

# Gay and Lesbian Issues and Psychology Review

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The Australian  
Psychological  
Society Ltd.



ISSN 1833-4512

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The Review is open to a broad range of material, and especially welcomes research, commentary and reviews that critically evaluate the status quo in regards to LGBTQ issues. The Review also seeks papers that redress the imbalance that has thus far focused on the issues facing white lesbians and gay men, to the exclusion of other sexual, gender and racial groups. The Review encourages the elaboration of an expansive approach to psychological research on people of a diverse range of sexual and non-gender normative groups, and publishes articles from across a range of disciplines including (but not limited to) psychology, social work, cultural studies, sociology, gender studies, politics, history and legal studies.

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# Gay and Lesbian Issues and Psychology Review

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Volume 5 Number 2

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## Contents

Editorial: Familiar families?: Exploring issues related to diverse family formations in contemporary Australian society 66  
*Toni Delany and Tegwen King*

## Articles

'This is normal for us': Resiliency and resistance amongst lesbian and gay parents 70  
*Jordan Lee*

Lesbian parenting through donor insemination: implications for the heteronormative family 81  
*Margie Ripper*

Lesbian families and the negotiation of maternal identity through the unconventional use of breast milk 96  
*Gabriella Zizzo*

To entrap and empower: Understanding the social implications of maternal intuition within heterosexual family relationships 110  
*Toni Delany*

## Commentary

Tying the pink knot: Psychological perspectives on same-sex marriage in Australia 121  
*Ben Walker*

## Book Reviews

Bisexual Politics: Theories, Queries and Visions 126  
*Kirsten McLean*

Denying AIDS: Conspiracy Theories, Pseudoscience and Human Tragedy 129  
*Peter B. Todd*

## Calls for Papers

International Congress of Applied Psychology 2010 LGBT Programming

GLIP Review Special Issue: Queerhate: Hatred, Intolerance, and LGBTQ Communities

GLIP Review Special Issue: GLBT Bodies and Body Image



## **EDITORIAL: FAMILIAR FAMILIES?: EXPLORING ISSUES RELATED TO DIVERSE FAMILY FORMATIONS IN CONTEMPORARY AUSTRALIAN SOCIETY**

TONI DELANY & TEGWEN KING

This special issue has its origins in a one day conference, *New Family Formations and Continuing Inequalities*. The conference was held in 2008 within the Department of Gender, Work and Social Inquiry (GWSI) at the University of Adelaide in South Australia.<sup>1</sup> One of the central aims of the conference was to explore the anxieties and tensions around the 'stability' and 'fluidity' of families in Australia. Such anxieties are evident in the significance that has been ascribed to the 'family decline thesis' within Australian policy and politics. The 'decline thesis' is underpinned by the assumption that changes to 'traditional' family structures have "weakened the family as an institution... [and led] to the breakdown of community" (Hughes & Stone, 2003, p. 41). To examine assumptions such as these, the conference welcomed contributions from diverse theoretical and methodological backgrounds and disciplines. Contributors drew from theories and methods used in the fields of psychology, sociology, geography, politics, history, public health and general practice. As a result, considerable diversity in the approaches that can be used to explore issues relating to families was demonstrated throughout the conference.

The range of topics that presenters spoke about attracted a positive interest from people working in both academic and practice based fields, particularly from those working in government and non-government agencies. The attendance of people who work in government and non-government agencies generated fertile discussions around areas for further re-

search and strategic improvement. This included discussions about the need to consider the potential impact of issues relating to contemporary families within Indigenous communities and also about the desirability of encouraging the presentation of academic research on families within government and non-government agencies.

The day long conference was divided into four sessions. The first session, titled *Labour, ethnicity and the family*, included Margaret Allen's discussion about the 'White Australia Policy and intervention in the Indian family in Australia 1901-1950'. This paper was followed by Patricia Njuki's PhD thesis proposal on 'Sub-Saharan African women in South Australia: Work, money and changing gender roles'. A key theme explored in this session was the impacts that migration to Australia had, and continues to have, on families from different geographical, racial, cultural and ethnic backgrounds. This theme also connects more broadly with Heidi Nast's (2000) mapping of how racism and heterosexism intersect to inform past and present white family norms to produce specific "embodied geographical effects" (p. 215).

The second session focused on *Children, gender and the family*. Karina Bria began with the paper 'First time fathers, paternal depression and bonding with baby'. In this paper she examined the ways fathers felt separated and emotionally distanced from their newborn babies. Toni Delany continued the theme of parenting and shifted the focus to how mothers take up and experience notions of intuition during her presentation on 'Maternal intuition: Reinforcing gendered care dynamics in the family'. The third contributor to this session

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1 Thank you to Professor Margaret Allan and Pauline McLoughlin for helping us to organise this Conference.

was Clare Bartholomaeus who questioned assumptions around the methods used to conduct research with children in her presentation on 'Listening to children: Voices in research about children and gender'. This was part of Bartholomaeus' broader research project which explores the ways that teachers, children, their siblings and parents understand gender. One of the threads that emerged from this session involved consideration of the potential for people to negotiate contradictions between understandings and experiences of gender during different stages of the life course. Within this thread, the presenters also considered how such contradictions may produce tensions, both within family relationships and, more broadly, in relation to individuals' engagement with institutions in society, such as workplaces, schools and hospitals.

*Sperm, sexuality and the media* was the title of the third session where Damien Riggs spoke about 'The domestication of lesbian and gay parents in the Australian media'. This paper was followed by Margie Ripper with '"Prefer loving couple": Sperm donor selection criteria for recipients'. Both of these papers included an examination of the processes through which same sex parents become represented, marginalised and homogenised within contemporary Australian society. These issues are explored further by the contributors to this special issue.

The final session concerned the themes of *Social changes and transitional places*. Pauline McLoughlin's paper was entitled 'Friends as the new family? The double-edged sword of youth couch surfing'. In this paper, McLoughlin identified the absence of 'traditional' family structures and supports within contemporary Australian society and, through this, examined both the possibilities and problems associated with friendship constituting a new basis for 'family' formation. This focus emerged from McLoughlin's current research on young people's experiences of living on other people's 'couches' as a temporary form of accommodation. This final session of the conference concluded with Ruthie O'Reilly's reflections on the

initial stages of her PhD project and the high prevalence of solo-living in the paper entitled 'The rise of the lone person household and the contemporary Australian family'. Overall, as is made clear in this brief outline, the contributors to the conference covered multiple and diverse issues that relate to and influence Australian family formations. These included discussions about both the possibilities and problems that are associated with 'new' family formations as well as discussions about how the concept of the 'traditional family' continues to operate as a dominant ideal.

Following on from the conference, this special issue is intended to focus on, and critically examine, issues of gender and sexuality as they relate to families within contemporary Australian society. Two of the papers presented at the conference are included in this Issue (Ripper and Delany's). These papers have been revised and further developed since their oral presentation. The addition of two more research papers, one commentary and two book reviews completes the issue.

### **Summaries of Papers**

Throughout the first research paper in this special issue Jordan Lee examines some of the challenges that lesbian and gay parents currently face and also explores the resiliency that they may display in response. Lees' paper is important in highlighting the continued marginalisation and exclusion of gay and lesbian parents both within the heterosexually dominated category of 'parent' and within gay and lesbian communities more generally. This paper also provides further evidence of the need for legislative change in order to better support lesbian and gay parents and their children.

Margie Ripper continues a focus on marginalisation throughout the second paper by examining the potential for lesbian women to be excluded from the category of 'parent'. Ripper presents interview data to explore the extent to which families that are formed by lesbian women through donor insemination constitute

'new' family forms. Rippers' paper illustrates the ways in which lesbian parents reject some of the norms associated with traditional family structures while at the same time trying to emulate and reproduce other traditional norms. Rippers' work is important in highlighting the potential for the traditional meaning of 'the family' to be challenged but still maintained through the power of normative understandings about what a family 'is' and what parents 'should be'.

Following from this Gabriella Zizzo considers how lesbian couples negotiate their maternal identities within parenting relationships. Zizzo extends her analysis to question whether the use of banked breast milk may assist lesbian women to create more egalitarian maternal roles within their families, particularly where one member of the couple is a birth mother and the other is not. This paper is important in further exploring the power of normative understandings in defining parenting roles and also in examining the potential for lesbian women to both resist and negotiate identities within the traditional category of 'parent'.

While continuing on the topic of parenting, Toni Delany focuses on the concept of maternal intuition. Throughout the fourth paper Delany argues that maternal intuition serves multiple, and sometimes contradictory, functions within family relationships. In one sense, maternal intuition serves to reinforce gendered child care dynamics within heterosexual families while also, potentially, operating to provide mothers a means of social empowerment. The paper makes an important contribution to the Issue as it provides some insight into processes through which normative understandings about who can parent most effectively become established and reproduced. Such knowledge is useful in learning about ways that we may challenge and reorientate the restrictive, and potentially damaging, assumptions that currently dominate thinking about parenting and about what constitutes 'appropriate' family arrangements.

Throughout the commentary Ben Walker links

with themes raised by Ripper by examining the exclusion of same sex couples from activities that are currently allowable only to people within heterosexual relationships. Walker's commentary provides an overview of the psychological literature related to marriage for gay and lesbian people. On the basis of the overview, Walker argues that many same-sex couples have similar aspirations to marry as heterosexual couples, and, therefore, preventing same sex marriage may produce negative psychological effects for gay and lesbian people.

Kirsten McLean continues the focus on exclusion and marginalisation in a book review on the topic of bisexual politics. In the review McClean emphasises the importance of acknowledging and celebrating diversity within sexual minority communities in order to prevent marginalisation within, and exclusion from, categories based on sexual difference. Overall, McClean provides a clear evaluation of the book under review as well as highlighting several broader issues that are relevant to theory about bisexuality and also to broader understandings about the potential effects of homogenisation. The review provides an important contribution to the Issue as it links with several of the topics raised by the other contributors, particularly in relation to the damaging effects of exclusion and marginalisation on the basis of sexuality and non-compliance with social norms.

In the second book review Peter Todd shifts the focus to the biopolitics of AIDS denialism and considers the influence of this as a major barrier to HIV prevention and treatments. Todd's review not only draws attention to the life and death consequences of AIDS denialism, it also discusses how scientific inquiry (or what both the book's author and Todd more appropriately name as the pseudoscience of denying AIDS) incorporates elements of racism, homophobia and other political interests. While the review does not explicitly discuss families, political investments in denialism may be also thought about in the context of the anxieties around the 'family decline the-

sis' (Hughes & Stone, 2003). Such anxieties and linkages are clearly evident in Jean Comaroff's (2007) proposition: "If "family values" are the all-purpose glue meant to ensure social and moral reproduction... [then] AIDS has been read as a quintessential sign of all that imperils a civilized future-in-the-world, an iconic social pathology" (p. 199). Considering the effects of making connections between AIDS, homophobia and racism through the elevation of 'traditional' family values also touches on what Todd's review distinguishes as the role of denial as a psychological defence which delays treatment seeking. Todd concludes his review with the suggestion that biopsychosocial models of disease, particularly those based on psychosocial factors in regards to denial, may provide a fertile area for future HIV/AIDS research.

We hope that the papers in this Issue contribute to, and extend, current understandings about the effects of social change and the role of persisting inequalities within Australian families. Apart from furthering theoretical understandings, this collection of papers is also intended to stimulate discussion about the considerable potentialities that are associated with the changing nature of 'the family'. Such discussion will provide important opportunities for further learning and research around issues relating to gender, sexuality and the nature of social relations within contemporary society.

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## 'THIS IS NORMAL FOR US': RESILIENCY AND RESISTANCE AMONGST LESBIAN AND GAY PARENTS

JORDAN LEE

### Abstract

*Whilst growing numbers of Australian lesbians and gay men are raising children, and whilst research has overwhelmingly found positive outcomes for both parents and children in these families, such families continue to face ongoing discrimination, particularly in relation to the law. In response, recent Australian research has sought to explore both the challenges that lesbian and gay parents face, and the resiliency they display. The present paper contributes to this body of research, by reporting on interviews conducted with 14 South Australian lesbian or gay parents. Through thematic analysis, key areas of importance to these parents were identified, including motivations for becoming a parent and experiences of parenthood, experiences of marginalisation (both within the broader community and within lesbian and gay communities), and perceived strengths and benefits of lesbian- and gay-headed families. As such, this paper provides further evidence of the need for legislative change, in order to better support lesbian and gay parents and their children.*

**Keywords:** lesbian & gay parents, legal exclusion, resiliency, parenting motivations, de/sexualisation

### Introduction

Statistics show that an increasing number of Australian lesbians and gay men are raising children (Australian Bureau of Statistics, 2005), including those born through Assisted Reproductive Technology; in previous heterosexual relationships; through surrogacy, foster care or adoption; or in shared parenting arrangements (Human Rights & Equal Opportu-

nity Commission, 2007; Dethloff, 2005). The emergence of these 'alternative families' in Australia reflects worldwide trends in which an increasing number of non-heterosexual people are making conscious decisions to parent (Dethloff, 2005; Gilgoff, 2004; Robinson, 1997; Tobin, 2008).

Whilst there is a considerable body of research which has consistently demonstrated that children raised by non-heterosexual parents fare at least as well as those raised by heterosexual parents (see Short, Riggs, Perlesz, Brown & Kane, 2007, for a summary), less is known about the specific practices undertaken by non-heterosexual parents and the ways in which they negotiate heteronormative social contexts. In a 2007 paper, Short suggests that what is needed is a focus upon how lesbian parents (amongst others) continue to thrive despite the negative impact of legal and social discrimination, but that this must sit alongside ongoing recognition of the need for legal and social change. Riggs, McLaren and Mayes (2009) make a similar point in their research on attitudes towards parents amongst a lesbian and gay community sample, in which their participants rated both lesbian and gay parents more positively than heterosexual parents. In commenting on these findings, Riggs and his colleagues suggest that "viewing lesbian and gay parents who continue to thrive in the context of heterosexism and homophobia as enacting positive forms of parenting in comparison to heterosexual parents is not the product of exaggeration, but rather one of celebration and recognition" (p. 60).

Reporting research conducted in South Australia in 2008, this paper takes up the lead set by the authors cited above by further exploring

both the discrimination that lesbian and gay parents face, and the parenting practices they undertake that typically celebrate their family forms. Through a thematic analysis of interviews with single and coupled lesbian and gay parents, three broad themes were identified: 1) experiences of parenting that are reported by most parents, regardless of sexual identity, 2) experiences that are specific to lesbian and gay parents (as non-heterosexual people), and 3) the potentially beneficial aspects of parenting by non-heterosexual people. The paper concludes by suggesting that if the strengths of lesbian and gay parents are to be recognised, this requires ongoing legislative change to ensure that adequate levels of support are provided and that current levels of discrimination can be reduced, so that lesbian- and gay-headed households can continue to thrive.

### **Methodology**

The research reported here employed a qualitative methodology that explored the parenting narratives of a sample of South Australian lesbians and gay men. Consistent with a life-narrative approach, semi-structured interviews consisting of open-ended questions were chosen as the desired data collection method to allow for a more fluid and flexible approach to the interview process, and to encourage participants to tell their stories and their experiences in the richest and deepest way possible (Taylor, Kermode, & Roberts, 2007). Written questions were used as a guide (in order to achieve data consistency), whilst allowing for the unscheduled exploration of topics that arose during the interview. Also, I often shared my own personal experiences with participants in order to facilitate free-flowing narratives and an open exchange of experiences and information. It is important to note in this regard, and in the spirit of qualitative methods which typically emphasise the need for researchers to acknowledge their own values, biases and position in relation to the research (e.g., Alson & Bowles, 1998), that many of my friends are lesbian women and gay men, and I

am very much a part of the Adelaide lesbian and gay community.

