understanding of infertility is present. This understanding relates to an "*inability to get/stay pregnant*" (*Leighton*, 20s, FTM, white). Undoubtedly, this response (on the whole) is focused on a female body or female reproductive system. In total, 20 of the 46 respondents explicitly focused on female-based infertility (ie: by mention of pregnancy, conception, or ova). In fact, *Alexis* explicitly noted, "*I usually associate it [infertility] with cis-gendered women."* In contrast, *Jade* (30s, butch, mixed-race) explained that her definition was specific to, "*the context of being born in a female body."* The focus of these responses could be due either to the knowledge that my focus was on female-associated infertility, or due to the cultural perception/assumption that infertility lies more

predominantly with individuals who have a uterus, or both. Despite this, six respondents acknowledged that infertility may result from male-factor infertility – via mention of terms like "impregnate" or "sperm." Moreover, while *Val* (40s, butch/trans, white) extended her response beyond that which she originally wrote, explaining that, "*The inability to biologically conceive a child – now that you ask, I realize that may be artificially narrow.*" I am unsure what she was specifically thinking she was being "artificially narrow" about. It could be her focus on biological conception, although it could also be in relation to other factors.

Noticeably absent from most of the given definitions or understandings was also an acknowledgement that infertility is so commonly understood as a temporary condition that can be treated (Mamo 2007; The Hormone Foundation 2005; van Balen and Inhorn 2002b). Through biomedicine infertility has not only become a medical problem, but also with that, as something that is temporary or fixed (Sandelowski and de Lacey 2002; van Balen and Inhorn 2002b). While most medical definitions of infertility have an explicit timeline (Mamo 2007; The Hormone Foundation 2005; Larsen 2005; PCASRM 2002; van Balen and Inhorn 2002b), *Yvonne* (40s, butch, white) was the only one to name infertility as something that referred to "*a record of attempted and failed impregnation[s].*" A few others, however, also picked up on the culturally perceived temporary state of infertility through their use of the words "naturally" (*Deb*) or "natural" *(Arun*, 20s, FTM, Caucasian/Asian), or "without medical assistance" (Marlowe, 20s, FTM, white).

In addition to Marlowe's response, two others explicitly called attention to the fact that infertility is "medically related"*(Raven),* or a "medical term" (*Bret*, 20s, FTM,

white), six of the 46 BTQ respondents included some fluidity or hope in their answers. *Bret* noted that infertility is a "*medical term that refers to* challenges *in achieving pregnancy*" (italics removed for emphasis). Similarly, Zack (30s, trans, white) noted infertility as: "problems *conceiving children/getting pregnant; having stuff* diagnosed *with your junk*" (italics removed for emphasis). The other four such responses did not refer to a diagnosis or medical term but just a heightened difficulty, albeit not an absolute impossibility to biologically reproduce or conceive.

> *The inability to have children, the* reduced likelihood *of having a successful pregnancy. (Stef*, 20s, butch, white)
>
> *No*/low *sperm/motility in males; no/*low *ovulation/ova in females. (Gayle*, 40s, butch, white)
>
> Issues *affecting the fertility of the person thereby they have a* high degree of difficulty *being able to reproduce. (Isabella, 40s, butch, Asian)*
>
> *Inability or extremely* low ability *to bear biological children. (Chandra*, 20s, genderqueer, no response with respect to race/ethnicity)

Moreover, a few other respondents implicitly addressed the (medically-perceived) temporary status of infertility. Understandably, I did not expect to get expert-type responses from the BTQ respondents. On the other hand, I think their responses are 'expert' in highlighting how infertility is understood not just by BTQ individuals, but instead more generally in our society. Moreover, whereas some keywords or ideas were present in multiple answers, a few responses grabbed my attention due to their uniqueness.

Three responses in particular got my attention due to their unique insight and/or approach. This is because each of these responses not only reveals something of the respondent in the statement, but also reflects something of our culture.

> *You could look at it as a way of controlling the population but I still think it's hard on women who are diagnosed with infertility. (Finn*, 30s, FTM, white)
>
> *Unable to conceive and reproduce a carbon copy. [But] I reproduce life and fertility everyday at an elementary school picking up [emotionally] after their biological parents put them down. (Angus*, 20s, trans, white)
>
> *I don't think about it. (Wendy*, 50/60s, butch, white)

Similar to how the categorized responses reflect the culture they are from, in terms of an understanding of infertility, these three responses reveal something of the culture we live in.

Finn calls attention to aspects of infertility viewed as taboo. While infertility as a method of population control is not a new idea, it is one rarely talked about openly. Moreover, it is certainly not a politically correct statement; yet, it has been brought up with respect to "over-populous" Africa among conservative religious folks who believe infertility to be God's will, as well as among people who are trying to comfort others struggling with their own infertility. At the same time, for *Finn* to contrast this with the feelings of pain and stigma, is both bold and honest.

Wendy's response can also be considered bold and honest. While *Wendy*'s answer reflects her own lack of desire to parent (as she also noted in Q9 of the questionnaire and a statement about being anti-establishment and anti-marriage in Q36), I think it also reflects the invisible and un-talked about component that is infertility in our culture. In other words, while she admits to personally not really thinking about what infertility is or means, her words serve as a catalyst for inquiring about *who* or *how many* actually do *think about* it. Infertility is *not thought about* in our culture; infertility is feared and thus is a topic that necessitates avoidance, lest it "attack" those who even consider its existence.

Lastly, *Angus* touches on the cultural privilege that is granted to biological reproduction, and brings light to the emotional and social aspects of parenting, encouraging a consideration of parenting beyond the typical ways our culture values and expects family to be based around common biology and home/residence. Instead, *Angus* argues for recognition outside of this perception, demonstrating that social and emotional parenting is undervalued in our culture (whether this parenting is via adoption or foster parents, or by teachers, support workers, or counselors). These are important considerations when thinking about the historical and cultural "making of infertility."

Infertility: a Western Biomedical Concept

Infertility cannot be fully understood without an awareness of the increasingly medicalized context within which discussions of fertility have come from and are currently firmly located. Medicalization "describes a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illnesses or disorders" (Conrad 1992:209). The medicalization of society involved "the growth of medical dominance under the auspices of the state, associated with the development of a professional body of knowledge" (Turner 1995:208), and "a regulation and management of populations and bodies in the interests of a discourse which identifies and controls that which is normal" (Turner 1995:210). While diverse bodies, conditions, and contexts exist, they are all compared to the "norm," and "standing for normality ... is [often] the white, heterosexual, youthful, middle-class, masculine body" (Lupton, 2000: 58). This undoubtedly sexist and heteronormative medicalized gaze has resulted in increased control over women's and queer bodies (Agigian 2004; Inhorn 1994; Luce 2002; Mamo

2002; Martin 2001). As sociologist Amy Agigian (2004) explains, "Women's bodies have been pathologized and treated as inherently sick or sickening depending on the women's socioeconomic status" (38), and "the medical profession has rarely hesitated to pathologize lesbians as both physiologically and psychologically ill" (46). In addition to sexually and mentally, women have been medically managed via their relationship to reproduction (Urbanowski 2011; Parry 2004; Davis-Floyd 2003; Martin 2001).

Childbirth and other aspects of reproduction are often cited as the primary sites of the medicalization of women (Browner 2011; Erikson 2011; Urbanowski 2011; van Hollen 2011; Liamputtong 2007b; Parry 2004; Davis-Floyd 2003; Layne 2003; Martin 2001; Mitchell 2001; Rapp 2000; Conrad 1992). "Feminist scholars and activists argue that nowhere has the medical model been more invasive and harmful than in issues connected to women including pregnancy, childbirth, birth control, abortion, surrogacy arrangements and the mapping of the human genome" (Parry 2004:81). Marcia Inhorn explains, "that women's bodies are considered the locus of 'disease', and hence the site of anxious surveillance and intervention, is apparent in all of these studies of infertility" (1994:460). But how did infertility become medicalized, or as sociologist Agigian asks, "At the risk of belaboring the obvious: Since when has childlessness been an illness?" (2004:49).

The switch in language and perception from childlessness being a social to a medical phenomenon occurred somewhere between the 1960s and 1980s (Sandelowski and de Lacey 2002; Whiteford and Gonzalez 1995). Linda Whiteford and Lois Gonzalez (1995) explain that,

> The development of infertility as a medical condition [was] dependent on medical advances in the understanding of human endocrinology and medical

> technology. Until the 1950s infertility was often thought of as emotional, rather than medical in origin. Not until the 1960s and 1970s, when the development of synthetic drugs allowed physicians to control ovulatory cycles and the technology of laparoscapy allowed them to see women's internal reproductive biology, did infertility become medicalized. (29)

In a similar vein, Sandelowski and de Lacey (2002) note that:

> Infertility was 'invented' with the in vitro conception and birth in 1978 of Baby Louise. That is, in the spirit and language of the Foucaudian-inspired 'genealogical method' (Armstrong, 1990), infertility was discovered—or, more precisely, discursively created (Armstrong, 1986; Arney and Bergen, 1984)—when in-fertility became possible. Whereas barrenness used to connote a divine curse of biblical proportions and sterility an absolutely irreversible physical condition, infertility connects a medically and socially liminal state in which affected persons hover between reproductive inability and capacity: that is, 'not yet pregnant' (Griel, 1991) but ever hopeful of achieving pregnancy and having a baby to take home. (34-35)

In short, medicalizing infertility meant being able to medically assist heterosexual couples so that they were no longer "social problems."

In Western societies, infertility is often understood to be a medical condition related to a lack of childbearing. Infertility relates to the inability to achieve conception and/or pregnancy, and may or may not be interpreted as being inclusive of miscarriages (Craven 2011; Luce 2005; Parry 2004; van Balen and Inhorn 2002b). Moreover, primary infertility is considered infertility that precedes the birth of any children, and secondary infertility is that which occurs after the birth of at least one child. This general understanding of infertility differs from the previously familiar concepts of *barrenness* and *sterility* (outlined in the last paragraph). Sandelowski and de Lacey (2002) further explain that this view of infertility emerged historically as a result of the proven possibility that treatments, such as *in vitro* fertilization, and particular hormone and drug therapies, could be effective. Without a proven medical treatment for both male- and female-linked infertility, infertility could not be fully considered a medical condition.

There is, however, more to the medical definition of infertility than simply the fact that there is now possible treatment.

While infertility is generally understood, in the West, as being childless, it is also tied to particular sexual relations/relationships, classes, races, ethnicities, time lines. Moreover, infertility is varyingly defined in terms of people's (in)ability to achieve pregnancy and/or baby – sometimes it refers to a lack of ability to attain a pregnancy, sometimes the lack of carrying a pregnancy to term. Medically, without a prior diagnosis, infertility is said to exist after a heterosexual couple have unprotected intercourse without resulting in a successful pregnancy, after one or two years (PCASRM 2008; Larson 2005; van Balen and Inhorn 2002b). This concept of infertility obviously excludes a possibility for lesbians to be medically infertile (Luce 2010; Mamo 2007; Agagian 2005). As Laura Mamo has noted, "Since the definition of infertility relies on heterosexual intercourse for meaning, it privileges some points of view while silencing others, creating an order of ideal users and other users [of fertility clinics]" (2007:168). Thus, biomedical infertility exemplifies how stratified reproduction (discussed in the Introduction) relates to queer reproduction, and more generally to hegemonic gender roles.

In her study of those who experience infertility, Charis Thompson found the representation of particular gender roles to be important.