Prior to interviews, ethics approval was sought and granted by the University of South Australia. Participants were self-identified lesbians and gay men who were currently parenting, or had previously parented a child. Participants decided whether to be interviewed individually or with a partner (for those in couple relationships). The response to recruitment efforts was overwhelming. In all, fourteen same-sex parents participated in the study. Of these, six were interviewed individually, while the remaining eight represented four couples. Of the participants, some came to be parents by using a known male sperm donor, others had utilised IVF, others had their children in a previous heterosexual relationship and one participant was a foster parent.

As this study aimed to explore the lived experiences and narratives of the research participants, an inductive approach to analysis was adopted, where the themes identified were explicitly drawn from the data, rather than in response to a predetermined set of hypotheses (Braun & Clarke, 2006). As such, whilst the original topic of the research was on parenting in the context of heteronormativity, the themes derived extended far beyond this, as all participants spoke on a wide range of topics related to their family. Finally, in addition to identifying three major themes (as outlined in the introduction), sub-themes were identified that further captured dominant narratives across participants within each of the main themes.

### **Results**

#### ***General Experiences of Parenting***

The experiences of the lesbian and gay participants in this study often reflected the challenges of parenting experienced by many in the wider community (see also Perlesz & McNair, 2004). Many parents reported balancing parenting with work and other commit-

ments. Others discussed parenting as life-changing, in which their role as a parent had become a primary identity.

### ***Reasons for Becoming a Parent***

Interview participants were asked about their reasons for entering parenthood, with many speaking of longing to parent for much of their lives and an immense joy they envisaged in raising and nurturing children:

Rachel: I felt like a mother before I had a child. I always felt like I was going to be a mother. I couldn't bear to think of our lives without a child. I went through a lot of time thinking that I wasn't going to be able to have a child and I had to come to terms with that at certain points. Thinking back on that, we would have been alright, but it wasn't a complete life without it.

Carl: I guess I always had somewhere in my mind imagined that I would be a parent and wanted to be a parent. I've always liked kids, I've always been around kids as an adult and I thought this is something I want to do in my life.

Lucy: Both of us, even before we met each other, we'd always wanted is to have babies and have a family of our own. And we had always been surrounded by babies and being midwives I always think you have to be a bit clucky anyway.

Chris: I've always loved kids and I've always had a connection with children and I guess that I'd just felt that there was something missing in my life.

Statements such as these reflect assertions made by McCann and Delmonte (2005) who argue that parenting is a core human issue and is something that all people will consider at some point in their lives, even if only to opt not to become parents. They argue that the motivational factors behind lesbian women and gay men becoming parents are often no different from those cited by heterosexual people; that is, a desire to nurture children through active parenting and enjoying the

company of children. This is in stark contrast to homophobic assertions made by authors such as Morgan (2002) who argue that lesbian women and gay men only wish to acquire children in order to imitate the life of heterosexual couples. Many of the parents who spoke about their motivations to become parents clearly spoke about a desire or longing to be a parent, and often the hard battles they had to fight to become one. For the participants in this study, being a parent had nothing to do with 'imitating' or having children as 'trophies', but rather reflected a heartfelt desire to care for and raise children. Even for those parents who had not initially felt the same drive reported by those above to become a parent reported that over time they came to see their primary identity as being a parent:

Peter: I didn't go into it wanting to be a parent; I went into it knowing that I had the skills. I wanted to care for kids and it wasn't until I'd had my first child for about 6 months when I went 'oh, I'm a parent'. It hit me that that was the role I was playing, that's what I was doing. It's now my primary identity. Whenever I consider things, it's always around the kids first. I don't think that it necessarily has to be like that, but it's how it works for me.

Here Peter, a foster parent, discusses how his motivations shifted from caring on the basis of a capacity to do so, to seeing himself primarily as a parent. Examples such as these demonstrate the breadth of ways in which lesbians and gay men come to be parents, and their commitment to caring for and parenting children.

### ***Challenges and Joys of Parenting***

Many parents discussed the challenges they faced in parenting, largely related to having to adjust and familiarise themselves with the tasks and responsibilities of parenthood:

Jill: When you have children, you work out quickly that you have very little time to do anything. You realise, for the next few years

at least, your life is theirs. Then you start to relax and enjoy parenthood and ever since then, she's been an absolute joy. I don't think you can explain the underlying love you have for a child until you actually have one. Just reaching all their milestones and every stage of their growing up... it's gorgeous.

Ryan: Challenging is having to get up early in the morning all bloody the time, still maintaining the lifestyle that we've got with late nights quite often and then having to get up at half-past five in the morning or 6 o'clock in the morning... preparing food and baths.

Chris: I think it's just the preparations of being organised for each day. I thought we'd still be able to have time to do stuff but in actual fact, by the time you feed her, put her to bed, clean up what's just happened and prepare for the next time she's awake, you've only got half an hour of time to do something.

Annaka: Is parenting challenging? Yes, but I would think nothing more nor less than any other family in parenting.

The challenges experienced by most parents interviewed can be summarised as a lack of time for their own activities, early starts to the day, and the constant work of preparing food and baths. Additionally, participants such as Jill discussed their initial 'shock' in taking on a parenting role, suggesting that despite a keen desire to become a parent, parenting is not always a natural role one can easily 'slip into'. Jill reports going through a 'mourning' stage and having to 'give in' to her daughter. Stories such as these, along with those reported by other participants, indicate that some things need to be learnt and realised through experience, or 'on the job'. Nonetheless, and whilst acknowledging the challenges of parenthood, most participants also spoke of their joys in parenting. For Rachel, becoming a parent had been affirmative and life-changing, as she spoke of not being able to remove herself from her role as a parent and her unconditional love for her daughter:

Rachel: It's a challenge and it's also a joy that your complete identity and every part of your day and night is all conditioned by the fact you've got a child. And the reason it's a joy as well is because all those moments bring amazing joy. I had a fabulous time when she was very little and would've had another child if that was a possibility, and I just love all that. I loved breastfeeding. It's about the challenge of not feeling yourself anymore. I can't remove myself from this, ever. Sometimes it's so all-encompassing. You can never get away from it. I like to work and its limited the hours I can spend, but that's also good, because the way I use my time is much more productive because of that. Being able to love in a way that's unconditional, it's a very expansive feeling. Seeing Sandra love Madeline and Madeline love Sandra, it's a very expansive feeling. My own family must have had those moments but I don't remember them being as joyful as I'm experiencing. I'm from a very big family, we have an only child, which I suppose has some odd things about it, but I really love being able to give her so much attention. I've really enjoyed watching our child develop a life of her own and make friends and become this separate person from us who's really successful in the way she conducts herself and engages with people. Continually, that amazes me. It's not about achievements. It's more about getting to see this person in your family as a separate person.

Statements such as these echo research conducted by Gabb (2004), who speaks of a lesbian mother participant who said she could just 'eat her baby to bits'. Like Gabb's participants, the participants in this study often spoke of an overwhelming sense of love for children that more than made up for the challenges of becoming a parent.

### ***Experiences Unique to Lesbian and Gay Parents***

Parents were also invited to share their unique experiences of being non-heterosexual parents. These discussions often centred around the sexualisation of lesbian and gay parents,

interactions with lesbian and gay communities, and negotiating parental and sexual identities.

### ***Sexualisation of Lesbian and Gay Parents***

Writing about representations of same-sex relationships, Ross (2002) contends that to say a relationship is 'sexualised' is to say that it is viewed as exclusively sexual, without also involving commitment, love or communication. As she explains:

To understand what I mean by the word 'sexualised', consider certain reactions to an elementary school teacher who came out to his class in Newton, Massachusetts. When asked if he was married, the teacher responded that he was not, but that if he were to live with someone, he would live with a man that he would 'love the way your mom and dad love each other'. This response gave rise to a parent's complaint that the teacher had talked inappropriately about 'sex' ... if the teacher had answered that he would like to marry a woman whom he would 'love the way your mom and dad love each other', no one would have sexualized his response (p. 256).

This sexualisation of gay men was echoed in the present study, with participants (both men and women) stating that their being same-sex attracted was constantly and immediately associated with sex by others in the broader community. Lucy and Jill reflected on one experience where they were both employed in the same workplace:

Jill: When we both applied to work in the same unit, they called a meeting and took us both to HR and the title [of the meeting] was 'dealing with same-sex couples on the ward' and I thought 'what the hell is this?!' What did they think we were going to do? Stand there and pash in the corridor? We're both professional people, and of course, that was affecting us, so we got the union involved and it all worked out fine. But you just think, those sorts of situations, you just go mad. You know, they portray same-sex as more of a sexual thing. We're just human

beings. I really don't know what they thought we were going to do (laughs). It was hilarious.

Lassiter et al. (2006) report similarly that one of their research participants recalled being told by another parent "Please don't come in and touch any of the children. Don't come into my classroom because you're gay" (p. 248). Through such statements, an immediate connection is drawn between homosexuality and paedophilia. This perceived connection was also reported in the present research, particularly by male parents.

Annaka: I certainly think that's an issue more for gay men than gay women. I think mostly the world can't quite work out what women do. They do know about gay men and they're disgusted.

Ryan: I do know that a lot of gay people are thought of, especially men, as being paedophiles, in fact I've been called one. I teach skating and one of the coaches there was starting gossip going around the place saying 'oh he's a paedophile'. It's just ignorance. If you're going to pick anything to gossip about, say I'm a gambler or... If you want to sledge me, sledge me in anyway you want. Immediately they associate it with being gay.

Carl: I think there was sort of some stuff around, just those usual myths about gay men, that it's not safe to have kids around gay men, all that nonsense.

Linda: The fact that he said that word [paedophile] to Danielle was saying that we were perverted because we chose to love someone that's the same sex as ourselves makes us immediately perverted because in their mind's, it's not normal, normal is male and female, whereas this is normal for us.

By contrast, other parents spoke of being 'desexualised', either as parents in general, or in specific ways aimed at managing the above mentioned sexualisation of lesbian and gay parents:

Rachel: I think that's a really interesting dilemma, the sexualised nature of our parenting. As a mother, you're constantly unsexualised, so as a lesbian there's a constant tug between that. I always feel like a lesbian mother, I don't ever really feel like a mother, any other mother, I always feel like that, just by the virtue of that we are very much in the minority. I'm super aware of it.

Peter: There's this active desexualisation of our families because otherwise we'll get accused of things. We actively don't do lots of things because someone will point a finger.

Peter's comment is indicative of how non-heterosexual parents may downplay aspects of their sexual identities in order to conform to a normative model of parenting that privileges heterosexual families, and in which the sexuality of adults is seen as entirely separate from the family unit (see also Malone & Cleary, 2002). The findings reported in this theme highlight how lesbian and gay parents may be 'damned if they do, and damned if they don't': If they are seen as leading healthy sex lives, they may be negatively regarded by a broader society that is still often invested in confusing non-heterosexuality with paedophilia. On the other hand, denying their sexuality in order to avoid marginalisation can be just as damaging, particularly to new parents who may already be struggling with managing the competing demands of infants and their own need as adults for space and private time.

### ***Interactions with Lesbian and Gay Communities***

In their research with lesbian mothers, Perlesz and McNair (2004) found that some such mothers had been subjected to disparaging comments from others within lesbian and gay communities about an 'ideologically correct way' to conceive children in lesbian relationships, with one participant stating the need to constantly explain her daughter's conception:

I had my baby after a casual encounter with a straight man – so I don't quite fit into the

donor model ... I have been subjected to a *grilling* by lesbians ... I am often asked in public by lesbians about my daughter's 'donor' – I feel like I'm a bit out of date by thinking of him as her father. I find there is a 'right' way to be a lesbian family and a 'wrong' way (p.133; emphasis in original).

This concept of 'correct lesbian conception' was reflected in the present study by Linda. She argued that her family was not acknowledged as 'real' by others in the lesbian community because her daughter was conceived in a previous, heterosexual relationship. Linda spoke of how her family wanted to be featured in a calendar being organised by a local lesbian parenting group promoting non-heterosexual parents:

Linda: Even if it was part of a campaign or whatever, and Danielle and I were saying 'well we'll do it'. But we weren't a good example because we didn't make Lauren together. And that was the frustrating thing. In the argument that we were trying to support, others were deemed to have had a 'better story than ours'. I think our story's fantastic, but if we had conceived Lauren together, then we'd be a more perfect example. I was shocked.

This demonstrates a discourse of desirable parenting operating within lesbian and gay communities. Peter's experience also reflects this discourse:

Peter: I often experience more discrimination within lesbian and gay communities than without: more with gay men, when I hear 'what the fuck is this, you don't make sense, you have children, you parent with your ex, you're still good friends with him' and so on and so forth. People say 'that's wrong, you're not meant to do that'. What they're saying is 'there are rules to being gay and you're breaking those rules'. It's imposing a particular prejudice and determination on us and what we're suppose to be. That's probably the most tiresome thing I've had as a parent, it's that pigeon-holing about who I'm meant to be.

Peter's statement indicates certain rules and roles of what is presumed to be a gay man. It is also evident that heteronormative assertions around parenting are reinforced within lesbian and gay communities. Rachel also asserted that lesbian and gay communities are traditionally not places inclusive of children. She mentioned how allowing same-sex couples to adopt would bring more children into lesbian and gay communities:

Rachel: I really long for those changes to become part of our gay and lesbian people to be real, not just this theoretical thing, bring more children into that community. I think it'd be a healthier place.

A key theme of this excerpt is Rachel's statement about longing for change. Given how dominant parenting discourses operate, even within lesbian and gay communities as indicated by Peter and Linda, Rachel suggests that welcoming the concepts of family and parenthood into the community would change heteronormative attitudes, assumptions and discourses within non-heterosexual communities.

Despite finding by Riggs, McLaren and Mayes (2009) in an Australian sample that lesbians and gay men were more positive about lesbian and gay parents than heterosexual parents, the participants in the present study reported otherwise. They suggested that whilst there is ongoing discrimination from society in general toward lesbian and gay parents (such as in Rachel's reference to ongoing legal discrimination around adoption), discrimination may also occur *within* lesbian and gay communities (such as in certain expectations over what gay men 'should be', or how lesbian families 'should be' formed).

### ***Strengths of Lesbian and Gay Parenting***

The final main theme identified was one related to the strengths of lesbian- or gay-headed families. The emphasis here was not

on constructing lesbian or gay parents as 'better' *per se* in comparison to heterosexual parents. Such an approach can be fraught in its reliance upon binaries of 'good' or 'bad' parents, where lesbian and gay parents are constructed as 'good' in comparison to other parents who constructed as 'bad' (Lehr, 1999). Rather, the emphasis was upon the strengths that lesbian or gay parents exhibit in the face of adversity (see also Riggs & Augoustinos, 2009; Short, 2007).

### ***Planned Parenting***

McCann and Delmonte (2005) argue that since the 1970s, there has been a significant increase in the number of children raised by non-heterosexual parents, that is, planned lesbian motherhood, planned gay fatherhood and lesbian and gay co-parenting family models. This is echoed by Perlesz and McNair (2004), who found that a vast majority of children of lesbian and gay couples are planned, with one mother commenting that being in a lesbian relationship and wanting to have children had involved a lot of thinking, discussion and planning because children cannot be conceived "accidentally" (p. 136). Many parents in the present study also spoke of their struggles and obstacles in becoming parents, indicating their determination to be good parents.

Jill: I find that same-sex couples are more into the kids and more into what they're doing and there for their development and all of that sort of stuff. And they do a lot more things together than what heterosexuals seem to do. Because, you know, there's no way any lesbian couple does not want a child. Because you have to go to such lengths and so these kids are very, very loved.

Lucy: And just the whole thought processes, you know, you're thinking about yourself, you're thinking about the child, how you're going to do it all and all that. And it's all happened even before you're going to have the baby whereas with some people they'll think 'oh well, let's have a baby' and then nine years done the track,

they might think 'oh how are we going to do this, this and this?' where we've thought that all out before we've actually got there.