> Infertility patients display exaggerated stereotypical gender attributes at appropriate times during treatment, perhaps to signal their fitness to become heterosexual nuclear parents and perhaps also to rescue gender and sexual identities compromised by the lack of fertility. Patients had to act out these roles emotionally, economically, and legally to have access to treatments, which if successful allow them to reassert their station in this normative social order (Cussins, 1998; Pfeffer, 1993, p. 216). (2002: 65-66)

Seeing as this is the case with heterosexuals, I was interested to know if butches and transmen consciously partake in such exaggerated stereotypical gender attributes as well, by feminizing themselves when they go to see their doctor or fertility specialist. I was also interested to know how doctors react when they are presented with masculine bodies and female types of infertility. Unfortunately neither of these topics ended up being discussed much nor explicitly observed in my research. To my surprise, however, the topic of gender and reproduction did come up in my interviews with BTQ individuals who had experienced a pregnancy (as noted in chapters 3 and 4) – with respect to how those who saw pregnant BTQs (ie: family, friends, strangers) either could not recognize them as masculine *and* pregnant, or made them feel like they needed to be *more* feminine to be a *good mother.* To better situate my findings, however, I feel it is important to consider infertility on a more global scale, as gender and sex are key factors relating to reproduction across cultures**.**

Infertility: The Anthropological Context

Anthropologists Whiteford and Gonzalez note that, "infertility manifests itself as an acute and unanticipated life crisis" (1995:28). As such, however, infertility is a cultural phenomenon defined by and experienced within its particular historical and cultural contexts (see: Allison 2011, 2010a, 2010b; Inhorn 2009, 1996, 1994; Walks 2007a; Tjørnhøj-Thomsen 2005; Parry 2004; van Balen and Inhorn 2002a; Letherby 1999; Whiteford and Gonzalez 1995; Becker and Nachtigall 1994; Neff 1994**)**. This is not to say that infertility is not biologically experienced, but simply that the way that infertility is understood and embodied is contingent on the culture in which it is it located. While

the dearth of research focusing on experiences and diagnoses of infertility (inclusive of miscarriage) among queers is disappointing, it also reflects a larger neglect, of what Marcia Inhorn calls "reproductive morbidity," that existed until recent years (1994). Recognizing the growing field of reproductive studies in Medical Anthropology in the years previous to 1994 Inhorn noted, "reproductive morbidity—including infertility, ectopic pregnancy, and pregnancy loss through miscarriage and stillbirth—has generated mostly silence in the medical anthropology community" (1994:459). In her book, *Infertility and Patriarchy*, Inhorn explains:

> Infertility… provides a convenient lens through which fertility-related beliefs and behaviors can be explored. These include, among other things, ideas about conception and how it is prevented both intentionally and unintentionally; understandings of, attitudes toward, and practices of contraception; and beliefs about the importance of motherhood, fatherhood, and children themselves. (1996:233)

So much silence continues to exist with respect to the subject of infertility and that field of research.

In their groundbreaking anthology *Infertility Around the Globe*, co-editors van Balen and Inhorn countered this silence. They enquired: "Given the utility of infertility as a lens through which so many other compelling issues may be brought into focus, the question becomes, Why the relative neglect of infertility as a legitimate subject of social science inquiry?" (2002b:5). Likewise, in 1995 anthropologists Whiteford and Gonzalez called attention to the significance of not simply researching the frequency of diagnoses of infertility, but also of qualitative research related to infertility.

> The pain, stigma and spoiled identities of women like Laura, Cathy, Sarah and Megan [the heterosexual participants] reflect the hidden burden of infertility. Their narratives, their 'truths,' their stories reveal the gulf that separates the medical industrialized 'reality' of infertility, from its lived experience… [Moreover,] the story that biomedicine tells about women's

> experiences of infertility can be countered by the stories women tell about their own infertility. Their stories provide us with substantiation of alternative visions of reality; visions unlike the dominant medical story produced and propagated by those in biomedicine. (1995:35)

Countering the "erasure" with these previously untold narratives, and making them part of the "official story," not only "provide[s] us with substantiation of alternative visions of reality" but also offers unique insights to broader issues.

Moreover, van Balen and Inhorn (2002b:5-6) offered four reasons pertaining to the lack of social science research focused on infertility; all of these reasons relate to the Western (biomedical) context of many social researchers. First, van Balen and Inhorn note that infertility is culturally viewed as a medical condition, not a social condition. Second, infertility is a taboo subject, with inherently linked to the taboo subject of sex. Third, infertility is necessarily related to motherhood, women's roles, the importance of children in men and women's lives, and the notion that having children is a choice in the West (there exists the possibility of voluntary childlessness), creates an ambiguity and anxiousness surrounding the topic. Lastly, van Balen and Inhorn bring attention to the fact that by focusing on Assisted Reproductive Technologies (ARTs, formerly called New Reproductive Technologies [NRTs]), attention has been taken away from individuals and their experiences and, instead, placed on philosophical/moral issues surrounding the use of ARTs. These are important points to consider, especially when it can be acknowledged that infertility is not simply "a yuppie complaint of little concern to the rest of the purportedly overpopulated developing world" (van Balen and Inhorn 2002b:7). As van Balen and Inhorn highlight, infertility is a phenomenon burdening women (and men, to seemingly lesser extents) in various cultures throughout the world (14-15).

Infertility: A Cross-Cultural Survey

In Western cultures infertility usually centres on the notion of complete childlessness, and there is no concept of "subfertile." In both contexts, it is women[4] who bear the brunt of the responsibility and effects of infertility (Allison 2010a, 2010b; Inhorn 2009, 1996, 1994; Liamputtong 2007a; Liamputtong and Spitzer 2007; McPherson 2007; van Balen and Inhorn 2002a). For example, among the Bariai of West New Britain, Papua New Guinea "male sterility is impossible and inability to conceive is blamed on the woman who is believed to have interfered with conception through birth control, abortifacients, adultery, or sorcery" (McPherson 2007:129). Among the Hmong,

> a childless woman has no say in [her husband obtaining a second wife] since she has shown him and his family that she may endanger the continuity of the family line, which in turn threatens the reproduction of Hmong society… Women are seen as bearers of children and they must have as many children as they can. (Liamputtong and Spitzer 2007:229)

The fact that heterosexual couples in the West typically have one or two years (PCASRM 2008; Mamo 2007; The Hormone Foundation 2005; Larsen 2005) before the label of "infertile" is medically placed on them is much more patient than in cultures elsewhere.

Understandings of barrenness and infertility are much more restrictive in a variety of cultures around the world. Leonard (2002) and Feldman-Savelsberg (2002 and 1999) explain that in some societies in Chad and Cameroon, for example, newly-weds may be considered infertile after only a month or two of marriage. In fact, before a year has passed, a lack of pregnancy – interpreted as a sign of infertility – can be grounds for divorce (Leonard 2002; Feldman-Savelsberg 2002 and 1999; van Balen and Inhorn 2002a). Moreover, in various cultures the concept of "infertility" expands to include notions of not having enough children or not having (enough) male children (Abu-Duhou

2007; Liamputtong 2007a; Liamputtong and Spitzer 2007; Leonard 2002; van Balen and Inhorn 2002a; Feldman-Savelsberg 1999). For example, in Palestine, Chad, Cameroon, and among the Hmong (of Laos), having only one or a few children may still not be enough to avoid the social label of being "infertile," especially if none (or only one) of them is a boy (Abu-Duhou 2007; Liamputtong and Spitzer 2007; Leonard 2002; van Balen 2002; Feldman-Savelsberg1999).

In a variety of cultures, sons are seen to be more important as they carry on family names, are able to participate in warfare, and are often expected to look after their parents economically and socially, as well as ensure passage to the next world/reincarnation (Abu-Duhou 2007; Liamputtong 2007a; Liamputtong and Spitzer 2007; Leonard 2002; Pashigian 2002; van Balen and Inhorn 2002a; Feldman-Savelsberg 1999). Abu-Duhou notes that in Palestinian society a woman's "claim to motherhood maybe denied once they fail to reproduce sons" (2007:215). She further explains that,

> an adult unmarried woman remains a *binet* [a "girl" or "daughter"], until married, and she remains socially a child. Her passage to adulthood is confirmed when she bears male children, when she becomes *Umm* 'the mother of' the male child. A married woman with only female children is never called *Umm*, mother of, but rather is referred to as the *Mara'h*, which literally means a married woman (Al-Khayyat, 1990). (214)

Having multiple children, in particular male children, becomes even more important when continuation of the tribe or culture is perceived to be in threat (Abu-Duhou 2007; Liamputtong and Spitzer 2007). Taking on multiple wives is an option in some cultures, to ensure the birth of children (and particularly boys), as both symbolically and quite literally, infertility can relate to the deterioration of a culture or kingdom (Feldman-Savelsberg 1999; Liamputtong 2007a; Liamputtong and Spitzer 2007). On a more individual level, infertility – whether total or characterized by a lack of sons or simply

"not enough" children – can lead to poverty and being socially ostracized (Bharadwaj 2011; Allison 2010a, 2010b; Abu-Duhou 2007; Liamputtong and Spitzer 2007; Feldman-Savelsberg 2002, 1999; van Balen and Inhorn 2002a, 2002b; Inhorn 1996). With the emphasis on satisfying the cultural need for children and boys in particular, it is understandable why motherhood is interpreted as being compulsory in most cultures.

It almost goes without saying that infertility is stigmatized (to the degree that it is) relative to the importance that many cultures and various religions or belief systems place on biological parenting (Gruenbaum 2011; Gutmann 2011; Inhorn 2011; Allison 2010a, 2010b). In many cultures, especially those within Sunni-dominant Muslim countries (such as Egypt, Jordan, Turkey, Indonesia, Malaysia, and Pakistan), biological parenthood and parenting is privileged or even considered "a moral imperative" (Inhorn 2011:131). In contrast, the social component of kinship or mothering – visible through adoption, foster parenting, allomothering, socially highly respected childcare giving, and other parenting by non-biological parents such as gay and lesbian parents, grandparents, and "aunties" – is highly regarded in other countries and cultures, as well as among particular sub-cultures (Ferguson 2011; Miller-Schroeder 2011; Tarducci 2011; Walks 2011; Wozniak 2002; Modell 1998; Colen 1995).

Infertility Associated with the (Queer) Female Body

In the thirty-plus years since infertility became medicalized, the diagnosis and treatment of infertility has expanded; yet, its medicalized mandate to maintain a "norm" continues to be problematic for queer folks seeking treatment whether they experience a condition

of infertility or not. Christa Craven notes that related to miscarriage, infertility, and failed adoptions,

> queer people's grief, this deafening heteronormativity – not only by the lack of resources available that recognize our families, but also through the ways in which our grief is often intertwined with aspects of homophobia. (2011:13)

While no one has focused exclusively on queer experiences of infertility, anthropologist Christa Craven (2011) is currently researching "loss" inclusive of failed adoptions, miscarriage, and infertility, and three studies have focused on lesbians' engagements with alternative reproductive technologies and assisted conceptions. Anthropologist Jacquelyne Luce (2004 and 2002) focused on "Queer Conceptions" in BC, while sociologists Laura Mamo (2007 and 2002) and Amy Agigian (2004) studied lesbians' choices and access to assisted insemination in the United States. Their work has challenged heteronormative understandings of infertility. Agigian put forward the notion of social infertility to contrast medical infertility. "Lesbians who wish to become pregnant, [and] whose (female) partners are unable to impregnante them, thus constitut[e] another type of 'infertile couple' – the socially infertile rather than the medically infertile" (2004:45). In doing so, however, she overlooks the consideration of queer experiences of medical infertility.

Notably, infertility as usually discussed and defined is assumed to reference the normative heterosexual couple (Craven 2011; Mamo 2007; The Hormone Foundation 2005; Agigian 2004). Alternatively, when spoken of in reference to queer folks, infertility is usually thought to refer to a lesbian couple needing access to sperm. The literature and popular culture seem unaware that queer individuals can experience conditions of infertility (Craven 2011; Mamo 2007; Luce 2005), but lesbian, bisexual, and queer

women can experience both social and medical infertility. Thus, the lack of acknowledgement of queer experiences and diagnoses of infertility is problematic since not only do queer stories of infertility become erased, but also because it perpetuates a belief among queer individuals that they are completely fertile. Despite this, as I discuss below, queer folks are more at risk for and experience some conditions of infertility more often than heterosexuals.

Social determinants affect various populations' risk to particular health conditions. "Demographic characteristics such as racial and ethnic minority group membership and lower education and socioeconomic status" have been linked to various conditions of infertility (Matthews, Brandenburg, Johnson, and Hughes 2004:105). Further, sexual orientation and gender identity have been shown to be social determinants of health in relation to conditions of infertility, particularly endometriosis and Polycystic Ovaries (PCO) and Polycystic Ovarian Syndrome (PCOS) (Agrawal et al., 2004; Bosinski et al., 1997; Futterweit, Weiss and Fagerstrom, 1986; Jussim, 2000). Common themes throughout the limited literature on queer diagnoses of infertility relate to the late diagnoses of these conditions, the misinformation regarding screening for these conditions among queer folks, and "negative attitudes and experiences within society and the healthcare system [towards queer individuals], which in turn influence patterns of health-seeking behaviour, health-risk factors and specific health issues" (McNair 2003: 643; see also Matthews, et al. 2004; Quinn 2003; Rosenberg 2001). Below I briefly review these conditions, and discuss their relation to queer folks who were born with a "female" associated reproductive system. I also touch on other conditions that are more generally linked to infertility.

PCOS and PCO

Of the various conditions linked to infertility, Polycystic Ovaries (PCO) and Polycystic Ovarian Syndrome (PCOS) are conditions that most frequently affect queer individuals (Smith et al. 2011; de Sutter et al 2008; Agrawal et al 2004). Moreover, among the general public these conditions are among the highest diagnosed conditions of infertility in Western societies (Agrawal et al., 2004: 1352). PCOS affects an estimated four to ten percent of all women (Smith et al. 2011:191), and even more women are affected solely by PCO. PCO is a condition usually diagnosed via ultrasound when "ovaries with ten or more follicles of between two [and] nine millimetres in diameter" (Agrawal, et al. 2004) are found. Ovarian cysts are a problem as they can prevent or delay ovulation from occurring; additionally some ovarian cysts are malignant (ie: due to cancer). PCOS is diagnosed when someone has PCO as well as either hyperandrogenism[3] and/or menstrual abnormalitites; obesity is also correlated to PCOS (Smith et al. 2011; Agrawal et al. 2004; Kitzinger and Willmott, 2002; Whiteford and Gonzalez 1995). Smith and associates "found that PCOS rates and related factors did not significantly differ by sexual orientation" (2011:190). Despite this Smith et al. (2011) encourage more research regarding PCO, PCOS, and lesbians, including asking "Are lesbians more likely to be diagnosed, or even misdiagnosed, with PCOS than heterosexuals?" (196). Regardless of whether or not PCO and PCOS are more prevalent or just that related factors are more prevalent, high rates of PCOS and PCO translate into high numbers of individuals who may have problems conceiving and/or carrying babies to term. Agrawal and colleagues explain that in addition to having difficulties conceiving, "women with PCOS [who do conceive] may miscarry at a rate of approximately 40 percent, compared with a 15

percent rate in the general population" (2004:1356; also noted in Kitzinger and Willmott 2002:349). One of the BTQ individuals I interviewed and four of the BTQ questionnaire respondents noted they had been diagnosed with PCOS or PCO.

According to a report and study conducted by Agrawal et al. (2004) which investigated the prevalence of PCO and PCOS among lesbian and heterosexual women visiting a fertility clinic in Britain, the "self identified lesbian women had a significantly higher prevalence of PCO and PCOS compared with heterosexual women" (1355). More specifically, "polycystic ovaries were observed in 80 percent of lesbian women and in 32 percent of heterosexual women [and further] analysis ... revealed that 38 percent of lesbian women and 14 percent of heterosexual women had PCOS" (1354). Other studies which have been conducted with female-to-male (FTM) trans-folks have also shown higher than normal rates of PCOS, including a 1986 study that revealed that PCOS "may be present in [between 25 and 33 percent] of [pre-testosterone treated] female [to-male] transsexuals"(Futterweit, Weissand, and Fagerstrom 1986:70; similarly Bosinskiet al. 1997). While no particular explanation has been given as to why or how queer folks might be more commonly affected with PCO and PCOS, this is not the case with endometriosis.

Endometriosis

While the cause of endometriosis remains unknown (Bulletti et al. 2010:441), "it is characterized by the presence of functional endometrial tissue outside the uterus" (Bérubé, et al. 1998:1034; similarly Whiteford and Gonzalez 1995:32). To varying degrees of severity and stages, endometriosis "affects between 4 and 10 million women in the

United States" (Whiteford and Gonzalez 1995:32), or "6 to 10% of the general female population," with no significant differences "related to ethnic or social group distinctions" (Bulletti et al 2010:441). "Endometriosis can cause rubbery bands of scar tissue to form between surfaces inside the body, preventing the fallopian tubes from capturing the egg, thus causing infertility" (Whiteford and Gonzalez 1995:32), both in the form of ability to conceive as well as maintain a pregnancy through the first 20 weeks (Bérbubé et al. 1998). Treatment for endometriosis "requires a life-long personalized management plan" (Bulletti et al. 2010:444), sometimes including surgery, and usually including the use of hormones such as oral contraceptives (Bulletti et al. 2010; Hemmings 2006; Jussim, 2000). As Jussim (2000) explains that because "many straight women receive 'accidental' treatment for mild endometriosis by spending years on oral contraceptives," queer folks have a "higher rate of untreated endometriosis [which] may contribute to infertility problems." Three of the BTQ questionnaire respondents reported being diagnosed with endometriosis.

Other Conditions

Other health conditions can also affect the fertility of those with female reproductive systems. Unfortunately, increased difficulties in conceiving, higher rates of miscarriages, premature births, and/or potential life-threatening risk to the pregnant individual are side-affects and/or symptoms of a plethora of health conditions. Without going into medical detail about each of these conditions, they include but are not limited to problems with ovulation and/or hormones, including thyroid problems, diabetes, and being overweight or being underweight (Gaete et al. 2010; The Hormone Foundation 2005; personal email

from Dr. Marie-Josée Klett [Thursday, August 23, 2012]); sexually transmitted infections (STIs) such as gonorrhea, Chlamydia, and Pelvic Inflammatory Disease (PID) (Godinjak and Hukic 2012; The Hormone Foundation 2005; personal email from Dr. Marie-Josée Klett [Thursday, August 23, 2012]); chromosomal abnormalities such as Triple X Syndrome, Turner's Syndrome, and Down's Syndrome (Hadnott et al. 2011; personal knowledge); autoimmune diseases and connective tissue disorders, such as Lupus, Marfan Syndrome[4], mixed connective tissue disease (MCTD), and HIV/AIDS (Sioulas and Gracia 2012; Pandey, et al. 2009; Meijboom et al. 2006; The Hormone Foundation 2005; Rossiter, et al. 1995); and other conditions or factors such as uterine fibroids (also known as leiomymomata) (Neiger et al. 2006; Bajekal and Li 2000; Vollenhoven, et al. 1990), cancer and cancer treatments (Rocca 2010), being simply being older (ie: 35 or 40-plus) (The Hormone Foundation 2005; personal email from Dr. Marie-Josée Klett [Thursday, August 23, 2012]), and stress (Lykeridou et al. 2011; Boivin and Schmidt 2005; Klonoff-Cohen et al. 2001). Individuals I interviewed who had been diagnosed or otherwise experienced infertility had been (mis)diagnosed with a connective tissue disorder, uterine fibroids, thyroid problems, and unexplained infertility. Fortunately for *AJ* – as they sought to become pregnant – their diagnosis of a connective tissue disorder ended up being a misdiagnosis.

Two Female Bodies: an end to infertility?

While many transmen, genderqueer individuals, and some butch lesbians partnered with folks identified as male or intersex at birth, a significant number of BTQ folks do partner with individuals who were born with female reproductive systems. Some people have

suggested that when two female-bodied individuals are partnered, it can be beneficial if one of the partners experiences infertility.

> A fairly unique advantage for women who want to become mothers in a lesbian relationship—if one partner has fertility problems, the other may agree to go through the pregnancy instead. [Dunne cites four] examples ... of partners swapping for this reason, and several others [who] expressed their willingness to do so. (Dunne 2000:26)

While Dunne's point is valid and noteworthy, it is also problematic as it oversimplifies the context and solution of fertility problems among lesbian couples. Despite the utopian nature of this idea, two individuals with female reproductive systems do not necessarily equate an easier time trying to conceive, experiencing a successful pregnancy, or having a stress-free birth. To suggest quite simply that if one partner has fertility problems then the other partner can conceive, dismisses a very emotional issue, and neglects due care and attention to the fact that the couple is still dealing with the infertility of one of the partners.

In fact, during my MA research one couple who spoke with me was appalled that their GP (General Practitioner physician) had suggested this to them; as they explained both to their GP and myself, only one of them (the more femme partner) really wanted to experience pregnancy. The other (more butch partner) had no interest in experiencing pregnancy, even if her partner had not been able to conceive. On the other hand, I interviewed two other couples who switched which partner tried to conceive after one of them experienced difficulties conceiving. Likewise, of the BTQ individuals I interviewed for this research project, three individuals informed me that both partners (in their relationships) had tried to conceive. In *Imogen's* family, each wife had conceived and birthed one of their children. Two other couples eventually conceived, but only after the

partner who had originally sought to get pregnant met with continued failure to conceive, and their partners who were less enthusiastic about experiencing pregnancy eventually attempted and successfully conceived. Regardless of those examples, suggesting or actually switching "one body/womb for another" is not an easy or simplistic act. As *Bryn* pointed out, in cases where both partners want to experience a pregnancy, that experience of pregnancy might be something that you have "fought for" or thoughtfully negotiated. Thus, it is not something that one likely lets go of without much thought or emotional upheaval.

Our society places tremendous emphasis on gender roles and fulfillment in parenting; thus, receiving a diagnosis of infertility is not easy to take. Instead, guilt, grief, shame, and stigma are associated with experiences of infertility (Allison 2010a, 2010b; Inhorn 2011, 2009, 1996, 1994; Walks 2007a; Tjørnhøj-Thomsen 2005; Parry 2004; Griel 2002; Leonard 2002; Thompson 2002; van Balen 2002; Letherby 1999; Whiteford and Gonzalez 1995; Becker and Nachtigall 1994; Neff 1994). There is no reason to assume that experiencing a diagnosis of infertility would be any less tragic for a lesbian, even if her partner could conceive. Having a physician and/or fertility specialist suggest that the 'more fertile' partner *should* try to conceive when it is the 'less fertile' partner who *wants* to conceive is inappropriate. For people who do not embrace a stereotypical 'feminine' identity, such as butches, genderqueers, or some trans-identified individuals, receiving a diagnosis of infertility may support their incongruent gender identity, may cause further stress by seemingly stripping them of their agency to hold onto any level of 'female' identity, or may be crushing due to their desire to be a biological parent, regardless of their gender identity. Receiving a diagnosis of infertility does not seem any

easier when one has a partner who could, hypothetically, conceive and/or maintain a pregnancy.

Toevs and Brill (2002) discuss another potential negative side effect of having the second partner conceive and birth a child after the first partner has had problems with infertility. They explain that, "if one partner in a couple was unable to conceive or hold a pregnancy and now the second partner is ready to give birth, this can retrigger the non-pregnant mom's feelings of inadequacy, resentment, or envy that she isn't the one who's about to have the baby" (431). Their point further illustrates another aspect that is often neglected in discussions of infertility – that the feelings of inadequacy, grief, guilt of inability to successfully conceive, and/or maintain a pregnancy, do not end when the couple successfully conceives or takes another route to bring children into their lives. These are not temporary feelings but are instead long lasting, and often re-emerge. While none of those involved in my research informed me of having these sorts of feelings, their responses were quite varied with regards to their diagnoses and experiences.

Findings

I interviewed four BTQ individuals who had been diagnosed either with a condition or otherwise experienced infertility, and nine BTQ questionnaire respondents noted either experiencing or being diagnosed with a condition linked to infertility. Their reactions were varied and depended on not only on their desire for future and/or biological parenthood, but also their gender identity at the time of the diagnosis or experience. At the time of diagnosis or experience, of the 13 such interview and questionnaire respondents, 3 identified as straight, 7 identified as female, 6 identified as queer, 3 as

trans, 3 as butch, 2 as male, and 2 as trying-to-conceive[5]. The average age of the questionnaire respondents, at the time of my research, was 38 years (with an age range of 20 to 59 years). Their average age at the time of diagnosis or experience of infertility was 32 years (with an age range of 16 through 48 years). The four interview participants ranged in age from their late 20s through early 40s at the time of their interview, and their diagnoses or experiences of infertility had occurred between 3 and 18 years prior. (More demographics about these individuals can be found in Appendix C, Tables C1 and C2.) I highlight their ages and gender identities here because infertility can be age-related, and also because younger individuals might have a different response to a diagnosis than older individuals, as is made evident in the interview narratives of both *Hank* and *AJ*. Moreover, making their age and gender identity (at the time of diagnosis) explicit also enables readers to see the diversity of those whose experiences are noted in this chapter. Additionally, I sometimes (below) also point out the gender identity of individuals at the time of their diagnosis, as well as their current or intended parental desires or roles.

Overall, individual reactions to their diagnosis and experience of infertility differed considerably. In response to question 23 in the BTQ questionnaire ("My initial reaction to being diagnosed with or otherwise experiencing infertility was:"), respondents' reactions are easily categorized as either positive, negative, or indifferent. The positive reactions were more explicitly linked to excitement or gratitude.