Carl: It's such a well-thought-through decision; I don't imagine many heterosexual parents doing huge amounts of research and all of that sort of business. We kind of go to another extreme which I don't necessarily think we should really have to do. And I think somehow that idea that if you're heterosexual that that just means that you can be a parent and we all know how many families, for all sorts of reasons, don't do well.

Annaka: You don't have an accident. Having said that, the first child was an accident but that was a heterosexual relationship so that's where the accident happened. The rest followed but certainly the second one, very planned, down to where and when the conception took place. So accidents don't happen but for much of the time, the kids are fine, we're fine and this is just our reality and I think that's pretty much how the kids feel about it, that's their reality.

Whilst there is a degree here to which the participants construct themselves as 'good' parents in comparison to others who may have children 'by accident', it is important to recognise that such statements are often made in a context where lesbian- and gay-headed families are derided or spoke of in negative stereotypes. Constructing an image of 'planned' families, whilst also being an accurate representation of many such families, can also be seen as a counter to negative representations.

### ***Lesbian and Gay Parents as Resilient and 'Strong Parents'***

Following on from the previous sub-theme, this final sub-theme emphasises some of the reasons why some lesbian and gay parents may be invested in their self-representation as being engaged in planned or 'better' parenting than other parents. Lassiter et al. (2006), in their study of empowerment amongst gay and

lesbian parents, found that lesbian women and gay men talked of a need to be self-accepting in deciding to become parents, and be strong, proud and secure in themselves. This was reflected in the present study, where parents often reported needing to be strong in the face of adversity:

Jill: Like I also think, too, being same-sex couples, you have to learn to be strong. And so that passes on to your kids as well. And before we decided we wanted to have children, it was like, I was always afraid to tell people I was gay and we're going to new jobs and things like that.... And then Lucy was the one who said to me that 'well, if you're going to have children then you've got to be open and honest about it and not be ashamed'. And I think because we have those sort of values too I think it kind of makes them [the children] more confident as human beings as well.

Furthermore, resiliency was a major theme that emerged amongst participants; that is, in spite of obstacles and challenges encountered by parents, there is an importance to move forward and keep on persevering with their parenting and family life:

Samantha: I don't let it [the laws] worry me.

Annaka: What we did and what I do now is just go through life expecting and assuming people were going to accept it. Not asking permission, not asking forgiveness, not necessarily stating up front what the situation was, but when Nathan started school, then we'd both... the father didn't go to the parent-teacher interviews so much, Allyson and I went, no explanation, no nothing, we had a right to be there, not asking permission, this is what the situation is. When Nathan was born I just took the day off. Again it was, this is what I'm going to do, not may I. I just took a few days off and my work colleagues knew what was happening. So I just did it. You don't ask permission or forgiveness.

Sarab: We haven't had any problems whatsoever, but we've probably made sure of that because we're completely out with eve-



rybody and anybody and in a childcare context, kindy context and my oldest is at school and it's well and truly known that both my girls have two mums, and if anyone has an issue with it, too bad.

In specific relation to discriminatory legislation, Danielle spoke of the resilience needed by same-sex parents:

Danielle: I think lobbyists need to keep that in the back of their minds that although it's an unfair situation that we're not looked upon as the heterosexual couple, don't let it ruin your life. Still keep living and do what you want to do, but don't let that be the black mark against your relationship, because it can be. And I think we need to be very aware of that and take a step back and say 'okay, we've come a long way and it could be a lot better.'

These statements demonstrate how the lived experiences of same-sex parents, whilst shaped by potential hardships in regards to legislation and discrimination, are characterised by resiliency and determination. Such resiliency, and the fact that many parents interviewed entered into private arrangements outside the law in their becoming parents, is indicative of a rejection of heteronormative laws and the legislature. This is evident in Carl's following excerpt:

Carl: We were all very confident in our ability to work through anything that happened and not bringing the law into it in any sort of way with our parenting relationship.

Here whilst Carl recognises that things can go wrong, despite the best of intentions, and that facing challenges requires strength and 'working through' things, rather than resorting to the law, which can only serve to further marginalise or normalise lesbian- or gay-headed families.

## Conclusions

The parents interviewed in this research spoke of their motivations for entering parenthood,

revealing that parenting is a core human issue and dispelling heterosexist assumptions that same-sex couples seek to parent only to imitate a heterosexual relationship. It also appeared that the research participants experienced immense joy in their role as parents as well as challenges. Furthermore, their preparations for parenthood and adjusting to parenthood echoed experiences of everyday contemporary Australian parenting.

Participants also spoke of their unique experiences in being non-heterosexual parents, echoing previous research (see Bialeschki & Pearce, 1997; Du Chesne & Bradley, 2007; Gartrell et al, 2000; Malone & Cleary, 2002; Lassiter et al, 2006; Perlesz & McNair, 2004; Ripper, 2007; Robinson, 1997). Many parents reported that they felt sexualised, in that being same-sex attracted is typically associated with sexual deviance. In response to this, some parents spoke of feeling an injunction to 'desexualise' themselves by downplaying their sexuality in order to conform to a normative model of parenting. Many participants spoke of negative interactions with lesbian and gay communities and the expectation that they should conform to a heteronormative discourse about correct ways of parenting, and the assumption that family and homosexuality are mutually exclusive categories.

Participants spoke of perceived strengths of same-sex parenting, and that this occurred in the face of legal and social discrimination. Some parents spoke of the high rate of planned parenting amongst non-heterosexual couples, citing the thinking, research and discussion involved as children largely cannot be conceived 'accidentally' (other than in the context of previous heterosexual relationships or in casual encounters with opposite-sex partners).

Whilst the growing number of same-sex couples parenting is something to be celebrated, the present research implies that dominant discourses around parenting continue to permeate the lives of lesbian women and gay

men. This would suggest the need for further legislative change to support lesbian- and gay-headed families. This is particularly the case in South Australia, where legislation discriminates against same-sex parents and potential non-heterosexual parents by limiting parental rights and opportunities otherwise enjoyed by opposite-sex couples (and same-sex couples in many other Australian states and territories). As such, these laws are clearly antiquated and out-of-touch with the realities of Australian family life, and furthermore some appear to violate the UN Convention on the Rights of the Child.

Legislative reform is thus strongly indicated by this study. Legislative change may be effective in influencing community attitudes and encouraging greater acceptance of same-sex parenting. Media and social campaigns that raise awareness of the many positive aspects of same-sex parenting, and address the underlying (and irrational) fears and social stereotypes of same-sex attracted people, may be another one way of challenging negative stereotypes and promoting inclusion. Furthermore, an increase in the positive portrayal of same-sex families in the media is likely to heighten understandings of family diversity within the wider community.

In conclusion, current South Australian social and legislative processes appear to reify the heterosexual nuclear family. However, this assertion has not stopped many lesbians and gay men from choosing parenthood as a life choice. Despite this, if dominant heteronormative discourses around parenting continue to remain unchallenged and current legislation is upheld, non-heterosexual parents and their children will continue to be disadvantaged and subject to discrimination and negative perceptions. Inaction will result in a significant population being denied their right to parent children, as access to services and technologies is currently biased towards opposite-sex couples rather than individuals and same-sex couples in South Australia. For lesbian and gay parents to continue to thrive, change must occur to

more adequately support them and the children they are raising.

### Acknowledgements

Jordan wishes to thank Dr Alan Campbell and Dr Ianto Ware of the University of South Australia for their guidance and support throughout this project.

### Author Note

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## LESBIAN PARENTING THROUGH DONOR INSEMINATION: IMPLICATIONS FOR THE HETERO-NORMATIVE FAMILY

MARGIE RIPPER

### Abstract

*This paper draws together the views about parenting and family formation from sperm donors and from lesbian women seeking to conceive. It demonstrates the importance of social context in shaping the preferences and possibilities for lesbian family formation with known donors. The paper draws on interview data from those participants in the Lesbian Conception Study conducted in South Australia in 2006/7 who conceived (or were attempting to do so) using donor insemination with known donors. The perspective of sperm donors is gained from an analysis of the postings on the online Australian Sperm Donor Registry in 2007. The results suggest that lesbians seeking donors through informal (non-clinic based) avenues in South Australia express a preference mostly for the donor not to be involved in the lives of the children born of their donor insemination (DI), though overwhelmingly they want the donor to be willing to be identified and/or contacted if and when the child/ren wish. They also report a preference for gay donors over heterosexual donors. In contrast, the gay and bi-sexual sperm donors registered on the national Australian Sperm Donors Registry (ASDR) were significantly more likely than the heterosexual registrants to want an active role in the lives/parenting of children born of their DI. The families that lesbians construct, and that sperm donors envisage, reinforce some aspects of heteronormative family structures whilst challenging and transforming others. Both lesbians and potential donors in this study confirmed the idea that it is 'love that makes a family' rather than 'blood ties' per se. The lesbian mothers for the most part rejected the idea that biological connection is the defining element of parenthood either for men or women, or that 'father figures' are necessary. However, al-*

*most half of the sperm donors saw their DI as enabling them some degree of ongoing relationship in the lives of children conceived of their DI. This desire for a parental role varied in degree, but was much more common and more pronounced in gay and bi-sexual men than in heterosexual men. The contradictions inherent in these newly negotiated family formations reveal fault-lines which have the potential to transform the meaning of the family. Nonetheless, the powerful 'glue' of romantic love and the image of the parenting couple reinforce traditional family forms.*

**Keywords:** Lesbian parenting, donor insemination, heteronormativity, family, sperm donors.

### Introduction

A substantial body of research has been published on lesbian and, to a lesser extent, gay parenting, particularly since the 1990s. Much of this work has been in the field of family studies where the dominant focus has been on the outcomes for children of being raised by lesbian or gay parents compared with those raised by heterosexuals. A comprehensive review of this literature, published on the website of the Australian Psychological Society (APS), concludes that there are no detrimental effects for children of being raised in these families. To the contrary, the only differences that have been found suggest same sex parenting to be advantageous (Short, et al., 2007). The APS is one of a number of professional associations in Australia and internationally who have published evidence-based statements dispelling myths about same-sex parenting. Within the literature there exists a robust critique of studies which take the heterosexual nuclear family as the 'gold standard' against which gay and lesbian parenting are

assessed (Clarke, 2000, 2002a, 2008; Hicks, 2005; Riggs, 2007a, 2007b). Comparative studies, it is suggested, with their emphasis on the 'sameness' of lesbian and heterosexually parented families, reproduce the heteronormative nuclear family even whilst they affirm same-sex parenting. The question that emerges from this debate is whether, and to what extent, same-sex families constitute a new or transformative family form.

The current study approaches this question through a focus on the stage of family construction, that is, by exploring the conception 'phase' of establishing a same-sex parented family. It draws together information from sperm donors and from lesbians seeking to conceive using 'known' donors and, in doing so, explores the extent to which the families they envisage challenge, extend or reproduce normative families.

### **Family Formation in the Australian Context**

The social context in which families are formed has a crucial impact on the possibilities open to various potential parents. This context includes macro ideological factors which shape public attitudes, policy and practical considerations. In Australia in the past decade a widespread pronatalist discourse has dominated political rhetoric about families and this in turn has spawned various policy interventions. Australia's falling birth-rate has fuelled governmental, and to some extent public, concern about economic and social ill-effects. These concerns focus on the economic ill-effect of a reduced taxpayer base to support an 'ageing Australia', the increased cost and social 'burden' of children being born to older parents, the apparent increase in rates of infertility and the cost (and other impacts) of providing infertility treatment. Although counter discourses exist within this macro context – for example the ecological benefits of a smaller population or the possibilities for population growth through immigration – these are overpowered by the idea that Australians need to have more children. Fa-

mously, this requirement was voiced in 2004 by the then treasurer The Honourable Peter Costello. In order to increase the birth rate he extolled Australians to have three children, "One for Mum one for Dad and one for the country" (Costello, 2004). Public policy in the form of a 'baby bonus' was then enacted by the conservative Australian Government in 2004. This involves a cash payment of \$5000 made to all mothers on the birth or adoption of an infant (Australian Government Family Assistance Office, 2009).

The rhetoric which positions 'the family' as the corner-stone of Australia's future, critical to national prosperity and social cohesion, implies that more and larger 'home grown' families are a good and necessary thing. This theme resounds throughout the current Government's address to 'working families' as its primary target for social reforms and government concern. Yet this pronatalist zeitgeist is one which begs the question "Which families?" Indeed it invites analysis of what is meant by 'family' and by 'parent' in this rhetoric. There are several case studies that could be used to investigate the meaning of 'family' within Australia's pronatalist context. For example, investigating the impact of current policies on marginalised groups such as sole parent families or 'welfare dependent' families (which fail to measure up to the valorised category of 'working' families) would be instructive, however, I choose to use the case of non-heterosexual families drawing specifically on the experience of lesbians and their use of sperm donors in family formation. This focus allows an investigation of the impact of regulatory constraint on 'non-heterosexual' people, particularly in relation to their legitimacy as parents/families.

### **The Regulatory Context of Lesbian Family Formation Through Donor Sperm in Australia**

The degree to which legislation and regulations specifically constrain lesbian and other non-heterosexual people varies from state to

state within Australia. Gradually a number of explicitly discriminatory laws and regulations are being removed (Australian Human Rights Commission, 2009). However, in the state of South Australia (SA) a number of legal and regulatory constraints on donor insemination and lesbian access to assisted reproduction have a major impact on whether and how lesbians are able to form families. The most salient constraints include the following:

- Access to assisted reproduction services in SA is restricted to those who are medically infertile (Reproductive Technologies (Clinical Practices) Act (1988)). Assisted reproduction is therefore not available to fertile women who 'lack' a male partner (single women or lesbians). A lesbian or solo woman is able to access assisted reproductive services only if she is also infertile, the behavioural definition of which is failure to conceive despite a year of unprotected (hetero)sexual intercourse.
- It is illegal throughout Australia to buy or import sperm and there is no private sperm 'bank' or clinic in SA.
- Donor insemination is only available to fertile women through interstate clinics or through privately negotiated insemination arrangements with known donors.
- Adoption is limited to heterosexual 'families', although lesbian, gay and solo parents are permitted to foster children (including permanent fostering).
- Reproductive health clinics do not accept donors who have anal sex, thereby precluding most gay men. This preclusion remains despite the added safeguard that clinics test all sperm and withhold it for a period to ensure negative sexually transmitted infection status. The implicit exclusion of gay and bisexual men from clinic based sperm donation reduces the pool of donors to clinics and contributes to the nation wide 'drought' in sperm available for DI conception.

One further contextual factor which no doubt impacts on negotiations between lesbian women and potential sperm donors is a largely negative media representation of do-

nor insemination. My analysis of Australian print media coverage of sperm donation in 2007 (Ripper, 2008) revealed a pervasive emphasis on risk –particularly on the risk to sperm donors that they could be held legally responsible for child maintenance payments for children born of their DI. The media presented this threat as the reason that fewer and fewer men are registering as donors at infertility clinics, resulting in a 'drought' of sperm for DI. As argued elsewhere (Ripper), media commentators linked this sperm donor shortage to recent changes in Australian legislation and clinic practice which require 'open identity' donation, the implication being that men are discouraged from donating sperm unless they can remain anonymous.

It is important to note that sperm donation through fertility clinics in Australia does not confer 'fatherhood' on the donor. The identity of father is reserved for the man identified on the birth certificate as the child's father, for example the husband of a married woman undergoing DI. However, in privately arranged donor insemination the parental status and responsibility of donors is less certain. Typically the identity of donors (or the fact of donor insemination) is unrecorded on birth certificates of children born of privately negotiated DI; instead the father's identity is recorded as 'unstated' or 'unknown'. These social and regulatory factors inevitably shape the behaviour and family formation strategies available to lesbian women and to men considering sperm donation.

The legal constraints which exist in SA mean that lesbians who wish to conceive (and who do not want to, or cannot afford to, travel to interstate infertility treatment clinics) rely heavily on conception through privately negotiated donor insemination with known donors. Donors are mostly sought through informal networks including those on the internet.

### **Methodology**

In this paper I draw on two sources of information, aspects of which have been published

previously (Ripper, 2007, 2008). However, here my focus is upon exploring the extent to which lesbian families conceived with known donors through DI constitute a challenge to normative family structures. The materials I draw upon in this paper are:

**1.** Interviews with South Australian lesbians about their donor conception plans and/or experience. These interviews were part of the *Lesbian Conception Study* conducted in 2006/7 in Adelaide, South Australia (Ripper, 2007). Forty one (41) lesbians were recruited through advertisements in mainstream and gay press and through two organisations which support same-sex parenting in South Australia: *Pink Parents SA* and *Lesbian Parenting SA*. Twenty eight (28) of the women I interviewed had used 'known donors' who they had recruited privately and a further nine intended doing so. It is these thirty seven (37) participants who sought 'known donors' whose experience is reported here. Only two of these women were single, the rest were in couples at the time that they sought to conceive.

**2.** An analysis of sperm donor profiles of men registered on the Australian Sperm Donor Registry (ASDR) in August of 2007. The ASDR is a register which, during the years 2004-2008, operated a service to connect women seeking donor conception with men willing to become donors.<sup>1</sup> The donor profiles which were presented on the ASDR website included each registrant's 'de-identified' personal details including age, marital status, sexuality, reasons for wanting to be a sperm donor, preference regarding level of disclosure to children born of their DI and their preferred level of contact/involvement with children.

The profile also allows donors to specify any 'match requirements' they seek in recipients.

### **Lesbian/Donor Conception and the Normative Family**

At the most obvious level, conceiving through sperm donation is a relatively 'new' method of family formation regardless of the sexuality of the recipient woman or her relationship with the donor. However, DI does not in itself necessarily constitute a challenge to normative family structure or functioning. Before proceeding further, I will explore the usefulness of the notion of the 'normative' family. In using this term I refer not to the family form that is statistically most common (the average family), but to the sociological concept of normativity which refers to the social factors, both material and discursive, which encourage those activities and outcomes that are valued in a particular society and discourage those which are considered to be deviant, dangerous or divisive.

For several decades there has been considerable academic debate about what constitutes 'the family' and what the implications are of changes that have occurred in its form throughout the twentieth century. Academic theories of the family have adapted in response to changes in societal practices. Vern L Bengtson (2001) provides a helpful overview of the conceptual changes beginning with the early structural-functionalist sociology of the nuclear family as an institution with its emphasis on the two generational parent-child biological relationships; the key function of which was seen to be social cohesion through the socialisation of children. With the demise of functionalism (in favour of phenomenologically informed ways of conceptualising the family) there emerged an emphasis on the importance of family relationships for identity; particularly the quality of bonds of affection between parents and with children born of their union. In more recent, post-structuralist, times the academic focus has turned to the heterogeneity of family forms based on bonds of affection and non-biological 'kin-like' rela-

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1 In 2008 The Australian Sperm Donor Registry appears to have ceased to offer its service connecting potential donors and recipients. It now exists as a static site offering a directory of resources for donor conception. Recently another online service to connect Australian donors and potential recipients has emerged at:

<http://www.donorsearch.webs.com/>

tionships. It is therefore not useful to think of a singular hetero-normative family. As revealed in Roisin Ryan-Flood's (2005) comparative study of lesbian conceptions with known sperm donors in Sweden and Ireland, differences in the hegemonic discourses about fatherhood in those two cultures shaped the sort of relationship the lesbian women sought with donors and ultimately determined the families they formed. Ryan-Flood concludes that:

It is therefore more precise to discuss a plurality or multiplicity of *heteronormativities*, rather than invoke a notion of heteronormativity as a homogenous concept. ... Heteronormativities are diverse and variable across space, place and time (p. 201).

Importantly, the concept of family as primarily based on biological 'blood' relationship and 'natural' conception is coming under challenge. Family construction through conscious decision making by people who would not otherwise reproduce 'naturally' has destabilised the taken-for-granted ways that kin and 'kin-like' relationships are formed, including sole parent families, grand-parented families, and, importantly for this paper, same-sex families. Each new iteration of the family extends the previous model of the family rather than necessarily negating its key elements. For example, the biological parent-child relationship has retained its status as an archetypal family even as the concept of kin is expanded to include adoption, foster care, stepfamilies, surrogacy, donor insemination and many other forms of 'achieved', rather than 'ascribed', parenting. My focus on families formed through lesbian conception with known sperm donors allows me to explore the idea that such family formations constitute one site in which the normative family is being transformed.

### **Lesbian Mothers and the Normative Family: Transformation and Consolidation**

The interviews I conducted with 37 South Australian lesbians who had conceived or

sought to conceive through donor insemination with known donors reveal numerous ways in which aspects of the normative family are both extended and consolidated in these 'new' family formations. Prior to having children these women did not consider themselves to be a family, but instead would have been described as being 'in a relationship' with their female partner. These couples were therefore in a position to 'make themselves up' as a family in a relatively self-conscious way. It is therefore instructive to see which aspects of normative family structures and relationships they took up, which they rejected and which were transformed as these women produced themselves as a family. Same-sex parenting is of course not new; lesbian blended families are often established when couples raise children conceived by one or both women in previous heterosexual relationships. Victoria Clarke (2008) traces the psychological literature on lesbian mothering over more than a century and identifies the period since the 1990s as the time when the Gay and Lesbian rights movement combined with newly available reproductive technologies to produce the much discussed 'gayby boom' (Clarke, p. 123). It is only relatively recently that lesbians have been able to plan, conceive and raise children together using donor insemination<sup>2</sup> and this new family formation has the potential to either disrupt and transform elements of the normative family or to re-inscribe them.

### ***Lesbian Images of the 'Ideal Family'***

Without exception, the women I interviewed had considered in depth the type of family they sought to build. Only two of the women

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<sup>2</sup> Although it remains part of the popular imagination, no evidence exists to suggest that lesbian women (now or in the past) resort to conception through heterosexual intercourse. The idea that this would be an 'easier' alternative to finding a known donor (a suggestion that would be unlikely to be made to a heterosexual couple experiencing male infertility) was rightly considered offensive by my participants.



were sole mothers; the overwhelming majority had created their family (or were planning to do so) as a couple. This prevalence of the two-parent family both reflects and reproduces an aspect of the normative family albeit with the important difference of the parents being two mothers. Mostly the couples had decided together to become parents and were both committed to having children. A common narrative emerged that their decision was made because they felt confident about the quality and stability of their relationship. Implicitly these women emphasised their loving relationship as a pre-condition for deciding to make a family. This is consistent with the view that 'love makes a family' rather than biology or sexuality. It is important to note, however, that some commentators have critiqued this discourse of 'love' for its tendency to romanticise lesbian parenting, and silence experiences of conflict in lesbian families (Clarke, 2002b, 2005; Clarke & Kitzinger, 2004, 2005; Hicks, 2005; Short, et al., 2007).

A minority of interviewees also reported that they or their partner felt pressure to have a family before increasing age removed this option. So the motivating factors for these women starting a family appear normative: the desire to have children within a strong loving relationship and the 'ticking of the biological clock'. It is interesting therefore to see the extent to which the families they created break with other normative expectations of parenthood and family life.

### ***(Re)defining Parent***

All the interviewees sought to be the primary or exclusive parents of the child/ren born to them. Even in the minority of cases (five couples) who sought to establish an ongoing role with the sperm donor in the lives of the children born of his DI, they too them saw themselves as holding the ultimate parental responsibility. Most couples were adamant that they did not want 'a third person in the relationship' and/or they wanted 'a donor not a dad'. In making this distinction they articulated a social model of parenting in which the

genetic relationship (of donor) was entirely separable from any claim to parental status. At the simplest level therefore it seems that the need for, and role of, a 'father' was replaced with 'two mums'. However, some interviewees registered ambivalence about this in relation to children's gender role models, as discussed in the following section.

### ***Lesbian Families and Male 'Role Models'***

None of the women expressed the opinion that mixed gender parenting is either necessary or desirable, yet many acknowledged a limitation with same-sex parenting in relation to gender socialisation. A significant minority of the women spoke of their determination to provide 'male role models' or even 'father figures' for their children. This may have been to some extent a defensive reaction to the public anxiety about 'fatherless families' and the 'decline of the family' through divorce and/or women's liberation. This concern has at times reached the level of a moral panic fuelled by some men's rights and neo-conservative commentators. A number of the women I interviewed raised the issue of male role models in order to counter or modify the idea that they are necessary for children's wellbeing. Some reiterated that the most important modeling that children can receive from parents is their love and respect for each other (regardless of gender). Others noted that some children had only violence, abuse, neglect or disinterest 'modeled' by their fathers, thus invoking lesbian families as "better than" heterosexual parents in this respect (Clarke, 2008). Others expressed the view that same sex families provided children with a model of parenting 'beyond gender', thereby challenging prescribed gender roles. Discussion about the need for male role models was most commonly raised in relation to the gender development of boys. As is typical of the wider debate about 'absent fathers' and children's gender socialisation, any need that girls may have for a 'father figure' is rarely mentioned compared with the anxieties about boys being parented by two women.

### ***Kin-like Relationships***

Having offered a critique of the need for male father figures, most women went on to mention that they made sure their children had adequate male 'role models' in their lives. Typically they referred to close and supportive male friends including gay men but also to members of the biological family of one or the other woman. Several mentioned that their father, brother or nephews (the children's grandfathers, uncles and cousins) provided close and appropriate 'male role models'; a few also mentioned non-kin friends and male teachers as potentially important. Clarke and Kitlinger (2005) found similarly that in media talk-shows which discussed the 'problem' of a lack of male role models in lesbian-parented families that supporters of same-sex parenting countered this concern by "highlighting the presence of men in the (extended) family" (p. 140). Very few of the women I interviewed were estranged from their family of origin and many spoke with pleasure and pride of the extent to which they and their children were accepted in the same way as other grandchildren, cousins or so on. Indeed, several women had experienced a strengthening of relationships with their parents when they became mothers. One woman, Linda (pseudonym), reflected on the effect of having children on the way she and her partner are viewed:

I think it sort of made us normal, not that we weren't 'normal' but ...You know what I mean? They sort of knew what to do with us, umm how to act and all, once we had kids. And now its great, ... Like I heard Dad on the phone to his friend he plays golf with saying '*Can't come Saturday we're going away with Linda's kids ... yeah, taking the grand kids camping*' and he said it the same way as if it had been my brother's family (that he was referring to).

This example strongly resonates within the discourse of sameness, where lesbian family relationships are framed as being 'just like' mainstream families (Clarke, 2008). Some participants felt that their parents were more ac-

cepting of their sexuality and lesbian relationship when it no longer entailed the 'loss' of the possibility of grandchildren. In these instances it seems that becoming a family provided social capital which helped offset the stigma/marginalisation associated with being a lesbian. Whilst acknowledging that this increased acceptance was a positive outcome for the women concerned and their children, it also demonstrates the power that motherhood carries to 'normalise' lesbians. Various researchers have referred to this as the domestication or heterosexualisation of lesbian parenting into heteropatriarchial norms that reduce its radical potential (Riggs, 2007c).

### ***Challenging the Privileged Status of the Biological Parent***

One of the dominant themes in interviews was the intense effort that couples put into minimising the privileged status accorded to the birth mother. Elsewhere I have described the emotion work that went into the process of establishing and maintaining the identity of the 'other mother' as true mother (Ripper, 2007). Women described various strategies that they employed to counteract the marginalisation that was ever present for the non-birth mother during all stages of the process of family formation including: negotiations with potential donors, consultations with medical practitioners, antenatal classes, the later stages of obvious pregnancy, birth, registration of the baby's birth, making decisions about the family name, breastfeeding, the daily care of the infant/children and throughout the ongoing negotiations with schools, health systems and similar institutions.

The desire reported by the interviewees to equalise the status of both mothers was further evidenced by the ways that couples maximised the amount of baby care that the non-birth mother undertook, especially during the period of breastfeeding. One couple explored the possibility of stimulating lactation in the non-birth mother, a number of birth mothers expressed milk in addition to nursing the baby so that the feeding could be shared (see

Zizzo, this issue, for more on this). Two couples went further and decided to curtail breastfeeding so that the infant care could be shared. A number of the women spoke of the importance of both mothers experiencing early physical and emotional contact with, and responsibility for, the baby so that they each bonded as fully as possible together.

### ***Connection through the Family Name***

Families are traditionally identified by their shared surname, however this has become less common in the decades since the 1970s when more married women have maintained their own name and when divorce and re-partnering has resulted in blended and stepfamilies in which members often have different names. For lesbians establishing families, the issue of a family name needed to be decided. In South Australia a child without a father identified on their birth certificate would automatically take the name of the birth mother. For lesbian couples this often counteracted their desire that both mothers be recognised. One couple went to the extent of moving interstate towards the end of the pregnancy so that their baby would be born in a state that allows both mothers to be registered on the child's birth certificate (as parent one and parent two). They felt that this record of their dual parental responsibility was symbolically very important but that also it allowed more legal certainty about the non-birth mother's identity and claim as a mother. Many couples created a 'family name' in common by changing or joining their surnames by deed poll before their child/ren were born, enabling them to then register the child/ren in that name. Day to day terms of address also had to be decided: typically children referred to both women as mother, usually being differentiated only by the form of address (such as Mama, Mummy, Mum, Mummysue and Mummyjane). On the one hand strategies such as these seem to be reinforcing traditional notions of 'the family name' as a joint identity in which individuals are subsumed, however the purpose of doing so in this case is the radical goal of legitimising a two-mother family.

### ***Creating Family Resemblance***

A number of the women spoke of their desire to select a sperm donor who bore physical similarities to the non-birth mother or to male members of her family. Although this is not strictly a reinforcement of biological connectedness, the idea of familial connection through physical appearance is a powerful normative aspect of family formation. Among those couples for whom this was important, many saw it as a way of counteracting the privileged position that the birth mother is accorded as the 'real' mother of child/ren born of DI. Birth mothers have a biological connection with their child/ren that makes their claim to motherhood indisputable; however, the status of the non-birth mother requires constant reinforcement. Some couples sought to balance this difference in status to some extent by increasing the chances of physical resemblance between the child/ren and the non-birth mother. To this end, some sought a donor from the non-birth mother's family or chose a donor with a physical resemblance to her or her family.

A related re-inscription of biological kinship occurred when couples organised to have the same donor for several children, thus providing a biological connection between siblings even when they had different birth mothers. Several couples had planned that both women would conceive in close succession using the same donor thereby maximising the biological connectedness and also providing the possibility of cross feeding the babies. These strategies show the powerful role that resemblance plays in constructing family identity (Hargreaves, 2006). When it was not possible through genetic connection, it often became a goal of couples to maximise the similarity in appearance between siblings and between children and their mothers.

### ***Egalitarian Relationships***

The effort that couples put into establishing a shared family identity and joint involvement in child rearing was consistent with an overarch-

ing commitment to egalitarian relationships. Here once more the lesbian-headed family challenges the normative structure in which role specialisation – closely tied to gender – is the norm. All except three of the couples devised ways that both mothers would contribute to the household income as well as to child-rearing. The approaches varied enormously with some couples having both mothers in part-time employment, while others took it in 'turns' to be the breadwinner and the primary child carer. Another couple established a home based business together so they could both work from home whilst sharing childcare.

Many studies report similarly that lesbian families are typically 'better' than heterosexual families in terms of egalitarian division of labour and, therefore, provide a less gender stereotyped 'modelling' for children. However, Jacqui Gabb (2004) introduces a cautionary note regarding this generalisation. Her interviews with lesbian mothers in Yorkshire UK reveal that some emulate quite 'traditional' family structures, especially among working class women and those who did not identify with the gay and lesbian community. She suggests that her findings are at odds with the dominant view that lesbian parenting is egalitarian, and that this may be the result of a selection bias in most other studies which means they do not attend to class, ethnicity or regional differences. She suggests that the widespread finding of egalitarian family practices may reflect a bias toward studying urban, upper middle class lesbians who have the 'privilege of lifestyle parenting' (p. 172).