> *Thank you for validating my years of menstrual pain.*
> *(Yvonne, 40s,* a white butch/genderqueer who is a parent through adoption and whose partner is a biological parent])

> *Happy to have the hysterectomy and no more pain.*
> *(Finn*, 30s, FTM, white, not a parent)

> *Great! Now I don't have to worry about [an] unwanted pregnancy!*

(Owen, a white male-identified individual in his 20s who hopes to parent via partner being a biological parent or as a step-parent in the future)

Despite *Owen*'s initial reaction, his thoughts or reflections at the time of filling out the question were that:

> *I feel sad about my infertility, even though I personally never want to conceive a child, [and] could [not] now that I've had a hysto [hysterectomy]. I feel loss and sadness around missing out of being a genetic donor to a child.*

Owen is not the only one to feel sadness or negative emotions regarding his loss of ability to be biologically connected to his children, as three other individuals also voiced this sense of loss in their initial reaction to their diagnosis or experience of infertility.

The second type of response to question 23 was a negative reaction to the diagnosis and, not surprisingly, this was the reaction of the one questionnaire respondent (*Val*) who was diagnosed with infertility when trying to conceive. Along with *Val* (40s, butch/trans, white) who experienced "*fear*," *Deb* (50s, butch, white), and *Tanya* (40s, butch, Caucasian/Arab) – both butch-identified – also expressed feeling negative emotions related to their diagnosis. *Deb* felt "*frustration/ anger*," and *Tanya* felt "*shocked*." It is interesting to note that these individuals are all parents now, either as a partner to a biological parent, or themselves becoming a biological parent, or through adoption. In fact, to counter *Owen*'s initial happiness and current sadness about his situation, *Val* and *Deb* found peace and happiness despite their diagnoses. When asked about their current thoughts or reflections about their diagnosis, they responded by saying:

> *At peace – I found my Solomon and then my Judith. All is as it should be. I had trepidation about pregnancy and my gender anyways.*
> *(Val, 40s, butch/trans identified, white)*
>
> *I have a daughter :-D Happy!*

(Deb, 50s, white, butch)

Moreover, *Tanya* (40s, butch, Caucasian/Arab) responded by noting:

It made no difference. We used my partner's eggs.

Thus, while they were initially devastated, they had each found peace and resolution to their desire to parent.

Lastly, three individuals initially felt indifferent with their diagnoses; interestingly, each of them now identify as FTM. When asked about how they felt about their diagnosis, they replied:

> *[It] did not matter as I was going to be become infertile through oopherectomy because of requirement to change birth certificate [to "male"].*
> *(Pierce,* 30s, trans, white, not a parent and no expectation of being a parent)
>
> *Nothing, didn't much care (or understand at that point).*
> *(Zack,* 30s, FTM, white)
>
> *I never planned on becoming pregnant anyways.*
> *(Xander,* 20s, FTM, mixed-race)

While their indifference could be suggested as stemming from them identifying as "male", this was not the case as both *Zack* (who is now a parent to one or more children birthed by his partner) and *Xander* (who expects to become a foster parent in the future) identified as female and straight at the time of diagnosis.

The Interviewees

As noted above, I conducted four interviews with BTQ individuals who had experienced or been diagnosed with a condition related to infertility. While four is not a large number, and by no means generalizable or exhaustive, these interviews were successful in obtaining a range of experiences, desires, and choices relating to infertility and

reproduction. One of the interview participants (*Lou*) had experienced infertility when s/he had tried to conceive, while the three others had been diagnosed with conditions linked to infertility, including one who was misdiagnosed (*AJ*). Two of the four were non-biological parents (*Hank* and *Lou*), and one other (*AJ*) expressed hopes of getting pregnant in the near future. Lastly, their gender identities ranged from butch to genderqueer to transman. As their words best articulate their experience and thoughts, I focus on each of the individuals using their own words below. This is done in an effort to give their experiences, opinions, choices, and thoughts the opportunity to express the depth that I was able to obtain during my interviews with each of these individuals.

Shelby

Shelby was a butch-identified individual in her 30s. She had no children and lived in a common-law relationship. *Shelby* had been diagnosed with three different conditions (independent of each other) all linked to infertility, and yet she had found out about each of their relation to infertility through the internet rather than through a conversation with a health care professional. In fact, she noted that infertility had only ever been "silently talked about" with her health care professionals.

> ***Shelby:*** *Well, I have a fibroid on my, on the wall of my uterus, and I have – I occasionally get ovarian cysts which then rupture, and… I have what they call hormonal vertigo, and I get dizzy and nauseous and stuff around… when I ovulate.*
>
> *…Well around 2002 was when I had the first [ovarian cyst] I knew about, and that burst. And I get them about once every 12-18 months now. And they always just burst on their own now and of course, they are never found when I go in for my annual PAP smear….*
>
> *[So when they were checking for cysts via ultrasound] that's how I know that I've got this fibroid, and now they're keeping an eye on the fibroid because it's like 2.5cm or something, and if it gets to 3 then they start*

thinking about taking it out… Yeah, I just really want a hysterectomy but they won't do it…

MW: *And what has been said about these different conditions in regards to your fertility and infertility?*

Shelby: *Nothing.*

MW: *And… at any point was there a "are you thinking about conceiving?"*

Shelby: *No. I don't think so. No… there was no talk about how it would affect my fertility at all.*

MW: *[And have you been] clear to them [about being a lesbian/queer]?*

Shelby: *Yeah, my [female] partner was always with me when we went to the hospital and [she] was introduced as my partner…*

MW: *So do you think there was an assumption on [the part of the HCPs] that you were not interested?*

Shelby: *I don't know… Well, I think that sometimes doctors don't really tell you things unless you ask them. So I think that was part of [it]* as well. *Like I certainly wouldn't have asked cause I wouldn't have cared at that moment... But no, it's interesting because I don't really think that fertility ever comes up in any of my conversations with any of my doctors until I ask about [a] hysterectomy. And then they do their, "but you're too young! Like what if you want to use it?" And it's like, "but I'm not." [laughs] So it's really only an issue is when I want it out… Yeah, it's never talked about unless I bring up the subject of getting rid of [my uterus]*. (emphasis added)

Shelby's narrative is informative in that, as she points out, her fertility is not an issue of discussion until (and unless) she requests a hysterectomy. Hysterectomy rates have declined in many Western countries in recent years (Hill et al. 2010; Jacobson et al. 2006), but are still the "most common major nonobstetric operation undergone by women in the United States" (Jacobson et al. 2006:1278)[6]. Despite the decline, many physicians and surgeons still seem to offer hysterectomy fairly quickly as a remedy to various conditions women face, and yet those who request them are often denied (personal

communications with various individuals). Moreover, while *Shelby* was hesitant to place blame on her HCPs for their lack of bringing up her (potential) fertility with respect to the three conditions she has – instead insisting that she wouldn't be interested in hearing about it anyway – she did include the words "as well" (above) to suggest that perhaps something more figured into her not telling her besides her lack of desire to know (ie: how would they know she wouldn't want to know unless they tried to tell her?). I think this is important as it speaks to an assumed relation between either sexuality or gender identity and desire for fertility. At the same time, the over-riding cultural assumption that *Shelby* is female and therefore will at some point in the future change who she is (ie: become a feminine heterosexual woman), and then want use of her uterus prevails.

Hank

Hank was a transman in his 30s living common law with his partner (*Yoshiko*), step-daughter (*Carrie*) and son (*Mark*) – both children birthed by *Yoshiko*. He had been diagnosed with Polycystic Ovarian Syndrome (PCOS) in his late teens, when he still identified both as straight and female. In his teens, *Hank* dreamt of becoming a parent, but not through pregnancy. In fact *Hank* noted that the only time he considered experiencing pregnancy was when he was partnered with a transwoman in his 20s. Thus, his receiving the diagnosis of PCOS as a teen was simultaneously: a) not much of a big deal (with exception to the side effect of significant weight gain), and b) overwhelming in terms of unwanted medical attention.

> *I think I was 17 when I got diagnosed with PCOS. My family doctor referred me to the gynecologist – who reminded me of Woody Allen, enough said – because I'd gained a tonne of weight, I had spots/zits all over my face, and I was getting a lot of facial hair, and so he was like, "Oh there's something*

wrong here." So they did a bunch of blood work and sent me to the gynecologist. And I don't remember… my gynecologist saying it, but my mom told me that he [the gynecologist] said that I would never be able to have kids or that it would be very difficult for me to have kids. I don't remember his saying it. So yeah, I would imagine most women being told this when they're 17 would be like, "oh my god - I can't have kids!" Whereas me, I don't even remember him saying that…

*Well, I got diagnosed, and of course they put me on the pill because that's what they do. [*pause*]*

…I remember telling some of my friends when I first got diagnosed [with PCOS], when I was 17. And they were like, "Oh you're lucky you're on the pill. You don't have to deal with your mom [being like], "You're not having sex yet [are you]?" So that was [laughs] – yeah, I think some of my friends… were jealous because [they] were sexually active [and wanted to be on the pill without their parents being suspicious].

*…[Due to the PCOS] I gained a bunch of weight, eventually when I was in college I switched gynecologists cause I didn't like the guy and I think he may have retired anyway. So I started seeing another guy who told me – cause by this time I was up over 200 pounds, like maybe 220 – and to me it [having PCOS] was almost like a death sentence of "you've gained the weight, you're on the pill so you'll stop gaining weight." My face had cleared up. "You'll stop getting facial hair, but if you want to lose weight, you'll be lucky if you lose 30 pounds a year." So I was pretty devastated hearing this because I was an athlete; I was an umpire… I did outdoor survival. And because I was gaining weight, I was slowing down. I was not as good of an athlete anymore, and I just quit doing all those things, and pretty much resigned myself to "I'm just going to be a fat chick all my life." Like, what's the point of trying to lose weight? But after I came out [as a lesbian], when I was 23 or 24, a couple of years after that I was like, "I'm a fucking dyke. I shouldn't be on birth controls! This is ridiculous!" And I remember talking to my doctor about it, and it was like, "well you have to be on them." Well, I just quit taking them. I was like, "Fuck you. I'm not taking these. What's the point? If something happens, by all means I'll go back on them." But after I quit taking them, I think my period stayed regular and [*pause*] it was within the year of that, I lost 65 pounds in 6 months, while I was not on birth control, after I'd just been told "you'd be lucky to lose 30 pounds a year."…*

Hank further explained that once he was in Vancouver, he met quite a few other lesbians who had PCOS, and who were not all on birth control pills to help "manage" it. This certainly helped to influence him and give him courage to challenge his physician.

Additionally, having exposure to other lesbians and to others with PCOS had other benefits for *Hank.* This exposure assisted *Hank* in thinking about how some of the

hormonal side effects (or correlated factors) of PCOS other than weight gain related to his masculine perception of self, and eventually to his coming to see himself as a transman.

> *It's a blessing for a lot of trans guys with PCOS who are starting testosterone, because you've got a bit of a head start with hormones. And I know from when I got diagnosed with PCOS that I had a very high level of testosterone in my body already. So the peach fuzz was already there, but putting that extra bit of testosterone, that dropped my voice, my facial hair started getting darker right away, and I had one period after [I started on testesterone, before my period stopped for good]…*

When I interviewed *Hank* he had yet to have his hysterectomy, but he since informed me that he had the hysterectomy about six months after our interview. He now considers himself to be a man who used to have PCOS, since his ovaries were removed along with his uterus.

Lou

Similar to *Hank*, *Lou* had always desired to become a parent, but not necessarily through pregnancy. Moreover, *Lou*'s experience also is reminiscent of *Val*'s (mentioned above) in that both *Lou* and *Val* experienced infertility when they were trying to conceive, and they both eventually became parents through adoption – and *Val* also through being a step-parent. While I did not have the opportunity to interview *Val* to know their full journey to parenthood, *Lou* came to an awareness of infertility after their (former) partner had already tried to conceive unsuccessfully via insemination and IVF. At the time of our interview, *Lou* was a partnered genderqueer parent of two adopted children.

> ***Lou:*** *I was always trying to stay fit because I wanted to have a child before I was 30. If I wasn't with someone who would – it didn't matter to me how the babies came it me; it didn't matter if it was through me or through someone I was with, or through adoption. But I remember running lots to stay fit so I could have a healthy pregnancy, delivery, and all that, just in case. I always*

talked about it. [Having children] was always part of the conversation [with partners]…

MW: *So at what point did you seriously consider getting pregnant and start to consider how or when that might happen?*

Lou: *Just after age 30, and the person that I was with at the time was femme, and it was kind of a relief to me that she didn't mind trying to get pregnant and that I wouldn't have to go through all of that. My worst fear was what am I going to wear? And where and how am I going to have the baby? And I just wouldn't fit into the standard maternity ward and wouldn't feel comfortable having the baby at home with a midwife, and I just didn't – nothing seemed right for me… Then that person that I was with ended up experiencing infertility for several years and so we had a conversation, and I just said, "well, why don't I try it?" So, I started going to the fertility clinic. She had tried two separate known donors and then the fertility clinic all the way through IVF, and she had some embryos that were frozen, leftover from the transfer, so we put those into me. And that didn't work.*

I've had irregular periods all my life and I think it's related to my thyroid – we have [thyroid problems] in my family. So, irregular periods and the fertility clinic just shut down my reproductive system with drugs and then started it up again, and took over my whole cycle.