Amongst my interviewees were a number of women (8) of low SES (as indicated by low household income, reliance on social security or being in a blue collar occupation). They were, however, all city dwellers and all but three were Anglo-Australians. However, many reported taking a significant drop in income and hours of paid employment during the early years of their parenting. Most were willing to do this because they saw it as being the ideal for children, but as also meeting each

mother's desire *and responsibility* to be a 'hands on' parent. This practice could be seen to reinforce the conservative idea that out-of-home childcare is less than ideal for children when compared with mother-care. The interviews also revealed a temptation towards 'intensive mothering' (Hays, 1996) and its obsession with maximising 'quality' time and relationships between mothers and their children. Critics suggest that intensive mothering not only submerges women's interests and needs beneath those of her children, but that it is also not in children's best interests either (Weingarten, 1997). A number of women reported that their desire to have children intensified during, and because of, the time it took and the difficulties they faced in achieving pregnancy through privately negotiated DI. Several described themselves as becoming 'obsessed' with achieving pregnancy and in some cases they felt that they continued to have an overly 'invested' relationship with their children.

### ***The Planned Pregnancy***

Whilst most women resented the difficulties that they faced in accessing DI, the intensity of planning that it involved also allowed them to position themselves as good mothers whose conceptions were planned thoughtfully. A surprisingly high number (11) contrasted their 'wanted' children with babies born to heterosexual 'young' women as a result of casual or careless sexual encounters. Often they implied that pregnancy for heterosexual women was 'too easy'. Some invoked the image of children being born as a result of a 'one night stand' or 'wild parties' as a contrast to the planning, perseverance, cost and strain involved in lesbian conception with DI. In this discourse the women I interviewed were able to adopt the current public health approach to the ideal pregnancy that begins with pre-conception health checks and lifestyle changes (including the elimination of smoking and alcohol consumption). Pregnancies conceived through DI are open to greater surveillance and monitoring of both maternal and donor health and lifestyle than would be so for con-

ceptions through sexual encounters. Virtually all donors underwent testing of their sperm quality and for STIs. Some also agreed to genetic screening and many were asked, or opted, to make dietary and lifestyle changes prior to and throughout the period of DI.

### ***The Best Interests of the Child***

When invited to reflect on whether there were advantages to children of being conceived through DI and raised in a lesbian family there was very little hesitation from almost all of interviewees, who commented that it was an advantage to be raised in a family which was both egalitarian and provided children with a 'living example' of the diversity of families and/or gender roles for women. A respect for difference was highly valued. A number of women felt that the fact that they had to have conversations with their children about how and why they were conceived was in itself a benefit because it meant that heterosexual reproduction and families were not taken for granted as normal or inevitable. Most interviewees also emphasised that their children would always have the benefit of knowing that they were really wanted and loved. This reflected a view mentioned previously that it is 'love that makes a family' rather than gender or sexuality. A number of women also felt that children in lesbian families were safer from violence and predation from within their family than were children in mixed sex families – a reference to domestic violence and child abuse. Some added the caveat that "I'm not saying that DV (violence) is impossible" in lesbian relationships. Others moved immediately to moderate their comments about violence by mentioning the possibility of their children being exposed to homophobic violence or bullying because of having 'two mums'. In the course of their decision to have a family most interviewees had discussed at length the possibility of their children being teased or bullied, however many reported that such bullying had not eventuated or that they had been able to equip their children with strategies to counter the homophobic attitudes that they encountered.

### ***Ideal Donors***

As mentioned previously, most interviewees wanted a donor rather than a co-parent or 'father figure' for their children. A substantial number of women reported a preference for non-heterosexual donors (gay or bi-sexual men). The intensity of this preference varied enormously as did the reasons for it. Some women felt that gay men were likely to be more empathic towards same-sex couples or that they may share an understanding of what it is like to be unable to have children due to their sexual orientation. For others the preference for gay donors was a practical matter of them knowing 'more gay men than straight'. This image of greater empathy from gay donors is at odds with Damien Riggs' (2008) findings about gay sperm donor's attitudes towards lesbian parents. He found that among the 21 gay men he interviewed a minority reported positive experiences or attitudes about negotiating sperm donation with lesbians, and more than twice as many expressed negative characterisations. These negative experiences related to the donor being excluded from a parenting role in the life of children born of his DI, uncertainty about his status and role as a donor and a sense of being 'used' as simply a sperm production functionary.

In contrast, among the lesbians I interviewed a disquiet was expressed primarily about heterosexual donors in relation to their possible motivations in self-nominating as sperm donors – either through advertisement or registration on the ASDR. Some women questioned why a heterosexual man would want to be a sperm donor, given his (presumed) capacity to have sex and/or be a father 'naturally'. Some felt uncomfortable that the donor may be sexually motivated by the idea of impregnating a lesbian woman – albeit without intercourse. Others expressed concern that a heterosexual donor may at a later date claim paternity of children born of his DI and that, at law; he stood a better chance of succeeding in such a claim than did a gay man. Some felt that a heterosexual donor was more likely to have children of his own in a subse-

quent relationship and that his willingness to have his identity revealed to children born of his DI may be reversed if he (and/or his wife or partner) decided not to disclose to his children the existence of donor conceived 'half siblings'.

This question of children knowing the identity of donors brings me to the final aspect of the ways that privately negotiated donor conception by lesbian women both extends and re-inscribes the normative family. Most of the women wanted their children to know the identity of the donor only if and when children sought this information. Where this was agreeable to the donors it was specified in pre-conception agreements verbally or formalised into written parenting agreements. However, some agreements specified that children be provided only with 'de-identified' information. This typically paralleled the information provided about donors in infertility clinics; a medical history, their basic physical description and the optional inclusion of information about interests, hobbies, religion and the like. In all cases the degree of involvement/contact was a central part of pre-conception discussions; however, opinions varied about the usefulness and legal status of written agreements with donors.

### **Sperm Donors and the Normative Family: Transformation and Consolidation**

When I undertook an analysis of the donor profiles on the ASDR in August 2007 there were forty (40) Australian sperm donors registered.<sup>3</sup> Slightly more than half were heterosexual (21) and nineteen (19) were non-heterosexual, comprising fifteen (15) gay men and 4 bisexual men.

Importantly, the majority of men wanted some level of ongoing contact with, or a par-

enting role in relation to, children born of their DI (21 of 40).<sup>4</sup> A further sixteen (16) were flexible about this, having indicated that they were 'open to discussion' about child contact. Only two registrants specified that they wanted 'no contact' with children, preferring that their identity not be disclosed to children born of their DI. Both were heterosexual men. This desire by donors for contact with children contrasts with the popular view that donors prefer anonymity and that the shortage of donors at infertility clinics can be explained by the legal requirement for 'open identity' donation. Donors' interest in being known and/or having a role in the lives of children born of their DI is also at odds with the expressed wishes of the lesbian women with whom I spoke. Importantly, it was the gay donors who overwhelmingly sought an ongoing role in the lives of children born of their DI (12 of 15 gay men), with seven seeking an active co-parenting role. In contrast, less than one in three heterosexual donors sought to have contact with children and only two of these sought an active parenting role.

There is a marked incompatibility between the high level of involvement in parenting sought by these donors (particularly by the gay and bisexual men), and the low level of contact and involvement preferred by the lesbian women whom I interviewed. The lesbian women's preferences for gay donors over heterosexuals accentuates that incompatibility.

The normative family is challenged and extended by the possibility of co-parenting, which was sought by almost half of the gay donors. However, in proposing this level of involvement in the families of the children conceived of their DI these men positioned themselves in exactly the role that the lesbian women rejected - as a 'third person in the (parenting) relationship'. Where co-parenting

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3 New Zealand donors were excluded from my analysis.

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4 For a full analysis of the characteristics and expectations of men registered as donors on the ASDR see Ripper (2007).

arrangements exist in the wider society they usually emerge out bonds of affection or community, often as a component of communitarian living arrangements. It is unusual to envisage joint parenting among relative strangers as these ASDR donors would be to the recipient families. On one level the donor's proposal for a co-parenting role can be seen as a radical expansion of the notion of family, beyond the usual bonds of kin and of affection. Alternatively (or simultaneously), it can be seen as a conservatising tendency that reinforces the idea that families are rightly comprised of both genders, that children require a 'male role model' and that bonds of biological connection (sperm donation) are an appropriate and sufficient basis for fatherhood.

### ***Motivations to Become a Known Donor***

In describing their motivations for sperm donation gay men were more likely than heterosexual men to be motivated by their desire to parent. Ten of the twelve gay men who answered the question about motivating factors gave reasons such as 'having my own child', having 'someone to look after', 'to be a parent', 'to be a provider for a family' or 'to father a family'. On the other hand, heterosexual men were more likely to disconnect sperm donation from fatherhood, and were more motivated by a desire to 'help women have children' with whom they would not necessarily have any ongoing contact or involvement. This too could be seen to be compatible with a particular form of heterosexual masculinity where 'sowing one's seed' does not necessarily result in parenting.

The final piece of information on the sperm donor registry that is relevant here is the optional category where men could record any preferences they had for 'match characteristics' of recipients. Here, it was again gay men who were more likely than heterosexual men to prescribe match characteristics and they specified substantially more requirements than did the heterosexual donors. At one level this

is not surprising given that gay donors envisage an ongoing role in the family of the recipient.

There are two main types of specifications that I will discuss here, the first are personal characteristics sought in the recipient woman and the others are attributes of the recipient's relationship. For the donors as a whole it was the personal characteristics of the woman which were most commonly specified (29 of 53) and these were most often sought by gay rather than heterosexual men. Indeed, many heterosexual donors specified no match requirements of any sort. Those heterosexual men who did specify characteristics listed fewer than did their gay or bi-sexual counterparts and were equally likely to specify relationship attributes as personal characteristics.

### ***Desirable Relationship Attributes Sought in Recipient Women***

A higher proportion of the heterosexual donors sought to donate to couples, usually designated as 'loving couples' or those in a 'stable relationship', with one specifically mentioning 'no single mothers' and another specifically precluding donation to lesbians. Comparatively few (four) of the gay and bi-sexual donors specified that they would donate only to couples, and two explicitly stated that they were equally open to donating to 'Gay or Straight' recipients.

### ***Desirable Personal Characteristics Sought in Recipient Women***

Gay men specified many more match characteristics than did heterosexual men and the majority were character traits (21 of the 32 specifications) of a type which are hallmarks of good mothering such as being loving, responsible, caring, emotionally mature, intelligent, calm, thoughtful, considerate, friendly, kind, capable and happy. The few heterosexual men (5) who specified recipients' personality characteristics similarly sought women who were loving and thoughtful.

Very few donors explicitly specified the recipient's sexual orientation though many donors,

both heterosexual and gay/bi-sexual, sought to donate to couples where the relationship is 'committed' or 'loving'. This implies an interesting difference in what constitutes a family, with heterosexual men explicitly specifying the need for two parents whereas gay/bi-sexual donors focused much more on the parenting (mothering) qualities of the recipient.

### Discussion

Aspects of the normative family and 'normal' parenting are challenged whilst others are reinforced by the lesbians and sperm donors whose ideas are reported in this study. Ironically, the sperm donors' desires, for the most part, contradicted received wisdom about men's willingness to donate anonymously. The ASDR had a registry of donors at a time when clinics were struggling to recruit any donors. Notably gay and bi-sexual men are over-represented on the ASDR, quite possibly because they are effectively precluded from DI through clinics or possibly because they seek to donate in order to be part of a family. More interesting, however, is the willingness of donors on the ASDR to 'open donation' and in the case of gay and bisexual donors to take an active role in the parenting of children born of their DI. It is this role that constitutes the most significant challenge to the normative family. Donor's involvement would entail a new 'multi-parent family' established not through bonds of affection and personal relationship, where the man is not bound by love to the mothers of the children he seeks to 'parent'. Co-parenting of this type, which in many cases is negotiated between relative strangers (at least prior to the DI), is a radical challenge to the idea that romantic love is necessary between parents.

The lesbian parents I interviewed, on the other hand, mostly took a more instrumental view of DI, distinguishing it clearly from 'parenthood'. Only a few sought a co-parenting relationship but instead re-inscribed the normative view of a 'loving couple' being the preferred parenting relationship.

Both the lesbian women and the sperm donors whose views are reported in this study, for the most part, reinforced the centrality of a loving couple to the family (whether or not this was augmented by the involvement of the donor). Very few donors indicated their willingness to donate to sole mothers and only two of the lesbian women sought to conceive and parent children alone. The solo mother (whether by lesbian or not) is absent from these narratives and as such she and her children remain marginal to the concept of the normative family.

One question for further consideration that arises from this study is whether there are as many differences as there are similarities between lesbian and gay men seeking to build intentional families. Typically research makes reference to 'same-sex' parenting in a way that draws attention to the shared history of exclusion and homophobia which has restricted the level possibilities for family formation. However, the marked difference between most lesbian mothers' desire to parent independently of donors, and gay donors' desire to be included in parenting, suggests that there is more heterogeneity within same-sex family construction than has as yet been recognised.

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## LESBIAN FAMILIES AND THE NEGOTIATION OF MATERNAL IDENTITY THROUGH THE UNCONVENTIONAL USE OF BREAST MILK

GABRIELLA ZIZZO

### Abstract

*This paper provides consideration of how lesbian mothers negotiate maternal identities in families where there are two mothers but only one birth mother. Although this paper considers only one specific family arrangement, it does acknowledge the diverse structures of lesbian families including single lesbian mothers and couples where neither mother has a biological link with their baby. Some narratives of lesbian headed families with one biological mother suggest that maternal identities may be negotiated through the equal distribution of maternal care, domestic work and paid work, which could lead to egalitarian parenting roles. A division of labour such as this also has the potential to eliminate or reduce biologically based separation between birth and non-birth mothers. Based on research conducted on modernised versions of breast milk sharing, this overview article aims to suggest possible ways that the unconventional or alternative uses of breast milk may be useful in rethinking the separation between birth and non-birth mothers (in families where this distinction is relevant) and the division of labour when caring for children. These alternative uses include the provision of breast milk by non-birth mothers, particularly through inducing lactation and having their infant suckle at the breast, and the buying and selling of breast milk collected from lactating women. Importantly, these are all methods which have been used successfully by other non biological mothers such as adoptive mothers. Through the interviews, observations and wider reading that I have conducted as part of my own research, I highlight these alternative uses for breast milk which lesbian co-parents could incorporate into their parenting roles in order to establish identity based around the embodi-*

*ment of breast feeding or the provision of breast milk if it is their desire to do so. These unconventional uses of breast milk may offer strategies for lesbian-headed families (and other family forms where not all family members are biologically related, such as in adoptive families) to minimise the difference between birth mother and non-birth mother and, thus, facilitate their equal recognition as dual mothers from the very early stages of their parenting experience.*

**Keywords:** Breastfeeding, breast milk banking, lesbian parenting, non-birth mothers

### Introduction

Thinking about breast milk and breastfeeding can conjure up many images and associations that, for some, may be comforting and pleasant, while for others may be disturbing and provoke unease. Before I began my PhD research, I confess that I assumed that the provision of breast milk was indeed a pleasant and natural experience for *all* mothers. Having seen my aunts and cousins happily breastfeed I was under the misguided assumption that all mothers experienced the ease and comfort that I had witnessed. How very wrong I was! My PhD research has taken me beyond this thinking and has allowed me to develop very different understandings regarding breastfeeding, motherhood and the complex web of associated issues, problems, conflicts and presumptions.

My PhD research involves a qualitative exploration of mothers' experiences of being involved in contemporary breast milk banking. It is important to mention from the outset of this paper that all of the mothers who participated

in my PhD research on breast milk banking identified as heterosexual. Breast milk banking is a process where mothers who have excess breast milk donate their oversupply. The milk is then treated, screened and provided to babies whose mothers are unable to provide sufficient supplies of their own breast milk. Importantly though, in Australia, the provision of banked breast milk is restricted only to premature infants. Through my PhD research I have learnt about women's experiences of being involved in the breast milk banking process, the pleasures and challenges associated with breastfeeding (or of not breastfeeding), and how these aspects of motherhood influence women's early maternal experiences.

It is from this starting place that I explore, in the first section of this paper, how breastfeeding is incorporated into the construction of maternal identity. Following on from this, I will consider how this maternal identity is typically based around the image of a good and nurturing mother, an image that is usually presumed to be heterosexual or biological, without much room for diversity. In acknowledgement of the diversity of families, and, more specifically, the diverse experiences of motherhood, I then explore how lesbian women who become parents negotiate their physical, emotional and legal journey into parenthood. From there I consider lesbian women who parent within two mother families, and explore some of the difficulties they may experience when there is a birth mother and a non-birth mother. Through the narratives of lesbian mothers I explore the difficulties they encounter in relation to biological separation, such as that which may exist during pregnancy, birth and breastfeeding, and I also consider how these factors may influence maternal roles. In the final section, I reflect on my own research to challenge the (stereo) typical image of a breastfeeding mother. Based upon consideration of traditional practices such as cross feeding and the economic exchange of breast milk, within the final section I explore how modernised versions of these practices may encourage alternative methods of breastfeeding and breast milk pro-

vision. I conclude by indicating how these alternative practices may be incorporated into lesbian motherhood in order to generate greater egalitarian parenting roles in two parent households and greater recognition of the roles that both mothers undertake.

### **Breastfeeding and Motherhood**

As many new mothers in my study can attest, the provision of breast milk to infants through breastfeeding is strongly encouraged and promoted both during and after pregnancy. Discourses of health and medicine involve the promotion of breastfeeding on the basis that it provides many nutritional and emotional benefits. Furthermore, through my research I have discovered that many mothers presume that breastfeeding is just 'something that will happen', that is, something that they expect their bodies will do naturally. However, for many women, the reality is that breastfeeding is not as 'natural' or as automatic as it is expected to be.

After a woman gives birth it is often expected that she will attempt to breastfeed her infant. If she cannot breastfeed, or chooses not to, currently the only option available to her is the use of formula. The reasons that women opt for formula can involve various factors, such as pressures to return to paid work, inflexible childcare arrangements, an inability to lactate or simply a choice or desire not to breastfeed. However, the use of formula is not always simple and easy. One reason for this is that mothers may experience feelings of failure for not being able to breastfeed, or not wanting to feed their baby in the 'natural' or 'expected' way. As Murphy (1999) demonstrates in her research, women who use formula, regardless of reasoning, often search for, and attempt to provide, excuses or justifications to support their choice not to breastfeed. The fact that women feel that they have to justify and excuse their choice indicates how strongly breastfeeding is associated with the image and construction of 'good' mothering. For many mothers who breastfeed the action emphasises and naturalises their maternal role

because it is considered a normal and 'instinctual' expectation of mothering. This construction of maternal identity is less readily available to women who do not breastfeed. Therefore, it is clear that breastfeeding is not simply a means of providing nutrition or forming a maternal-child bond; it also serves as a way for women to demonstrate their role as 'good', 'naturally' maternal and selflessly nurturing mothers. The strong links between breastfeeding and 'good', 'natural' mothering also highlights the tendency for a woman's capacity to mother to be interpreted on the basis of her biological function and status.

There is also further value placed on links between biology and mothering, as it is usually automatically presumed that most mothers have biological or genetic links to the children they are mothering. This presumption is problematic when thinking about lesbian families because, as Riggs (2007) indicates, biological presumptions may "reinforce particular normative ideas around what constitutes a family" (p. 28) and, therefore, deny the recognition of diverse parental and familial arrangements.

Also at this point I feel it is necessary to acknowledge that the terms used to describe the non-birth mother in a two mother lesbian-headed family formed through biology, are highly debated and contested. While some lesbian parents will use the terms *non-birth* mother and *birth* mother or *non-biological* and *biological* mother, others may find them offensive and assert that they favour the biological binaries that they are attempting to avoid. As neither a lesbian biological or non-biological mother, nor a mother in any case, I have experienced difficulty with selecting the appropriate term to use when describing mothers in lesbian headed families. Since the literature I consulted moves back and forth between using terms such as *non-birth mother*, *other mother* and (*m*)*other*, depending on the authors' views or the self-defined labels identified by research participants, it is evident that some lesbian mothers themselves are similarly unsure. In fact, this uncertainty is highlighted

in numerous narratives which include in-depth explorations on how or why lesbian mothers came upon the labels they did (see Pollack & Vaughn, 1987; Aizley, 2006). From my position, and my need to use a term that adequately encompasses both mothers in a two mothered family, I have decided to use the terms *birth mother* and *non-birth mother*. In families where egalitarian mothering is desired, there remains a notable difference between mothers which revolves around the mother who was pregnant and gave birth and the mother who did not. Since much of the literature indicates that lesbian mothers aim to create egalitarian mothering roles, it makes it difficult to use terms such as *other mother*, which gives the implication of 'othering', or *co-mother*, which generates thoughts of the helpful, 'sidekick' mother. Although I use the terms birth and non-birth mother in this paper I acknowledge those who disagree with these terms. However, my usage is not intended to offend or ostracise any lesbian mothers who oppose the terms, but rather they are used more so for lack of more widely used, accepted and less contested terms.

### **Lesbian Parents**

Biologically based normative ideas about families are present in much of the research concerning mothering and breastfeeding. In fact, this literature appears dominated by implicit and explicit assumptions about linkages between mothering, biological kinship, the act of breastfeeding and heterosexuality. Yet the reality is that there is great diversity in the ways in which families are formed. Women do not necessarily have children and construct families in ways that are consistent with the taken for granted norms of heterosexual reproduction or biological kinship.

For lesbian couples, there are numerous ways that a family can be created, such as through adoption and foster parenting, surrogacy, conception via insemination, heterosexual intercourse or reproductive technologies (McNair et al., 2002). There are, however, legislative restrictions on some of these options, which

deny access or recognition to lesbian couples and single women as legal parents. Despite steps forward in some Australian states, restrictive legislation still exists in other states and territories, which limits the reproductive and parental rights of same sex couples. The considerable costs associated with adoption and reproductive technologies also further limits who is able to access these procedures (Burstin, 2007). However, despite the existence of laws and economic factors that limit access to IVF, adoption and foster parenting, there are still an increasing number of lesbian women who have children, either within partnerships or on their own. According to the *Gay and Lesbian Rights Lobby* (2008), 20 per cent of lesbian women are parents, combined with the 20 to 40 per cent of lesbian women who desire or are planning to have children (see also McNair, 2007; McNair et al., 2002; Du Chesne & Bradley, 2007).

For a large number of lesbian women who are parents, or who are intending to become parents, pathways to parenthood do not follow the normative or taken for granted biological pathways that heterosexual parents traditionally follow when deciding to become parents. Same sex parents are not usually positioned in the same way as heterosexual couples are to conceive and, as a result, the pathways available for lesbian women or couples who desire to become parents may require more careful and practical planning (these pathways are explored further by both Lee and Ripper in this issue). Their parenting decisions may be initially based around *how* a child will come into their family. If the decision is to conceive a child, *how* will it be conceived and *who* will provide a sperm donation? And if the lesbian women are in a coupled relationship, *who* will conceive, be pregnant and give birth? (Ripper, 2007). For lesbian women who become parents, a parental identity can be constructed on the basis of biological, genetic or social relationships (or a combination of these). The mothering identity of lesbian women may also be defined by people external to the relationship through their support or lack of support and acceptance of lesbian women as mothers.

For lesbian women, if a biological relationship is desirable, deciding or proceeding with the logistics of conception is one thing, deciding on *how* to parent is another. In some lesbian families, gendered and taken for granted parenting roles do not apply in the same way that female-mother/male-father roles usually apply. Parenting roles may sometimes fall outside the (typically unquestioned) gendered parenting roles, for instance if a woman's parental role automatically defaults to that of 'mother', which may not be desirable to all women who parent in lesbian families. For example, some self-defined butch lesbian women have reflected on how their desired parental identity is fundamentally that of a 'lesbian dad', which eliminates the presumption of predetermined gendered parenting (e.g., Aizley, 2006, p. 39; see also Du Chesne & Bradley, 2007). Also, and as Nelson (1996) indicates, in some families one woman can be constructed as the mother and the other woman as the mother's partner (usually in step families, where the mother is the children's biological mother from a previous or heterosexual relationship). The point here is to emphasise that for lesbian parents there is often no model or commonly adhered to 'norm' to follow, so some parents may be able to construct a parenting role that suits them. In contrast to heterosexual parents, the 'mothering' roles of lesbian parents are potentially less rigidly assigned.

I fully recognise and acknowledge the differences and diversity in lesbian parental relationships and the difficulty or ease that lesbian women may face in how they socially construct or physically embody their role of a parent. Yet in this paper I am specifically interested in lesbian women who are positioned as the non-birth, non-biological mother. This specific interest is based around my wider research on the construction of maternal identity through breast milk banking. Evidently, as I have discovered through my research, in the early stages of motherhood for many women aspects of maternal identity are constructed around breast milk and its provision. Since in this paper I explore alternative uses of breast

milk I feel that lesbian non-birth mothers, if given the option, may be in a position to access the benefits of these alternative uses if they wish to. Yet it is notable that lesbian mothers would not be the only women to benefit from these alternative uses. Other non-birth mothers (lesbian or heterosexual), such as adoptive mothers, could also benefit from alternative breastfeeding practices, such as stimulating lactation, which I will discuss in a latter section of this paper. However, due to the prevalence of two-parented lesbian families in Australia, where one mother shares a biological relationship with their child, the remainder of this paper will focus on these types of families.

### **Egalitarian Mothering**

As I have learned from the research literature and the personal narratives of lesbian parents, the separation between biological and non-biological roles can be significant, first in terms of pregnancy, then later involving the birth, followed by resultant maternal activities. In some narratives lesbian mothers indicate that during these periods the differences between birth and non-birth mothers in families formed through biological relations are obvious and unavoidable. Although they indicate that biological differences eventually fade, when the differences do exist they can impact on how women negotiate their maternal identity. For instance, within two mother families formed through biology, Bennett (2003) indicates that the biological connection between a mother and child is central to establishing early parenting responsibilities and roles. Biological differences between birth mother and non-birth mother can be experienced as feelings of jealousy and competitiveness when it comes to bonding with their children, with breastfeeding typically a source of these feelings (Nelson, 1996; see also Pelka, 2009; Reimann, 1997). For instance, Gartrell et al. (1999) discuss how feelings of exclusion were experienced by non-birth mothers in their study; "I sometimes get upset that I can't soothe [the child] in the same way that [the birthmother] can" (parenthesises in original) (p. 367).

In various narratives by lesbian parents, non-birth mothers frequently discuss their emotional journey into motherhood. In the anthology *Politics of the Heart* (Pollack & Vaughn, 1987), lesbian non-birth mothers such as Gray discuss their mothering experiences. Unlike her partner, who automatically gained maternal status because she gave birth to their child, Gray describes her own maternal role as an evolution rather than as something that is taken for granted. As a result, Gray experienced feelings of exclusion, especially around maternal functions such as feeding: "I feel very left out because I can't feed him...how can I raise this baby [...] if I can't feed him?" (p. 134). Similarly, Rosie O'Donnell, a well known American comedian, has also openly discussed how she experienced similar feelings of exclusion and jealousy. O'Donnell and her partner adopted three children and conceived a fourth child which was born to her partner through artificial insemination. In a television appearance after the birth of their fourth child O'Donnell admitted that she had 'ordered' her lesbian partner to stop breast feeding their child because she was jealous:

... and then I was very angry, because as the other mommy...with the other babies nobody nursed because they were adopted. But with this baby it was like she was the only one getting to bond. So I was like the nursing is over! I cut her off. I'm like; you've had your limit honey. No more! (as cited in "Jealous Rosie O'Donnell", 2005).

Gray and O'Donnell both indicate how biological connections can create different roles for mothers which can exclude or ostracise some lesbian non-birth mothers from their maternal roles and make it difficult for them to form a maternal identity and bond with their child. In acknowledgement of these differences some lesbian families work at eliminating factors that generate jealousy or exclusion. Many lesbian couples strive to avoid such feelings by attempting to create egalitarian parenting roles and "trying to down play the importance of biology" (Reimann, 1997, p. 169), especially when it comes to breastfeeding. Spend-

ing equal amounts of time devoted to child care and equal amounts of time in (part-time) paid labour is one strategy used by lesbian couples to encourage parental equality and to take the focus away from physical nurturing (i.e., breastfeeding) (Nelson, 1996; Patterson, 1995; Reimann, 1997; Sullivan, 1996). As Nelson indicates, in lesbian couples where one mother is the biological mother, considerable effort is made to include both mothers in the parenting of their child so that their mothering roles appear equal. This was generally successful for women involved in Nelson's research, as many non-birth mothers felt so strongly bonded with their children within the family unit that eventually there was little or no distinction between birth and non-birth mothers. Nelson's participants discussed how, initially, they did feel the difference between themselves and their partners (who were the birth mothers) but this gap eventually closed as they bonded more with their children and as their mothering roles and maternal identities became more equal. For example, one woman explained:

I'm not her (*daughter*) birth mother, but I'm her mother. I think that more and more that's starting to [become evident]. Like for a while, especially after she was born and stuff, it was like I needed the time that (*partner*) had carried her in her womb...She was there with (*partner*) for all that time, and so when she first came out it was like now I needed to have that time. And so our relationship keeps growing now, you know, like as she gets bigger and we do [things together]. Yeah I'm (*daughter*) mom. I really am now, you know. We're equals in a lot of ways, (*partner*) and I now (Nelson, p. 89, parenthesis in original).

Similarly, a non-birth mother in Du Chesne and Bradley's study (2007, p. 30) stated that "I can't imagine I would feel more connected to (*daughter*) if I was the biological parent. I don't think it would be possible to have a deeper connection...".

Other reflections written by non-birth mothers in *Politics of the Heart* (Pollack & Vaughn, 1987) provide further insight into how lesbian

couples attempt to generate equal positions as mothers in families formed through biology. For instance, one couple did this by insisting their children be bottle fed to ensure the non-birth mother was not excluded and to provide both mothers with equal opportunity for bonding (Hill, 1987). Another non-birth mother described how she experienced jealousy due to the closeness of the breastfeeding relationship created between her partner and their child and thus dry nursed their baby for comfort (Kott Washburne, 1987). Similarly, in an anthology dedicated entirely to the voice of non-birth mothers - *Confessions of the Other Mother* (Aizley, 2006) - many non-birth mothers reflected on how often they were excluded from the maternal relationship between their partners and babies. Many reflected on how, when it came to the biological differences between mothers, all they could do was wait until their child was at an age where they no longer relied on nurturing from breastfeeding. Many of the non-birth mothers acknowledged and accepted the biological position of their partners and parented in a way that incorporated their biological separation. As DeRosier (2006) discusses in relation to her position as non-birth mother:

Perhaps it makes sense that not being able to breastfeed my daughter made me feel like an outsider within my own family. A warm, hands-on, loving person who likes to cuddle and be close to people, I long to tightly hold my child, relieve her pain when she hurts, and provide her with comforting hugs and kisses when she craves closeness. Though [partner] is a person who prefers distance, it is she who [daughter] turns to when she wants to be cuddled. After trying hard to have that connection with [daughter], I've realised that this is part of their natural bond. For now [daughter] and I will connect in different ways [square parenthesis added] (p. 75-6).