And then I tried donor insemination several times and I just wasn't comfortable going to the next step which would have been superovulation. I'd already tried IVF and it didn't work. It's probably because the embryos weren't viable, but then I developed fibroids, and they're really big now. And I don't know if it's because of the fertility drugs or not, but I'm guessing that could be from the hormones. But my mom did have fibroids when she was my age, so maybe it's just hereditary. So I ended up not conceiving and actually being quite relieved.

...I'd done a test and they found a fibroid, and then they called and wanted me to do another test, a scope. And I had had enough of scopes, and male doctors and their strange bedside behaviour. Yeah, that was enough for me, so I just pulled the plug. It was costing so much money. I thought, "why don't I just go to Vegas, throw my money on the roulette table? At least if you go through an adoption agency, you pay a fee, and you may wait for a long time, but you'll likely end up with a [child].

I ended up adopting Yannik, and then adopting Zola with my new partner.

Obviously many factors affected *Lou*'s experience of infertility. This included hir own mixed feelings about how their gender fit with pregnancy (and the ability to find appropriate "manternity" clothes), as well as the treatment of the heterosexist biomedical system that includes doctors who are awkward with queer-presenting patients, and thus

display "strange bedside [manner]." Despite these experiences, it was reassuring to me that *Lou* had been able to successfully adopt, and thus be able to fulfill hir own desire to parent. *Lou*'s story seemed reminiscent of *Val*'s (40s, butch/trans, white) aforementioned conclusion to their own journey to parenthood through an experience instead of having the domino-affect of obstacles preventing pregnancy from getting in the way of their dream to parent. That said, both *Lou* and I are aware that many individuals, queer and straight, never find a satisfying conclusion to their dreams to become parents (see also: Craven 2011; Parry 2004; van Balen and Inhorn 2002a; Whiteford and Gonzalez 1995). Whereas *Lou* (as did *Tracy*, a in chapter 3) sought pregnancy as a result of their partner being unsuccessful as trying to conceive, *AJ* came to the decision to try to conceive via a different route.

AJ

AJ was the first person I interviewed. At the time of our interview they identified as trans and genderqueer. As a young adult they did not think they would become a parent through pregnancy, but when they were (mis)diagnosed with a condition linked to infertility, they felt a sudden and unexplainable desire to experience pregnancy and become a biological parent.

> *When I was first diagnosed [with a connective tissue disorder], I was like, "That's fine. I've been on testosterone for 2.5 years. I wasn't really planning on getting pregnant anyways, so that's fine. I feel like when I started taking testosterone that was my closing of [the pregnancy] door. So that's fine." And, I was [waiting for my trans-related hysterectomy] surgery approval [from the provincial government]… Since then things have changed.*
>
> *I hadn't really thought about having kids until somebody took that away from me… And at that point, when they said, "[pregnancy's] not really a good idea," then I was kind of having sadness around that, and I don't know. And then it became more of a thing [to find out if that was really what was*

wrong with me] – not [the] finding out what was wrong with me, cause I can take better care of myself than doctors do – but finding out if it [getting pregnant and maintaining a pregnancy] would be a big risk for me, and that's why I kept going to the doctors.

At one point Dr Z [a trans-specialized doctor] said to me, "You can stop, if you don't want to look into this anymore. You know, if you don't want to go for another test in Calgary. If you don't want to go for anymore tests, you don't have to. It's your call."

At that point, the one thing I wanted to know is that if I got pregnant, it wasn't going to put myself or my kid in any dangerous position. And so, all the tests came back [and I don't have that connective tissue disorder, despite having many of the characteristics of it, including problems with my heart]…

[So,] The answer was it wouldn't be a problem [for me to get pregnant]… "[but] we'll want to do another echo before you get pregnant, and throughout the pregnancy, and going into labour, it'll probably - we'll want to keep things monitored. But it's probably not going to be a problem." But yeah, my kids are going to [have the same characteristics that resemble this connective tissue disorder], but not to the point that I'll need to worry about their lungs collapsing, et cetra….

[And my girlfriend at the time - we had a four year timeline], but we're not together anymore, so that four years [of waiting] doesn't need to happen for myself. I have a [known] donor who is excited to work with me on this, and on the same wave length that I have, and on the same time line that I… have, and so that's where things are at now, where things are looking more like two years away instead of four…

When I started T, testosterone, [pregnancy] was not on my mind. And when they were like, "You know this can shut your reproductive system down," I was like, "That's fine. Whatever, I don't need it anyways." And I mean, I was 21 at the time, and that part of my biological clock hadn't really turned on yet. A few years later, a very different story.

But yeah, so I stopped taking hormones last spring. So I've been off for almost a year… and within six weeks of stopping, I was fully back to [a] normal [cycle], more than I'd ever been before. And I've had a more predictable and more regular cycle that I'd ever had in my life, now, after three years on hormones. And it came back really quick, which my doctors say is a really good sign… because it means that everything is working as it should.

While *AJ*'s narrative might be seen as raising red flags of starting young adults on hormone therapy related to their being trans, there is so much more to their narrative – including how they had a "more regular cycle" than ever after having been on testosterone – including how for many people changed circumstances create changed

desires. Moreover, what *AJ* does not say is how the cultural link between pregnancy and femininity may have influenced their previous lack of desire to experience pregnancy (and thus, be culturally recognized as feminine). After being on testosterone for a couple of years, and being recognized as masculine, androgynous, and genderqueer, it is possible that this new recognition sparked a new unconscious awareness of how pregnancy could be experienced as non-feminine – just as they had been recognized for the preceding couple of years. Regardless, *AJ* was ready to challenge the cultural fetish of pregnancy equals femininity. If I am able to do further research on this topic, I look forward to the possibility of speaking again to *AJ* about their experience of pregnancy, if they are able to carry through their dream.

Summary

> What do women with fertility problems look like? I have a stereotype in my head: white, skinny, upper-middle class, older, uptight…. I don't think I've ever seen commercials or brochures or any images of infertility whatsoever. This is secret information without representation. I've invented the picture I hold, ensuring that she looks nothing like me. It's protection. But I am wrong. There is a South Asian woman with big, heavy arms and a round tummy. There is a young Chinese couple in the corner next to the window, pointing at something across the skyline. There is a black woman in a grey business suit, checking her watch. There is a white, skinny woman with blue jeans and a silk blouse. There is a subsection of Toronto and the GTA [Greater Toronto Area] sitting in a room together. (Jiménez 2011:64)

Acknowledging the plethora of experiences and narratives, and ensuring none are erased in the process, is a daunting task. The benefits with respect to the new perspectives and insights that can be gained are, however, immeasurable. With respect to queer infertility, the complex social ideas regarding sexual orientation and who should and should not become pregnant and mothers, and the presence of two-women in a queer relationship striving to become mothers together, challenge the status quo. Thus, studying LGBTQ

experiences of infertility, not only benefits LGBTQ individuals who have or will experience infertility, but also provides unique perspectives on gender and social expectations regarding sexuality, reproduction, kinship and, of course, mothering. These unique perspectives allow us to challenge our deeply seated cultural and personal views, and to re-examine the stereotypes and assumptions that underlie them. This in turn, hopefully brings more understanding and acceptance of the diverse experiences and choices people make and live in our society. These ideas, of course, form the foundation of the Conclusion.

Endnotes

1. I use the pronoun "their" here (and later "they" and "them" with regards to this individual) as this person's pronoun preference has changed since this time, and thus "their" is inclusive of both their previous female identity and current trans-masculine identity.

2. Of course, the negative (medicalized) language attributed to pregnancy loss and infertility is not unique to these experiences, but rather is characteristic of medicalized discourse related to the female reproductive system more generally (see: Martin 2001, 1991).

3. Hyperandrogenism refers to the excess production and release of androgens. This excess produces what are commonly considered "male" secondary sex characteristics, which include acne, facial and body hair growth, a heightened sex drive, and in females it also leads to irregular or lack of menstrual cycles.

4. Marfan Syndrome is an inheritable connective tissue disorder that "involves many systems but the most prominent manifestations are of skeletal, ocular and cardiovascular origin" (Meijboom et al. 2005:53). Studies have shown that "pregnancy increases the risk of aortic dissection in women with Marfan syndrome" (Meijboom et al. 2005:53). Likewise, "many case reports and reviews [have described] maternal morbidity during pregnancy in women with Marfan syndrome have been published," although these have also proven to be problematic (Rossiter et al. 1995:1599-1600).

5. The sum of the various identity categories does not equal 13 as respondents checked "all that apply" instead of just "check[ing] one."

6. I was not able to find numbers or such a statement related to recent Canadian rates. (I am certain there are more hysterectomies performed in the United States than in Canada but I do not have evidence to back it up This is despite the fact that the rate of hysterectomies was 66.0 per 10,000 in the USA in 1987, and 67.4 per 10,000 in 1988 [Hill et al. 2010].)

Chapter 7:
Conclusion

October 27, 2012
I am sitting at Gate A11 at the Pierre Elliott Trudeau airport in Montréal, waiting to be called to board the plane to go back home after an amazing two-day conference on Gender Creative Kids. It was a group of about 70 of us, a mix of parents of gender creative kids (also known as gender non-conforming, gender independent, gender variant, and trans and genderqueer children), academics, researchers, social workers, and other service providers. (I excitedly met a few people that I have cited or referred to in my dissertation! These are clearly "my people" even with our varied backgrounds and experiences.) We are renewed and energized, feeling like we can take on the world – glad to know that each of us is not alone in our belief that "all people are gender variant" (Travers 2012). My paper (a portion of "Chapter 5: Raising Queerlings") was well received, and not the only one to touch on parents who intentionally seek to raise gender creative/non-normative children.

It is an understatement to say that being and living different from the *status quo* can be challenging. Every day people take their own lives because of they have been repeatedly told that their difference is not acceptable. LGBTQ youth and adults are among the highest populations that are bullied and who take their own lives. It takes strength to be different. It takes courage to explain oneself on a daily basis due to a lack of representation and understanding of diverse people and experiences. This has been an underlying theme of my research. It is not that the research participants said anything about being courageous, but they did not have to; it was illustrated in their examples. On this note, there are four points that I touch on in this Conclusion. While these were touched on in the previous chapters, I re-frame them here for the ease of "something to take" from this work. The four points are: 1) feminine pregnancy as a "cultural fetish," 2) queerly parenting as both a challenge and a necessity, 3) the importance of diversity in experiences, desires, and choices, and 4) how the medical system relates to these

experiences. Following these discussions, and to end this work, I relate my research and "findings" to research in similar fields of study, and then list some areas of future study.

Feminine Pregnancy (and Breastfeeding) as Cultural Fetish

> Butches are like men. We don't really hold babies. Nobody offers them to us, and it's too presumptuous to grab one. It would be like taking the only chair when you're in a room full of femmes who might appreciate that chair. It would be ungentlemanly. It wouldn't feel right. But it makes me say. I want to hold babies. (Jiménez 2011: 91)

As I note in chapters 3 and 4, not only does our culture see mothering and motherhood as feminine, but it also explicitly connects pregnancy and breastfeeding with femininity. Thus, not only is there pressure on straight women to maintain an essence of femininity as they experience pregnancy and breastfeeding – as demonstrated through the explicitly feminine clothing made and available for such individuals – but this pressure, either implicitly or explicitly, spills over to all who experience pregnancy and breastfeeding. This is evidenced not only through the available clothing, but also, as I illustrated, through the inability for friends, family, and the general public (both queer and straight) to recognize (and accept as real or valid) masculine experiences of pregnancy and breast/chestfeeding. Recognizing this cultural fetish is important to be able to break it down.

Thomas Beatie and Trevor MacDonald have been useful in the public eye, bringing attention to our cultural assumptions of gender, sex, and sexuality. Halberstam notes that, "Thomas Beatie [has served as] a convenient marker of some seismic shifts that seem to have occurred below the surface of our seemingly rigid and frozen gender and sexuality system" (2012a:33). The publicity that Thomas Beatie has incurred, however, has not been enough for a full change of recognition or acknowledgment.