So, for non-birth mothers, the construction of their maternal identity is largely based on their presence and the physical tasks they perform in a maternal context. For instance, physically holding, nurturing, comforting, soothing, bath-



ing, changing nappies and bottle feeding are devotional acts of mothering that involve physicality and enable non-birth mothers to embody aspects of their maternity. As Gabb (2004) indicates, based on her interviews with lesbian mothers and non-birth mothers, it is not the simple fact of 'being' a mother that creates a bond with a child. Rather, "it is the activity of mothering that generates 'mother love'" (p. 409). As one non-birth mother in *Politics of the Heart* suggests, devoted maternal actions established her mothering role:

He smiles when he sees me – he *knows* me, knows my voice, my songs, my touch. Even the new baby book says that at three months they attach themselves to the person (or persons) who does the *mothering*, and it defines mothering as playing, being there when they cry, answering when they talk, "showing pieces of the world to them". I felt pleased because a printed page affirmed my role... (Gray, 1987, p. 135).

Despite the significant effort of lesbian women to generate equal parenting roles within their families, there are certain external factors that may undermine the egalitarian parenting roles that some lesbian families aim to achieve. Many two mothered families formed through biological relations reflect on how factors outside of their relationship, such as legal rights and recognition by others as dual mothers, undermines the equality they work so hard to establish. When a non-birth mother does not have the same rights as a birth mother, and family, friends or institutions such as hospitals or schools do not recognise the non-birth mother as an equal mother, then egalitarian parenting can be threatened (Perlesz & McNair, 2004). However, as indicated previously, changes are being made to government legislation to eliminate unequal parental recognition such as the inclusion of two, same sex parents on a child's birth certificate (e.g., *Miscellaneous Acts Amendment (Same Sex Relationships) Act 2008*). Regardless of these factors, and as some lesbian mothers have reflected, ultimately it is the child who is responsible for eventually identifying their non-birth mother as an equal mother. As one non-birth mothers' narrative reflects:

I asked our daughters...what's the different between a mommy [birth mother] and a mama [non-birth mother]?... [Daughter] sat quietly, thinking about my question. "I don't know, Mama. That's like asking what's the difference between a chicken egg and an alligator egg. They're both eggs. You're both moms. I don't think there is a difference". (Johnson, 2006, p. 112, parentheses added).

Thus, from what the narratives of lesbian mothers tell us, in families where both women have a desire to mother, biological separation significantly influences how they do so in the early stages of motherhood. And as mentioned in many narratives, ways of overcoming separation (based on biology) are associated with equality in parenting responsibility and maternal devotion which eventually establishes the position of the non-birth mother.

### **Breast Milk**

The encouragement of breastfeeding and breast milk is centred on only one means of provision; through the breast of the biological mother. However, the (re)introduction of breast milk banks gives us an alternative and unique location to re-consider the provision of breast milk and thus challenge the taken for granted expectations of a breastfeeding mother. In addition to the re-establishment of breast milk banking, cross feeding and selling milk are other traditional practices that also challenge these expectations. Accepting and encouraging these alternative practices may also work to the advantage of lesbian families, in particular lesbian non-birth mothers in order to avoid separations revolving around bodily functions, such as lactation, and more firmly position themselves as their child's mother.

### ***Induced Lactation and Cross Feeding***

Trends in breast milk sharing have evolved based on medical, scientific, social and economic factors, which have seen sharing practices move in and out of popularity. For instance, prior to the twentieth century, when a birth mother could not lactate (or died in

childbirth which was common) and there were few feeding alternatives, a baby was typically breastfed by another woman (Featherstone, 2004). These practices were either paid or unpaid. Paid practices usually involved the employment of a woman and was known as 'wet nursing'. Unpaid versions usually involved informal sharing amongst friends and relatives which is known as 'cross feeding' (Long, 2003; Featherstone; Wolf, 1999; Shaw, 2004). There are various factors that have been associated with the decline of breast sharing practices such as wet nursing and cross feeding. For example, the emergence of medical discourses which heavily promoted the use of formula (a scientifically manufactured alternative to breast milk), was one factor that contributed to the decline of breastfeeding and thus breast milk sharing. Breast milk sharing was also made unpopular in the twentieth century by discourses that labelled other women's breast milk, like other bodily fluids, as dangerous, especially in the 1980s when fear of bodily fluids was heightened by the emergence of HIV.

The invention and promotion of formula altered infant feeding methods throughout most of the twentieth century and saw trends alternate between the use of formula and breast milk (Hausman, 2003). Despite discourses that encouraged the use of formula, there were still advocates who continued to strongly promote the benefits of breastfeeding (Hausman). Breastfeeding was, and continues to be, promoted based on its superior nutritional benefits and its associated relational benefits. The strong promotion of emotional bonding with a child through breastfeeding was another aspect of breast milk sharing that contributed to its decline. The notion of a lactating woman, who was not the biological mother, breastfeeding a child and resultantly bonding with that child was highly unfavourable as it was seen to compromise the 'natural' bonding that should exist only between a birth mother and her child (Shaw, 2004). This was exemplified by my research participants who indicated that they had no issue with sharing breast milk and gaining the nutritional benefits of donor milk so long as

this breast milk was not delivered through breastfeeding or the suckling of another woman's breast. The mothers in my study who received donor breast milk were all heterosexual, and for them a distance from the body that provided the breast milk was preferred, so that emotional bonds between their child and the woman who produced the milk were not formed, thereby, compromising their own maternal identity.

I would suggest, that for lesbian non-birth mothers (and indeed non-birth mothers in general) who are potentially excluded from normative discourses of mothering based on bodily factors, the relational aspect of cross feeding can be used in their favour to create bonds with their (non biological) children. Of course non-birth mothers who have not been pregnant would have to induce lactation for this to be successful. Lactation can be induced by women who have not been pregnant or even by people who do not have ovaries (Cheales-Siebenaler, 1999). Methods employed to induce lactation include breast stimulation via pumping and massage combined with (or without) the use of medications, and hormone treatments. Participants in my study employed similar methods to produce breast milk when they were not able to naturally. According to the literature regarding induced lactation, adoptive mothers also employ similar tactics in order to lactate and breastfeed their adopted children (Gribble, 2001; Auerbach, 1981; Nemba, 1994; Wilson-Clay, 2006). Riordan (2005) indicates that inducing lactation for adoptive lesbian parents is becoming a more widely used and commonly accepted practice (see also Bennett, 2003; Aizley, 2006). So, taking into account the ability of the female body to lactate without a tangible biological link to a baby or without having been pregnant, combined with socially constructed implications of suckling at another woman's (who has no biological connection) breasts, then it may be an option for non-birth mothers in lesbian families to lactate and cross feed their own babies.

The research I have conducted illustrates that cross feeding is constructed negatively be-

cause it disrupts the presumed emotional bond usually established between a birth mother and her baby. Although this physical bond between birth mother and baby is established as a result of bodily function, it could be easy enough for lesbian two-parents families formed through biological reproduction to re-orientate this bond and incorporate themselves into a 'three way' bond. They could use cross feeding to their advantage to facilitate an equal bond with their child based on the physical act of breastfeeding. Of course simply physically feeding a baby does not represent a maternal relationship (we know this because wet nurses rarely made maternal claims on the infants they fed). However, because lesbian non-birth mothers are conducting this physical act within the context of mothering it may help them embody their maternal role and assert themselves more confidently as a mother.

However, it may be the case that establishing a physically tangible connection based on bodily function is not desirable for lesbian non-birth mothers who may find the idea of cross feeding or inducing lactation unappealing. In this case, and in order to eliminate the exclusion and jealousy associated with breastfeeding, lesbian non-birth mothers would have to rely on their partners to either express breast milk, so that both mothers can bottle feed, or simply provide formula. In the following section I will consider how making breast milk economically exchangeable may also benefit lesbian couples who wish to reduce or eliminate biological separation in their dual mothering roles but avoid the use of formula or needing to express.

### ***Breast Milk Banking***

The contemporary version of breast milk banking has been a historical evolution. In the early twentieth century, milk pooling was a method generated to gain the benefits of other women's breast milk without the child having to be cross fed or wet nursed (Golden, 2001). This process began with wet nurses expressing milk and providing it to hospitals, then as the number of wet nurses declined,

hospitals looked to their own maternity patients for unpaid contributions of excess breast milk. This practice continued but eventually also drew on milk donated from mothers in the wider community. Milk was distributed through breast milk banks that were operating within a handful of hospitals in Australia up until the late 1970s (Thorley, 2008). This has led to the evolution of the formalised process of breast milk sharing that we know today.

In the modernised version of breast milk banking, the organisational distribution of breast milk generally involves the pooling and allocation of breast milk to babies where it is exclusively given to sick or premature infants. At the time of my research there was only one formal breast milk bank operating in Australia, which was located at Perth's King Edward Memorial Hospital for Women (KEMH). Another has since been opened in Queensland and then closed in 2008 and a third was opened in Victoria in mid-2009. The heterosexual mothers in my study were registered with the KEMH breast milk bank, where the rules and guidelines are strict in terms of how donor milk is tested and screened, how it is treated (through pasteurisation), and how it is distributed. In the KEMH milk bank, donor milk is offered to recipient mothers following the premature birth of their babies if they are unable to sufficiently lactate and provide their baby with an adequate amount of breast milk. The donor milk is offered as an alternative to formula. Recipient babies receive donor breast milk until the gestational age of thirty-four weeks after which point, if the mother is still not lactating, the baby is given formula.<sup>1</sup> Donation occurs when a mother has an oversupply of breast milk that her baby cannot use, and she is invited to donate it to the milk

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1 Thirty-four weeks is used as the cut off point because this is the stage when a premature baby is far less susceptible to severe and sometimes fatal gastrointestinal infections such as necrotizing enterocolitis (NEC). The risk of NEC is much higher in formula fed babies, thus donor breast milk is offered as an alternative to formula in order to avoid the risk of infection (KEMH, 2009)

bank. In my research, donor mothers were either mothers of premature babies who were being cared for at KEMH or, in some cases, mothers of healthy, full term babies born in hospitals in the greater Perth area who produced excess milk which they were keen to donate to premature infants as 'outside' donors.

In Australia, the organisation of formal milk banking does not involve payment to either donors or by recipients. Instead, the process remains primarily altruistic, and the milk is reserved exclusively for premature babies who rely on the receipt of donor milk, sometimes for their survival. However, if access to breast milk through payment and economic exchange were a possibility it would give more babies greater access to such a valuable resource and lead to the recognition of the enormous labour outputs of women who lactate and express breast milk. Making breast milk more widely available would give babies (who do not have access to breast milk otherwise) the opportunity to attain the nutritional benefits of breast milk.

Making breast milk available for purchase is also a potentially useful way for lesbian mothers to eliminate possible jealousy caused through the often exclusionary practice of breastfeeding. Following the birth of their children, lesbian women would be able to purchase breast milk to bottle feed their babies which may remove formula use and the birth mother having to express milk. This would enable lesbian mothers to equally distribute feeding responsibilities through bottle feeding with purchased breast milk and allow them to concentrate on other ways to equally bond with their babies by focusing on other maternal activities, the equal division of care, domestic and paid labour and so on. Thus, if breast milk was purchased, mothers would still be providing their child with the optimum nutrition, their identity as a 'good' mother would be maintained, and they would not have to deal with guilt relating to the provision of formula or the exclusionary act of breastfeeding.

As well as facilitating egalitarian parenting

within lesbian couples, the possibility of being able to purchase breast milk and bottle feed may also generate more egalitarian parenting in other types of families. Purchasing breast milk could allow women to cease lactation, which can be done with medication or by suppressing breast stimulation (i.e. not breastfeeding or expressing for two to three days) until the breasts stop producing milk. This could be done so a birth mother can return to work if she wishes or needs to for reasons such as inadequate parental leave or child-care. It could also allow not just non-birth mothers, but also male partners and fathers to become the primary or co-caregivers by sharing the responsibility of (bottle) feeding immediately after a baby is born. Due to the fact that research (e.g., Patterson, 1995; Perlesz & McNair, 2004) has found that lesbian families who parent equally raise children who are well adjusted and tolerant of difference and diversity, then perhaps establishing similar parenting practices would ensure all families produced well adjusted and tolerant children. Perhaps unconventionally using the human body, by buying and selling a bodily product, is one possible pathway that could enable such a thing.

However, when it comes to the economic exchange of breast milk, Smith (2004) indicates that the lack of economic value placed on breast milk and the associated labour means that breast milk cannot compete in a market where cheap commercial alternatives (i.e. formula) are available. This may not necessarily be the case however, because in the United States there are breast milk banks that sell breast milk to subsidise the costs of the treatment and distribution but no profit is made (Wilson-Clay, 2006). As Wilson-Clay (2006) indicates, in the breast milk bank she co-founded in Austin, Texas, donor breast milk is more easily accessible to wider group of consumers including babies with adoptive, lesbian and gay parents and in some instances even adult cancer patients. On the other hand, there are some serious factors to consider regarding the commodification of breast milk. Making breast milk a consumerable product may further limit who actually receives it by

eliminating those who are not in a financial position to purchase it. Attaching an economic value to breast milk also has moral and ethical implications, some of which may be similar to those related to the commodification of blood and organs (Wilkinson, 2003). The buying and selling of breast milk could lead to exploitation of women who make their breast milk available to purchase, particularly women who may be forced into commercial breast milk production as their only means of economic exchange.

At the moment, the unconventional and controversial process of buying and selling breast milk does not exist in Australia. Nonetheless, it is important to ask how, if used responsibly and ethically by families whose babies would ultimately benefit from its purchase, the sale of breast milk could be useful. By redefining and altering the way it is used we could challenge the taken for granted maternal roles and taken for granted gender roles as well and alter not just the way lesbian families parent but also how families parent in general.

### Conclusion

The value placed on biological mothering and the strong emphasis on 'natural' nurturing can be very intimidating and exclusionary for all women, and particularly for those who mother outside of biological, taken for granted boundaries. As an individual who was parented, not by a biological father, but by a male who provided paternal care, I know that parenting roles and relationships can be successfully established outside of the biological realm. I grew up beside my mothers' partner, a man I always referred to as my 'dad' but addressed him by his first name. Despite knowing that he was not my 'father', his colleagues, acquaintances, my peers, teachers and friends' parents often commented on how alike we looked. This always amused me since we never felt we looked alike. Yet outsiders, who were uncomfortable with us being father and daughter without a biological connection, would attempt to enforce a presumption of visual similarity upon us. As a child, when people would make comments like this I

was always secretly pleased, yet there was always something that made me sad about my 'dad' not actually being my 'dad'. The importance of biology that people attempted to force upon us made me think that I was missing out on something important because I didn't have a blood connection with him. However, as an adult I have realised that this biological connection means nothing in the world I live in. He is my father because he has always 'fathered' me by *being* there in a paternal context.

The importance placed on biological connections and functionality, which are so widely valued in Western societies, are diversions used when people are unsure about relationships that fall outside of these boundaries, something I have experienced firsthand. From the narratives I have read there is a similar sentiment repeated by lesbian mothers who strive to 'fit in' somewhere so they are not excluded as a parent or mother because their roles are not readily recognised or accepted.

There is a great expectation that women fulfil their 'biological functions', especially since most female bodies have the potential to carry a pregnancy and are physically equipped to nurture. When a woman doesn't fulfil her expected function, she is criticised and devalued as a woman and a mother. Thus the role of a mother in Western society strongly incorporates biological functionality. For lesbian non-birth mothers who do not fulfil this biological role, their maternal identity is established through other ways of physically nurturing. Maternal actions and devotion in the context of parenting establishes their role and identity as a mother. However, there are many ways that lesbian women can approach parenting that is dependent on individual and personal beliefs as well as social pressures.

In this paper I have identified a number of lesbian non-birth mothers who find that, at least in the early stages of motherhood, the 'fact' of biological connections is emphasised in their parenting roles because it excludes them as legitimate mothers in dual mothered families formed through biological reproduc-

tion. Although non-birth mothers are physically *there*, and they are physically nurturing, some non-birth mothers do have a desire to fulfil a notion of biological functionality and mother in a way that incorporates that. And it is not impossible for lesbian mothers to do just that. Although perhaps they may not conceive, be pregnant or give birth, it is possible for them to nurture through stimulated functionality of their body if it is their desire to do so. If it is not desirable for non-birth mothers to mother in this way the alternative to purchase breast milk and provide it through a bottle should be available to them.