Perhaps this is because Thomas Beatie is only one person and because he has only been able to represent himself – a transman – or maybe this is due to other reasons. In fact, in the positioning of Beatie as "the first" pregnant man, I believe it has helped people to minimize his experience as so unique that people do not believe that others like him exist, and therefore, they are not able to recognize masculine pregnancy as possible. Thus, while Thomas Beatie brought about some recognition regarding masculine pregnancy, it obviously was not enough to foster full recognition.

On the other hand, Trevor MacDonald's public challenge of Le Leche League's (LLL) mother-only leader policy, gained public attention around the world, albeit mostly in Canada for chestfeeding his son. As his story went public (or, more so, viral), due to his desire to be an LLL leader for transmasculine and queer individuals – and thus it was not just about identifying himself as the one and only person in his circumstances (as a transman who chestfeeds his son) – it is possible that the long term effects of the publicity he gained will actually do more to bring awareness of transmasculine pregnancy and breastfeeding than did the media frenzy over Thomas Beatie, at least in Canada. Although only time will tell if the memory of 'the public' will be as short-lived as it seems to be with Thomas Beatie who has already been almost forgotten (despite his recent re-emergence in the public eye, with regard to a judge not granting he and Nancy Beatie a divorce [Anderson Live 2012]).

Raising Queerlings: Both a Challenge and Necessity

> If we could actually see these gender categories as saturated with contradictions, as discontinuous across all the bodies they are supposed to describe, then we could begin to notice the odd forms of gender, the gaga

> genders, that have multiplied like computer viruses in late capitalist cultures. (Halberstam 2012a:71)

As I note in the opening section of this chapter, attending the "Gender Creative Kids" workshop/conference was renewing and energizing, but more than that, it was inspiring. One of the points that was really brought home for me was that it is not just *queer* (by sexuality or gender themselves) parents who have the opportunity and obligation to parent *queerly*, but all parents. While I spoke of "raising queerlings" in Chapter 5, the parents and others at the Gender Creative Kids conference spoke of the need for all parents (and individuals) to challenge our cultural gender norms (Daemyir 2012; Travers 2012; Witterick and Stocker 2012; among others [see Meyer and Sansfaçon forthcoming]). Moreover, as I also noted, parenting queerly or "with a queer art of failure" is not just about gender norms, but also about challenging neoliberalism and capitalism. It is about critiquing and providing an alternative to Disney's characters who are steeped in stereotypes of gender (personal communication with Ann Travers and Kathy Witterick, October 25, 2012), and playing a considerable role in how children understand gender, and understand themselves. Moreover, *queerly* parenting also means standing up to public institutions of education, religion, and language, and explicitly calling attention to the heteronormative, heterosexist, cissexist attributes of our culture. Certainly it is exhausting to constantly "fight" against "the system," but to have diversity in appearance and ideas is essential. As *Tash* noted,

> *I also want her to have a range, and not to have that [gender norm] socialized into her, cause she's kind of a crazy dresser… Cause some of the kids at daycare, I mean – man! – they could be clones. The girls look one way, and the boys look another way. You know, they are so small, why don't you let them be who they are?*

It takes endless energy, but there is no doubt that it is worth it in the end, instead of having mindless, homogenous 'clones' or 'zombies' just going along with the *status quo*. Many people avoid *queer* or 'activist' behaviour and parenting because they see these actions as being political – which they undoubtedly are. What is neglected in this line of thinking, however, is that 'doing nothing' or maintaining the *status quo* is also political. Thus, this underscores the importance of having an awareness, understanding, and representation of diverse experiences, desires, and choices.

The Importance of Recognizing Diversity

> Queer parenting does, to the extent that they do not neatly fall into the gay daddies or lesbian moms categories, also offer straight couples more options for how to do their gender dynamics. (Halberstam 2012a:58)

A greater understanding and representation of diverse experiences, desires, and choices formed the foundation for this research. I know that these issues are not often in popular culture media, nor on the minds of most Canadians; neither are they on the minds of many individuals who are butch lesbians, transmen, or genderqueer individuals. Despite the fact that the focus of my research was on the experiences of pregnancy and infertility of butch lesbians, transmen, and genderqueer individuals, many BTQs never consider their reproductive potential. This fact, however, does not mean that this research should not happen, or is less worthy of the public's attention. Instead, feminist, queer, and Pagan[1] epistemologies (among others) acknowledge and even privilege marginalized and counter-normative perspectives and experiences, and recognize the agency within them (Hesse-Biber 2012; Luce 2010, 2002; Browne 2008; Liamputtong 2007; Mamo 2007; Lewin 2006, 1995, 1993; Agigian 2004; Chase 2004; Parry 2004; Gamson 2003; Kong et

al. 2003; Watney 1994). Representations of diverse and non-normative experiences is important not only for those who are marginalized with respect to having their voices heard and experiences known by those who are different from them, but also for those similar to them to know they are not alone in their experiences, desires, and choices. Recognition of diverse experiences creates a more understanding society. Moreover, acknowledging and being aware of different experiences is also important specifically in terms of health care practitioners and medical practice, in order to best serve the unique needs that every individual has.

"Queer Competency" in Health Care Professionals

> If I can't have queer doctors, I definitely want some sensitive straight people taking care of me. (Jiménez 2011:64)

Despite my 12 interviews with various types of HCPs, and the 28 HCP questionnaires that were returned to me, there is a lack of attention in this dissertation to the data that was collected by these means. Whereas experiences and opinions of HCPs are instrumental to the larger issues that came out of this research, I feel that more research needs to be conducted to obtain sufficient information to make significant analysis and conclusions. While more research could bring light to more themes and issues that I was not able to pick up on, three particularly interesting themes that came up – both within the research and in some recent literature – that are worth discussing here and studying further in the future.

The first significant theme to emerge from both my research and the available related literature is that there is a need of more queer and what I call "queer competent" health care professionals, and thus there is a need for more sensitivity and diversity

training for HCPs in general. In *Transforming Family* – a report of a study focusing on trans parents in Toronto – Jake Pyne notes, "while an individual's lack of knowledge may be understandable, systemic lack of trans content in all professional training programs is a reflection of erasure and has real effects" (2012:25). To this end, *Cathy* informed me that, "I was interested in participating [in this research project] because…the health care system in so narrow." What she was referring to by "narrow" was how "normal" bodies are defined, and that "[s]tanding for normality … is [often] the white, heterosexual, youthful, middle-class, masculine body" (Lupton 2000:58). There is no doubt that HCPs already have a lot to cover in their regular, mandatory training, and that there are many minority populations that would benefit from having their unique needs and medical issues taught to HCPs. This does not, however, justify the current lack of attention to queer and trans health needs, nor to the use of queer and trans people being used as examples in a lesson plan or unit of focus.

Examples, that demonstrated the need for more queer and queer competent HCPs, were noted in the interviews and questionnaires that I conducted. Health care professionals *Deidre* (30s, queer, white, labour and delivery nurse), *Laurel* (20s, queer, white, NICU nurse), *Ginny* (30s, queer, white, midwife), *Olive* (30s, white, queer, midwife), and *Rachel* (30s, queer, POC, counselor) each noted how even they did not always feel safe as queer HCPs in their own work, and how their co-workers (most commonly in hospitals, though not exclusively) needed more queer-sensitivity training, something *Deidre*, *Laurel*, and *Rachel* sometimes, themselves, organized to make happen. Most of the examples that were shared with me were microaggressions, rather than explicit and intentional discrimination or misunderstanding. *Owen* (20s, male identified,

white) and *AJ* (20s, trans/genderqueer) who both had been diagnosed with a condition linked to infertility, shared similar concerns with me. "*Having to explain to health care professionals over and over about my ["female"] reproductive health was uncomfortable and strange. They usually expected me to be more upset than I was*" (*Owen*, similarly stated by *AJ*). HCPs having not just personal expectations but maintaining social expectations regarding femaleness and reproduction is not acceptable. It is not only transmasculine individuals who are made uncomfortable by the expectation that they either should (due to their being "female") or should not (due to their masculinity) want to reproduce, but also heterosexual women should not face HCPs who expect them to desire to reproduce simply because of their being female and heterosexual. Health care professionals should recognize individual needs and desires, instead of just culturally-prescribed ones.

Moreover, Karleen Pendleton Jiménez exemplifies how gender identity and queerness can add to the awkward interactions of medical settings in *How To Get A Girl Pregnant* (2011). In her efforts to try to conceive, Jiménez – a butch lesbian – tried using the services of a fertility clinic, among other methods. It is with regards to her very intimate and vulnerable relations with ultrasound technicians (who do intravaginal ultrasounds) that Jiménez speaks most frankly about the need for queer and queer competent practitioners. In her calling attention to these interactions, Jiménez speaks not only of the problem and uncomfortableness of the situation, but Jiménez also offers recommendations or tells of how she would do things differently.

> It feels like I'm betraying my girlfriend with this ultrasound technician. That's why I made love to Hilary last night, in the hopes that she could physically reclaim me… Do straight and queer ultrasound technicians have different approaches? Does Irene [the ultrasounds technician] know that I'm a

> butch who doesn't open my legs for just anyone? Does she know that it's a privilege? If I were the ultrasound technician, I would love to have a butch client. I would push all my care inside of her. (2011: 69)

She later adds, with respect to a different ultrasound technician:

> The worst part, however, is the procedure itself. If she was smooth and confident with the plastic wand, then I'd have some respect for her, and she may even elicit a blush, but she's not. She approaches my pussy like she's never seen one before. She rubs hesitantly in the general area, but fumbles like a schoolboy at finding the actual hole. It's like she's scared of it. I want to shout out that there's nothing frightening about pussies! Don't be such a straight girl! I want to grab the wand from her and push it inside me. I want to show her how to enter a woman. They should have lesbian consultants for their training sessions. (2011:86)

On the other hand, *Quinn* and *Tracy* both spoke about their interactions with their midwives.

Quinn and *Tracy* both spoke about how they did not necessarily need a queer midwife to feel most comfortable. With respect to prenatal care providers, *Tracy* noted, "I don't care if people are gay or straight, it doesn't matter." Moreover, *Quinn* told me the story of the birth of her home-born son, complete with queer-competent midwife.

> *So, I had this amazing midwife who was super with the gender stuff and never made me feel weird about it, ever. She was acknowledging, like, "I'm not queer, but many of my clients are." Never made me feel weird about it. It was great, and I think that's really rare. I am absolutely sure, I would never have gotten that in a hospital or – she had a good relationship with this one particular obstetrician and CNM-team [certified nurse midwife], so she had this like good back-up and… [But if I'd had to go to the hospital] obviously those would have been very different experiences, but also very different gendered experiences as well. [When] you're in a hospital, you have to fit into their system. Their systems are not very friendly to gender deviance. (Quinn)*

Additionally, despite *Tracy*'s lack of "care" about the sexuality or gender of her midwife, she also noted that she and her former partner had had a straight (but queer-friendly) midwife during her first pregnancy. With that experience, *Tracy* noted, "*we weren't*

necessarily getting the support we needed… [We] just didn't like the experience." *Tracy* felt that the midwife did not understand how things could be experienced differently for them, as a queer couple. For her second pregnancy, *Tracy* had a queer midwife, and summed up that experience as much more positive, because, "*in a sense, they know where you're coming from.*" Thus, it is not just queer-friendly HCPs but queer-competent HCPs that are needed, with the potential of queers actually training them and pointing out the differences that people might experience.

The second theme to come up with regards to the medical system was the lack of recognition by "the system" and those working within it of how policies can affect some people (ie: socially marginalized people) more than others. The policy that was repeatedly called attention to was the one that requires patients to do particular procedures alone, namely the first portion of pregnancy ultrasounds, and the HSG[1] (hysterosalpingogram). Both of these procedures can be viewed by the patients as being invasive or intimate procedures, as the patient is either fully or half undressed, with a sterile cover, lying on an examination table while the ultrasound technician or gynecologist goes about conducting their tests. Moreover, while patients are to be without a support person in these procedures, no one explains why this is, or allows for negotiation. This is the case even when it is explained that no partner or other support person is allowed due to the potential talking that will ensue and distract the ultrasound technician, and the individuals promise that no talking will occur.

People who work in any of the health care professions need to understand that what makes queers and people of other marginalized populations have less than positive experiences with HCPs is not just overt discrimination. Instead, it is often due to already

being from an oppressed or marginalized position, and then having their unique needs not understood. For example, having an ultrasound or HSG conducted may not bother the average person who goes in. For someone who experiences marginalization or oppression on a daily basis, or who has even just had one traumatic or abusive experience, however, it can be quite different. For them to experience the power dynamic between the medical personnel and patients, combined with the lack of knowledge about what is exactly happening at all times during the procedures, and the physical vulnerability of patients during these procedures, can be emotionally and physically stressful, demeaning, oppressive, and even abusive. Having an understanding of how oppression and marginalization has affected these individuals can help HCPs to better deal with their unique needs, which often may include being accompanied by a close friend or family member – even when this goes against typical protocol. Patients should be notified beforehand not only if it is not permitted to have someone accompany them, but also the reason for this, and what (if any) measures could be met to have permission granted. People who are marginalized need to not just be recognized as "the only difference is who they sleep with or is the colour of their skin," but instead, consideration of their social circumstances can help to have their needs met, and help them to be empowered and have a sense of agency in whatever is (medically) going on. Then, if patients want to talk when it is time for the ultrasound, they can be given a warning, or asked to leave the room if they cannot meet the guidelines for the room, but first they should be given the opportunity to have someone on hand as moral support – should they want (or emotionally or physically need) that opportunity and support person there.

The third and final main theme to emerge from the research regarding queers and the medical system is the lack of formal or explicit acknowledgement of queers as clients or patients (usually, but not always, with the exception of midwifery clinics). While *Lou* noted that s/he felt it was not only acceptable but expected that fertility clinics and physicians would only visually represent white, middle-class, heterosexual individuals on their pamphlets, websites, and in the clinics themselves – as they are a larger market – most of the other individuals I interviewed (both HCPs and BTQs) explicitly called for a change to the promotional materials and visual representation of (potential) clients/patients. The lack of representation of queers, people of colour, single-parents, non-feminine mothers, and other visibly marginalized is a form of *stratified reproduction* (Colen 1995) and of microaggression (Ross-Sheriff 2012; Schoulte, et al. 2011; Sue et al. 2007). While people of marginalized populations are used to not being visually represented, it is important that materials represent diverse individuals and populations, in order to call attention to and stop the privilege that so-called "normal" people have. Such representation of LGBTQ folks already exists in pamphlets, websites, and within offices of adoption agencies (AFABC 2012; Bohigian 2011). Visual and textual representation of queer and trans individuals and people of colour goes a long way to making them feel like they are a respected and contributing member to society, with equal and valid experiences and desires.

Summary

While mothering has generally demonstrated itself to be universally practiced and associated with the 'feminine,' it does not negate the fact that femininity is <u>not</u> essential

to mothering. As *Tracy*, a butch mother, noted "I'm not disillusioned – I'm not their father. I'm their mother." It was obvious to *Tracy* that her female sex trumped her masculine gender. In contrast, however, *Cathy* noted that when asked by her child's friends, "'*Are you Phoenix's daddy?' I say, 'uh, yeah, sometimes.*'" Thomas Beatie – who identifies as "Dad" to his three children whom he birthed – noted when he was pregnant with his first child, "Wanting to have a biological child is neither a male nor female desire, but a human desire." (Beatie 2008a – in Advocate April 2). Likewise, Trevor MacDonald, a transman and dad from Winnipeg, birthed and chestfeeds his son (CBC News 2012a; MacDonald 2012a). Obviously, people's relation to parental labels is more complex than a simple link between their gender identity, biological sex, what tasks the parent does, and a particular parental label.

In conclusion, I would like to emphasize the importance of this research and the perspectives that were presented in it not only to present and future queer parents, but also to general understandings and cultural restrictions of gender identity or presentation that are placed on heterosexual parents, and in particular, on women. I believe there is value in opening up the categories of "mother" and "father", beyond the culturally assumed feminine mother and masculine father. It is valuable not only for butch lesbians, transmen, and genderqueer individuals who face diagnoses and experiences of infertility, and/or who desire and experience pregnancy, but it is also valuable to heterosexual women who do not wish to be feminine and/or mothers.

Endnote

1. For more on Pagan epistemologies, see note #16 on page 53.

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Appendices

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Appendix A: BTQ questionnaire with quantitative responses[1]

Survey for: **butch lesbians, transmen, & genderqueer individuals who were labeled as 'female' at birth.** [47 returned (45 eligible)]

1. **I became aware of this survey:** (please check all that apply)

[0] a handbill, flyer, or business card [3] through email or listserv

[10] through FaceBook (note, message, etc.) [10] through a friend or co-worker

[24] communication with the researcher [2] through my health care practitioner

[1] I did the health professionals' survey

[0] via a poster. Please specify where (ie: fertility clinic, store): _____

[2] Other. Please specify: _____

2**. I am _____ years old.**

3. **In terms of my sex and gender, I am (or identify as) a:** (check all that apply)

[19] Male	[20] Female	[10] Man	[10] Woman
[17] Trans	[14] Transgender	[6] Transsexual	[15] FTM
[16] Butch	[1] Stone butch	[5] Soft butch	[7] Boy/boi
[0] Transgenderist	[13] Genderqueer	[7] Gender variant	[0] Genderfucked
[6] Two-Spirit	[5] Tomboy	[4] Fag	[17] Queer
[2] Intersex	[5] Feminine	[13] Masculine	[11] Androgynous
[4] Undecided	[3] Other. Please specify: _____		

4**. In terms of my sexuality, I am (or identify as):** (please check all that apply)

[14] Gay	[13] Lesbian	[5] Bisexual	[31] Queer
[11] Dyke	[3] Fag	[3] Heterosexual	[8] Pansexual/ Omnisexual
[7] Straight	[1] Asexual	[4] Other.	Please specify: _____

(please turn sheet over to questions on the other side)

5.**As a child (ie: under age-12), I mainly thought:** (check the most appropriate)
(7) I would eventually become a mother
(13) I would eventually become a parent, but not necessarily a biological mother
(10) I would never become a parent
(18) I did not give much thought as to whether I would become a parent or not
(4) Other. Please specify _____

6. **As a teen (ie: 13-19), I thought:** (check the most appropriate box)
(8) I would eventually become a mother
(16) I would eventually become a parent, but not necessarily a biological mother
(15) I would never become a parent
(7) I did not give much thought as to whether I would become a parent or not
(4) Other. Please specify _____

7. **Select the most appropriate answer for your situation.** (N/A:2)
(18) There was a time when I thought that being queer (ie: not a heterosexual female) would stop me from becoming a parent.

(11) There was not a time when I thought that being queer (ie: not a heterosexual female) would stop me from becoming a parent.

(15) I don't think my desire to be or not be a parent is related to my being queer

8. **My current parental status could be described as:** (check all that apply)
[30] not a parent

[2] parent via adoption

[0] partner to adoptive parent

[4] biological parent

[8] partner to biological parent

[0] foster parent

[0] partner to foster parent

[4] legally recognized as a parent

[3] not legally recognized for my role as a parent

[0] currently pregnant

[1] partner is currently pregnant

[1] currently trying-to-conceive

[8] Other. Please specify: _____

9. **In the future I expect to become a parent:** (check all that apply) [NA=1]

[16] via adoption

[3] via surrogacy
[2] via me getting pregnant
[16] when my partner biologically has a baby
[4] when my partner legally adopts a child
[3] by becoming involved with someone who already has children
[6] when I become a foster parent
[7] I am already a parent & do not expect more children in my family in the future.
[11] I am not a parent and do not expect to become a parent in the future.
[3] Other: please specify _____

10. (40) **I believe** or (4) **I do not believe that our culture is generally biased and/or reacts negatively towards parents who do not meet gender norms.**
(Check the most appropriate box, and expand or explain.) [3 No Answer; 1 both]

_____

_____

_____

11. **Qualities that the media and many people in our society think make a "good mother" or a "good parent" are:** (list as many as come to mind)

_____

_____

_____

12. **Qualities that I think make a "good mother" or "good parent" are:**

_____

_____

_____

13. **My opinion regarding butch lesbians, transmen, and genderqueer individuals becoming pregnant or being parents is:** (Be as specific as possible.)

_____

_____

_____

_____

14. **The names of some celebrities or public figures who are BOTH parents and either butch lesbians, genderqueer, gender variant, or transmen are:**
Thomas Beatie (11) Rosie O'Donnell (8) Melissa Etheridge (3)

Cynthia Nixon's wife (1) Mary Cheney's partner (1) no answer/ "none" (22)[2]

15. **(37) I have**, **(6) I have not ,** or **(1) I am not sure if I have heard about Thomas Beatie (aka: "The Pregnant Man").** (check the most appropriate box) [No Answer (2)]

16. **Please address one or more of the following statements in the space below.**
a. My initial reaction to Thomas Beatie's public pregnancy (in 2008) was…
b. Public reaction (whether media or people I had contact with) affected me, and my reactions/beliefs, in the following ways (if at all)…
c. My current thoughts regarding his pregnancy/pregnancies & becoming a parent are…

_____

_____

_____

_____

_____

17. **I understand/define "infertility" as:**

_____

_____

_____

18) (9) **I have** OR (36) **I have not experienced and/or been diagnosed with a condition linked to infertility.** [If you have, please respond to questions #20-30. If not, skip them.) [NA=1]

19. (7) **I have** OR (35) **I have not experienced a successful pregnancy, and/or are currently pregnant.** [If you have, please respond to questions #31-35] (No Answer [4])

If you answered "I have not" to both question 18 and 19, please skip ahead to #36 (p.8).

If you have experienced and/or been diagnosed with a condition linked to infertility, please respond to questions #20-30.

20. **I was ___ years old when diagnosed with a condition linked to infertility.**

( ) I have not been diagnosed with infertility, only experienced it. (skip to #23)

21. **The professional role of the person who informed me of my diagnosis was** (ie: GP, OB/GYN, fertility specialist, nurse at fertility clinic, etc) _____**.**

22. **I was diagnosed with:** (Check all that apply.)

[4] Polycystic Ovarian Syndrome (PCOS) or Polycystic Ovaries (PCO)

[3] Endometriosis

[1] Hormonal imbalance

[0] A Thyroid condition, please specify: _____

[0] A cancer affecting my reproductive organs (ie: uterine, cervical, ovarian)

[0] A condition linked to intersexuality; please specify: _____

[0] A condition linked to a Sexual Transmitted Infection (STI), specifically:

_____

[1] An age-related difficulty

[2] Infertility of unknown cause

[1] I have not officially been diagnosed with infertility, but have experienced it

[3] Other. Please specify: _____

23. **My initial reaction to being diagnosed with or otherwise experiencing infertility was**: _____

24**. My thoughts/reflections on it now are: _____**

25. **When I got diagnosed with/experienced infertility, I identified as:**

[3] Butch	[2] Trans	[1] Male	[5] Female
[2] Straight	[3] Queer	[0] Bisexual	[0] Asexual
[0] Genderqueer	[2] Lesbian	[0] A parent	[1] Trying-to-conceive

26. **I have told ____ about my diagnosis or experience with infertility.** (Select one.)
(0) No one
(2) No one except my partner (and former partners)
(3) Limited family and/or friends (aka: my 'chosen' family)
(2) Extended family and/or friends
(0) Anyone who will listen
(1) Other. Please specify: _____

27. **Despite the diagnosis and/or experience, I am (or was) still want(ing) to or expect(ing) to biologically become a parent.** (Select the answer that best fits.)
(2) Yes. I did, and was successful getting pregnant and birthing a baby.
(0) Yes. I did – I used my biology (ova) and someone else's uterus.
(1) Yes. I want to but doubt I can biologically.
(0) Yes. I will still try to get pregnant.
(0) Yes. I plan to use my biology (ova) and someone else's uterus.
(5) No, I am not.

28. **On a scale of 1 to 10, where 1 is completely negative and 10 is completely positive, I'd classify my interactions with doctors [ie: fertility specialists, OB/GYNs, & psychiatrists], when discussing my fertility and infertility as:**

Completely Negative									Completely Positive
1	2	3	4	5	6	7	8	9	10

29**.** (2**) I do** or (3**) I do not believe that my gender identity and/or sexuality played a significant role in the way the doctor(s) interacted with me, regarding my infertility.** Please check one box & expand. (No Answer [2])

_____

_____

30. **One or two specific situations that stand out in my mind, with regards to my interactions with health care professionals and my "fertility" or "infertility" are:** (Note why these interactions stand out. Feel free to expand in the margins.)

_____

_____

_____

_____

_____

If you have experienced a successful pregnancy, and/or are currently pregnant, please respond to questions 31-35. If not, please skip ahead to question #36.

31**. I have been pregnant # ___ of times.** [x2 (n=4); x1 (n=3)]

32**. I have gotten pregnant via:** (select all that apply)
[3] Accident
[2] On purpose
[3] Sex with heterosexual man
[1] Sex with a gay, bisexual, or queer man
[0] Sex with a transwoman
[3] *In vitro* fertilization (IVF)
[1] intrauterine insemination (IUI)
[0] home insemination (do-it-yourself, whether really at your home or elsewhere)
[0] use of 'known donor' sperm
[1] use of 'anonymous donor' sperm
[0] Other, please specify: _____

33. **When I told people I was pregnant, their reactions were:**

[4] Mostly positive

[1] Mostly negative

[2] Quite a mix of positive and negative

[1] I did not tell anyone.

34. **Two or three reactions, phrases, or words that I particularly remember, in terms of people's reactions to my pregnancy are/were:**

_____

_____

_____

35. **My experience of pregnancy as a butch lesbian, transman, or genderqueer was:** (Think in terms of your gender identity/expression and how that fit with your pregnancy, or didn't. Please be specific. Describe specific thoughts or events that stick out in your mind.)

_____

_____

_____

_____

Everyone is to respond to these final questions.

These questions are asked to help the researcher to get a sense of the range or types of people who have responded to the survey. The researcher cannot use this information to locate or identify any respondents.

36. **My current relationship status is**: [NA=1]

[10] Single [10] Common-law [6] Married (legally)

[13] Dating (1 or more persons) [1] Separated [0] Divorced

[1] Widow or widower [7] Other, please specify: _____

37. **The highest level of education I have completed is**:

[2] I have not completed high school (ie: grade 12)

[3] I have graduated from high school

[15] Some college, university, technical school, or CEGEP

[3] a certificate or program at a college, CEGEP, university, or technical school

[10] an undergraduate degree

[11] a graduate degree

[0] Other. Please specify: _____

38. **My job is:** _____.

[2] I am unemployed. (+1 'underemployed') [NA=1]

[11] I am a student.

[2] I am a stay-at-home parent.

39. **Ethnically, I am/identify as:** _____.

40. **I live in the following city or town: _____.**

41. If you would like to expand your answers or otherwise comment on this survey and/or its topic, please do so in the space below or on the back side of this sheet.

_____

_____

Thank you very much for your participation!

Endnotes

1. Due to issues of formatting, there are slight changes between the distributed questionnaires and those displayed in the appendices.

2. The other responses to this question were Ellen Degeneres (1) and Neil Patrick Harris (1).

Appendix B: HCP questionnaire with quantitative responses

1. **My position in the health care profession is:** (check all that apply)

[9] Physician [3] Midwife [11] Psychiatrist/Counselor/Social Worker

[1] Surgeon [4] Nurse [2] Other: _____

2. **I have been in the/a health care profession for _____ years.**

3. **My specialty is/specialties are: _____.**

4. **I have had** # **butch lesbian, transmen, &/or genderqueer patients/clients.** (2NA)

[2] Zero [skip to Q#8] [5] 1-3 [12] 4-10 [2] 11-25 [5] 26+

5. I have [9] **OR** I have not [17] had a butch lesbian, transman, and/or genderqueer patient/client express an interest in achieving a pregnancy. ([2] No answer)

6. I have [5] **OR** I have not [21] been a primary pre-natal and/or birth attendant for a butch lesbian, transman, and/or genderqueer individual. ([2] No answer)

7. I have [2] **OR** I have not [24] diagnosed and/or treated someone that was a butch lesbian, transman, and/or genderqueer individual for infertility. ([2] No answer)

8. **My opinions regarding butch lesbians, transmen, & genderqueer individuals' access to Assisted Reproductive Technologies (ARTs) are:**

I believe:	should be **allowed access** to ARTs.	should be **denied access** to ARTs.	have **no desire for access** to ARTs.
Butch lesbians…	27	1	1
Genderqueers…	27	1	0
Transmen…	25	1.5	0.5

9. **I think the percentage of my BC professional peers/ colleagues that agree with the following sentences, are as follows:** (Write a number in each blank; each row = 100%.)

	Should be **allowed access** to ARTs	Should be **denied access** to ARTs	Have **no desire for access** to ARTs
Butch lesbians…	%	%	%
Genderqueers…	%	%	%
Transmen…	%	%	%

10. **The top three resources I rely on for new medical information and research are** (ie: names of listservs, newsletters, journals, websites – be specific)**:**

1) _____

2) _____

3) _____

11. **My sex/gender is:** _____

12. **I am _____ years old.**

13. **Ethnically, I am**: _____.

14. **I identify as 'queer', 'gay', 'lesbian', 'Two-Spirit', or something similar.**
(12) Yes (16) No (0) Not sure

15. **I work and/or live in the following city/town:** _____.

16. **I became aware of this survey:** (check all that apply)
(2) a handbill, flyer, or business card (12) through a friend or co-worker

(12) Communication with the researcher (0) through email or listserv

(3) through FaceBook (note or message)

(0) I did the butch lesbian, transmen, genderqueer survey

(0) via a poster. Please specify where (ie: fertility clinic, store): _____

(3) Other. Please specify: _____

Thank you!!! Please add any comments/feedback regarding this topic or the survey itself, in the margins.

Appendix C: Participant Demographics

Table C1: Interview participants who experienced or were diagnosed with a condition linked to infertility

Name*	Age	Relationship	Gender	Region	Diagnosis	Relationship to parenthood
AJ	20s	Single	Trans/gq	VCH	Misdiagnosis	Plans to get pregnant
Hank	30s	CL (*Yoshiko)*	FTM	IH	PCOS	Step-dad & legal birth dad [*Carrie & Mark*]
Lou	30s	Married	Butch/gq	VCH	Experienced when TTC	Adoptive parent [*Yannik & Zola*]
Shelby	30s	CL (*Bonnie*)	Butch	VCH	Multiple diagnoses	No desire to parent

CL: common-law
gq: genderqueer
TTC: trying-to-conceive
PCOS: polycystic ovarian syndrome
* pseudonym (This also applied to the below tables.)

Table C2: Questionnaire respondents who experienced or were diagnosed with infertility

Name	Age	Relationship	Gender ID	Current status	Future (parenting) expectations
Owen	20s	Single	Male	X	A; P; S
Xander	20s	Single	FTM	X	F
Finn	30s	Dating	FTM	X: talking with partner	P
Pierce	30s	Common-law	Male	X	X
Zack	30s	Common-law	FTM	P; L	A; P
Tanya	40s	Married	Butch	P + non-bio birth mom	X
Val	40s	Married	Butch/trans	A, P [*Judith & Solomon*]	A; P
Yvonne	40s	Common-law	Butch/gq	A, P, L	X
Deb	50s	Separated	Butch	B	X

A: adopt > either adopted children or expect/plan to
X: not a parent or no desire for (more) children
P: partner is (or expect to be) bio parent
L: legally recognized parent
B: biological parent
F: foster parent (expect)
S: step-parent

Table C3: Interview participants who experienced a successful pregnancy

Name	Age	Gender ID	Relationship	# of children	Future children?
Bryn	30s	Butch/Genderqueer	Married (Kait)	1 (Sage)	Possibly
Joy	30s	Butch/Genderqueer	Single	2 (Henry & Emma)	Possibly
Quinn	30s	Genderqueer	CL (Miriam)	1 (Levi)	Yes
Tracy	30s	Butch	Separated	2 (Trevor & Troy)	(not discussed)
Cathy	40s	Butch	Single	1 (Joshua)	No
Imogen	40s	Butch	Married (Jacq)	2 (Sarah & Mike)	No
Tash	40s	Butch/Genderqueer	Dating	1 (Lucy)	No
Vanessa	40s	(Unsure)	Partnered	1 (Abigail)	Yes

CL: common-law

Table C4: Questionnaire respondents who experienced pregnancy

Name	Age	Gender	# of pregnancies	Future children?
Rhys	20s	FTM	1	X
Eli	30s	FTM	1	X
Gayle	40s	Butch	1	X
Tanya	40s	Butch	2	X
Deb	50s	Butch	2	X
Felix*	20s	FTM	2	A; P; surrogacy
Xander*	20s	FTM	1	F
Schuyler*	30s	FTM	1	X (not a parent + none in future)

Table C5: BTQ questionnaire respondents (not included in above tables)

Name	Age	Gender ID	Parental Status	Future Expectations
Jamie	20s	Butch	X	Undecided: A or B
Taylor	20s	Butch	X	P
Stef	20s	Butch/ genderqueer	P	X
Kennedy	20s	Butch/trans	X	B + other possibilities
Allison	20s	Tomboy	X	X
Angus	20s	Tomboy	X	A; F; or partner adopt
Chandra	20s	Genderqueer	X	A; P, surrogacy; partner adopt; or none
Darcy	20s	Genderqueer	X	X
Kieran	20s	Genderqueer	X	A or B
Leighton	20s	Genderqueer	X	A or X
Vinny	20s	Genderqueer	X	A; P; &/or surrogacy
Bret	20s	FTM/ genderqueer	X	A
Arun	20s	FTM	X	A; P; S; &/or partner adopt
Ben	20s	FTM	X	A; S; P
Marlowe	20s	FTM	X	X
Nick	20s	FTM	X	F &/or Partner adopt
Sanjay	20s	FTM	X	Wants kids, unsure how or if it will happen
Jade	30s	Butch	X	A; P
Nancy	30s	Butch	P	Partner adopt
Maeve	30s	Butch	Not a parent	X
Raven	30s	Soft butch	Not a parent	X
Krista	30s	Tomboy	Partner bio parent; not legally recognized	P
Robin	30s	Tomboy	Adoption	X
Leslie	30s	Androgynous	Not a parent	A; P; F
Alexis	30s	Butch/trans	Partner bio parent	A; B; P; S; F
River	30s	FTM/butch/ genderqueer	Step-dad; not legal recognized.	A; P
Caleb	30s	FTM	Not a parent; partner TTC unsuccessful	A; F
Ulric	30s	FTM	Not a parent	X
Isabella	40s	Butch	Not a parent; partner TTC	P
Wes	40s	Transgender	Godparent	No answer
Cohen	50s/60s	FTM	Partner bio parent; grandparent	X (Future: having great-grand-kids)
Wendy	50s/60s	Butch	Not a parent	X

A: adopt > either adopted children or expect/plan to
B: biological parent
X: not a parent or no desire for (more) children
F: foster parent (expect)
P: partner is (or expect to be) bio parent
S: step-parent
L: legally recognized parent

Table C6: HCP Interview Participants

Name	Profession	Age	Sex	Region	Queer
Laurel	NICU nurse	20s	F	VCH	Yes
Deidre	Labor & delivery nurse	30s	F	VCH	Yes
Nicole	Midwife	20s	F	VCH	Yes
Ginny	Midwife	30s	F	VCH	Yes
Maggie	Midwife	30s	F	IH	No
Olive	Midwife	30s	F	VI	Yes
Rachel	Counselor (grad student)	30s	F	VCH	Yes
Dr. K	Physician	40s	F	IH	No
Dr. P	Physician	40s	M	IH	Yes
Dr. W	Physician	50s	M	VCH	No

NICU = neonatal intensive care unit IH: Interior Health NI: Northern Interior
VCH: Vancouver Coastal Health VI: Vancouver Island SF: South Fraser

Table C7: Demographics of HCP questionnaire respondents

Profession	Ages	Years of practice	Sexes	Regions	n=
Physicians (& surgeons)	mean: 49 SD:10.5	mean: 22 SD: 12.5	6M + 3 F	IH, NI, SF, VCH	9
Nurses	mean: 40 SD:9	mean:18 SD: 9.5	4F	IH, VCH, VI	4
Midwives	mean: 30 SD:6	mean:4 SD: 0	3F	IH, VCH	3
Social Workers	mean: 35 SD:14	mean:13 SD: 10.5	7F+	IH, SF, VCH	8
Counselor/ Psych	mean: 46 SD:4	mean:14 SD: 5	2M+	IH, VI VCH	3
Other	N/A	N/A	N/A	IH	1
Total	mean: 46 SD:11.5 (range: 23-67)	mean:17 SD: 11.5 (range: 1-45)	17F, 8M, 2 trans, 1 NA	IH, NI, SF, SI, VI, VCH	28

SD: standard deviation NI: Northern Interior SF: South Fraser
VCH: Vancouver Coastal Health IH: Interior Health VI: Vancouver Island