Given that it is possible for breast milk to be used in more than one way, I have often questioned why, since it is such a beneficial resource, its use is only encouraged and supported in one way. If more women were able to have greater access to the benefits of such a useful resource, and had autonomy over how they used it, what would be so negative about that? My research has identified the main issues women have with the alternative uses of breast milk. However, the selling banked breast milk was not something donors or recipients expressed concern over. Although donors never said they felt they were owed anything in exchange for their milk, participants also said if payment was factored into donating they would not turn away from it.

I feel that lesbian mothers, especially non-birth, non-biological mothers, are in a position to benefit greatly from these alternative uses and perhaps lead the way for greater acceptance of the processes through encouraging its wider use. Unconventionally using breast milk in the ways I have suggested means overcoming many negative perceptions of women and their bodies that have been established over time and through powerful and authoritarian discourses on medicine, health and safety. These negative perceptions may be difficult to eliminate but not impossible. Although the idea of sharing breast milk is unfavourable now, perhaps, as I have indicated, greater encouragement and acceptance

will help normalise the activities of safely sharing breast milk so that more babies have greater access and so that their parent's have greater options as well.

### Author note

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## TO ENTRAP AND EMPOWER: UNDERSTANDING THE SOCIAL IMPLICATIONS OF MATERNAL INTUITION WITHIN HETEROSEXUAL FAMILY RELATIONSHIPS

TONI DELANY

### Abstract

*Throughout this paper I explore the concept of maternal intuition and argue that it serves multiple, and sometimes contradictory, functions within heterosexual family relationships. In one sense a belief in the power of maternal intuition serves to reinforce gendered child care dynamics by naturalising the position of women as primary caregivers. Concurrently, this process may exclude and excuse men from equal parenting responsibility. However, maternal intuition can also operate to provide women a means of social empowerment. This occurs particularly through the role of intuition in providing evidence of a woman's ability to fulfil the role of 'good' mother. The ideas that are developed in this paper are drawn from a discourse analysis of narratives collected during in-depth interviews. The interviews were with 28 women who mother children with congenital health problems. Throughout the analysis various theories are applied in order to explore the origins and effects of maternal intuition from both a biologically determinist and social perspective. The findings of the analysis extend existing theory, particularly about the operation of intuition within heterosexual parenting relationships and about its role in reinforcing maternal responsibilities.*

**Keywords:** Maternal intuition, parenting, maternal responsibility, biological determinism.

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1 The data presented in this paper focus solely on how maternal intuition operates within heterosexual relationships. While some of the findings presented here may also be relevant to dynamics within homosexual relationships, the operation of parental intuition within homosexual relationships warrants dedicated research attention.

### Introduction

Intuition refers to a way of knowing; that is, a way of understanding, interpreting and explaining events that occur in our lives. The concept of intuition has been applied within various academic disciplines to explain forms of knowledge that arise from an "inner wisdom" (Stanton Savage, 2006, pp. 10,13). Given the widespread application of the concept, the relevant literature is dispersed across various academic fields. Multiple definitions of intuition have been developed across these fields in conjunction with different understandings about the origins and potential applications of intuitive knowledge (Hodgkinson, Langan-Fox & Sadler-Smith, 2008). I will provide a brief introduction to the concept of intuition by identifying some of the main ideas that permeate the existing literature. I will then focus specifically on exploring the concept of maternal intuition through an analysis of interview data.

The existing literature on intuition can be grouped loosely into five main categories. First, there is a considerable body of literature about the psychological origins of intuition. Within this work intuition is generally regarded as a form of thought which involves unconsciously accessing information previously stored in the brain (Hodgkinson et al., 2008). Due to the unconscious nature of this process, intuitive knowledge is commonly interpreted as arising from a 'feeling', a 'sense' or a 'hunch' rather than from explainable thought processes (Hodgkinson et al., p. 4).

Based largely on psychological theories, another extensive body of literature has also developed. This relates specifically to analyses

of the origin and function of intuition within professional contexts, such as nursing, medicine and surgery (see Abernathy & Hamm, 1996; King, 2008; Rew, 2000; Smith, 2007 for examples). Within this literature intuition appears to be understood as an unstructured mode of reasoning which may involve an informal, and potentially, unconscious assembly of evidence or observations. Such reasoning is believed to allow professionals to develop knowledge or to make particular decisions without being able to explain the logic that supports their knowledge or decisions. As such, professional intuition is generally associated with previous clinical experience and is regarded as something that can be learned and developed rather than something that is naturally occurring.

A third body of work originates from philosophical theory. Within this field of study, intuition is generally regarded as the ability to know without relying on previously developed knowledge (Liao, 2008). For this reason intuition is understood as a kind of higher order knowledge which is developed through a superior human faculty (Miller, 2004). For philosophers, intuition has the main purpose of supplementing understandings that can be derived from the more conscious processes of reasoning and inference (Liao; Miller). We will see later that this understanding of intuition is most similar to the intuitive beliefs expressed by the women in the current study.

A fourth body of literature has been developed within the field of theology. Similarly, within this literature, intuitive knowledge is not thought to develop from prior experience or reasoning. Instead, it is generally understood as emanating from an individuals' connection with forms of divine power or spiritual beings (Ward, 1994). Such connections are considered to provide access to forms of knowledge that are beyond, and of a higher order than, intellect or reasoning (Ward).

A fifth body of literature relates specifically to maternal intuition. The topic of maternal intuition has generally received less attention than

other forms of intuition and certainly less scholarly attention than other issues relating to mothering. As such, the existing theory on maternal intuition comprises a comparatively small body of work. The existing literature is interdisciplinary, however, including both qualitative and quantitative research from fields such as sociology, psychology, history and other health related fields of inquiry (see Davis-Floyd & Fishel Sargent, 1997; Genuis, Genuis & Chang, 1996; McPherson, 2006; Staton Savage, 2006 for examples).

Two main, but potentially conflicting, ideas appear to underpin existing theory about maternal intuition. The first is the idea that maternal intuition arises from women's biology. Theorists who support this assertion explain that maternal intuition emanates from an innate maternal instinct that women are born with. This instinct makes women 'natural nurturers' and, therefore, naturally able to know (intuitively) what their child needs. Other theorists (such as Lohaus, Keller, Volker, Capenberg & Chasiotis, 1997; Wright, 1987) who also support the biological origin of women's intuition assert that while women are not born with intuitive abilities they do develop these abilities through the biological processes involved in pregnancy. In particular, the changes that occur within the brain of a woman during pregnancy are thought to give rise to women's ability to know intimate details about their children, particularly in relation to their care needs (Lohaus et al). The essentialising of intuition, or in other words the reduction of intuition to the biological capacities of women, renders it as something that women have little control over and certainly no agency in producing. For this reason authors who support these theories define maternal intuition using terms such as "unconscious communication" (Wright, p. 246).

Others theorists who have written about maternal intuition take a slightly different approach. These theorists argue that maternal intuition is not natural but rather that it is learned by women (see Callery, 1997 for an

example). However, importantly, throughout much of this literature such learning continues to be linked to women's biological capacities as reproducers. In particular it is thought that women learn how to develop intuitive knowledge about their child during the time they spend with them during pregnancy.

Despite the varied understandings that exist about its origins within the existing literature, it appears that maternal intuition is generally understood as something that is universally achievable by all women who give birth to a child. The dominance of the idea that intuition is natural for women or that it can be achieved through a woman's reproductive capacities highlights the essentialist, or biologically determinist, nature of much of the existing theory. I argue that this focus is limiting as it neglects consideration of the potential influence of the social context in which women live; both on their understanding of intuition and in terms of the effects that a belief in intuition may produce within their lives. My aim in this paper is to develop a broader approach to exploring and understanding maternal intuition, which considers the links between maternal intuition, biological determinism and social process. In particular, I will explore intuition as an embodied and political construct within the lives of women which operates to produce particular social outcomes. As part of this I will focus on examining the potential effects of intuition within heterosexual families and, more broadly, also consider the potential effects of it in terms of influencing women's social positioning. Specifically, I aim to address the following questions throughout the analysis.

1. What implications may be produced by the operation of maternal intuition within heterosexual families?
2. What role does maternal intuition have in reinforcing certain forms of maternal responsibility?

It is important to make clear that my aim in this analysis is not to question the authenticity of maternal intuition. For some of the women

I interviewed this form of knowledge is certainly real and important. For several it even appeared to shape their overall understandings about their realities. Therefore, what seems more theoretically important than questioning whether intuition 'actually exists' is to explore the productive and political basis of this form of knowledge by exploring the social implications that it may produce within families. Further insight into the particular ways in which the women in the current study construct and understand their intuitive beliefs will be provided throughout the findings section.

### Methods

The findings that are presented in this paper are drawn from a broader qualitative study. I designed the broader study to explore the role of gender in the attribution of responsibility for congenital health problems.<sup>2</sup> The findings that are reported here emerged unexpectedly, but powerfully, during a series of in-depth, open ended interviews that I undertook during 2008 and 2009. The interviews involved 28 women aged between 26 and 42 who mothered children with congenital health problems.

The interview participants were recruited via support groups for three different congenital health problems. All of the participants were mothers of children aged six years and younger who were affected by one of the following health problems:

- congenital heart disease (CHD). CHD is a term used to refer to a variety of different problems that can develop in the heart of an infant before birth.
- naevus, which involves the formation of pigmented (dark coloured) growths on the skin before birth.

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<sup>2</sup> For the purposes of this paper a congenital health problem is defined generally as any condition that develops before birth and produces some degree of disability, impairment and/or illness.

- spina bifida, which occurs when the spine does not form completely. The impaired spinal development can cause problems with mobility and continence.

These three particular health problems were chosen because they have different characteristics which may influence the experiences of mothers. The selection of specific health problems was also practical because it allowed me to work with relevant support groups to invite women to participate in the interviews. Interviewing women who already had access to established networks of support or information through their groups was valuable because some of the issues that we discussed during the interviews were sensitive and emotional.

While I undertook the majority of the interviews in person, I also interviewed some women by telephone because they lived outside of South Australia (which is where I am located). The study included women from Queensland, New South Wales, Victoria and South Australia (both metropolitan and rural locations). During the interviews I asked some broad questions; but, for the most part, the women shared their experiences in an unrestricted way by raising issues that were relevant to them. I did not ask any of the participants about maternal intuition specifically. Instead this issue was identified by the participants when I asked them to tell me about their experiences before and during pregnancy and during their child's infancy. After the women raised the issue of intuition I then probed more deeply to gain further understanding.

Following each interview I transcribed the discussions. This facilitated my early analysis of the data, which I continued during a subsequent stage of critical discourse analysis (Fairclough, 1989, 1995). Critical discourse analysis involves reading interview transcripts with a view to exploring the underlying discourses, or very simply, the ways that people talk, think, act and interact in relation to particular issues (Wetherell, Taylor & Yates, 2001). Within a critical approach, discourses

are believed to be structured in ways that support some individuals and groups while oppressing others (Holstein & Gubrium, 2005). In this sense, discourses reproduce power relations while also operating to define shared beliefs "which give structure to everyday life and which assist individuals to make sense of their world" (Lupton, 1994, p. 29). By the very nature in which discourses operate they usually remain implicit. This means that rendering particular discourses visible is one of the central tasks of critical discourse analysis (Bacchi, 2003; Lupton). While undertaking the discourse analysis of the interview data I have been concerned with exploring the issues and concepts raised explicitly by the women and also the implicit meanings that permeate the narratives. Applying such a focus has assisted me to explore what factors influence the participant's beliefs about maternal intuition and also to explore what social implications may arise from their expression of intuitive knowledge.

While analysing the interview data I found that discourses of maternal intuition emerged from eight of the interviews. In four of these interviews maternal intuition was a main focus of the women's narratives and something which framed the way they interpreted their overall experiences of mothering. The following analysis draws in detail upon the accounts of the eight women who discussed the issue of maternal intuition throughout their interview. While these findings are, therefore, based on a small number of participants' narratives, the analysis is useful in exploring the meanings that may be applied to intuition and also useful for examining how these may operate to produce particular effects within families.

## **Findings**

### ***The Type and Timing of Maternal Intuition***

The interview participants expressed intuitive beliefs both about their children's needs and

about their children's health status. For some participants, such as Laura, intuition arose early in pregnancy:

During the pregnancy I had the regular scans and processes done but nothing actually showed up that there was anything wrong with the baby. However, I had a feeling that there was something wrong with his heart even though they kept saying no there's nothing, he's fine... I don't know why, it was just one of those things. I just had a sense...

Another participant, Chloe, also developed intuition about her child's health status during pregnancy:

When I was about 5 months pregnant with Cameron, for quite a few weeks I had this feeling...I've only told my husband and another person this but I had this feeling that the baby was ok but there was something different, and obviously I didn't know what it was and I sort of dismissed it because I didn't believe in that sort of...well my upbringing isn't sort of...you know the universe and other powers of being and things like that... But there was something... I can think back now in hindsight and say well that was my intuition saying that he has a birth mark (naevus) but the baby was fine...I just sort of had these funny feelings every now and then.

More commonly, the participants explained that they developed maternal intuition *after* their child's birth. Such beliefs were expressed frequently by Kate who held a strong faith in the power of her intuition to alert her to her son's impending illnesses. As I will demonstrate later, this knowledge appears to have had a strong influence on Kate's experience of mothering her son Chris.

That instinct twice has been what's saved Chris. The first time it was just me being completely paranoid because there were no symptoms. I'd been to the GP and she said there's no signs but if you're still worried at the end of the day take him up to the hospital. So I rung the hospital and they said 'why don't you bring him in now, don't wait

until it's too late, just let us check him out.' And I brought him in and found out it was a serious problem. And it was pure instinct that I did what I did both times, taking him into the hospital on that feeling saved him both times.

It is important to highlight at this point that Kate and some of the other participants used the words 'intuition' and 'instinct' interchangeably. An analysis of the context in which they use these words shows that what they are referring to relates more to the concept of intuition than instinct- that is, an ability to anticipate or know certain things about their children rather than an innate instinct that allows a woman to care for her child.

### ***Biological Determinism, Gendered Responsibility and Maternal Disempowerment***

Reflecting back on the essentialist or biologically determinist ideas that dominate much of the existing literature about maternal intuition, these ideas appear to be supported, to a limited extent, by the comments of some participants. For example when Natasha was talking about her husband's difficulties in caring for their one year old child she said:

He's a fantastic father but there's some things where the penny doesn't drop...like there's just...I guess mothers' natural intuition comes through and it just doesn't happen with the bloke...especially when your baby's so young your mothers' brain is tuned into that kind of thing...you just know what babies need.

Essentialist ideas about intuition were also expressed by Catherine in support of her overall understandings about appropriate parenting roles:

I think, without being sexist, intrinsically women know their kids really well and so you know when something's wrong. And so...I think intuition does come into it, you just know your child and what's going on with them.

If we maintain the essentialist, or biologically determinist, focus that permeates much of the existing literature and apply this kind of thinking to the analysis of the interview data we can gain *some* insight into the relationships between maternal intuition, maternal responsibilities and the distribution of child care within heterosexual families. However, I want to foreshadow that essentialism is not the only thing operating within the women's narratives. I will elaborate further on this point after explaining what may be learned through the maintenance of an essentialist analytical focus.

First, a belief in the ability of women to intuitively know certain things about their child on the basis of their biological sex *naturalises*, and therefore *reinforces*, women's role as the primary carers of their children. This is because, through their biological capacities, the mother of a child becomes viewed as being able to provide a higher standard of care for the child than any other person. The naturalisation of women's role as primary, and more able, carers ultimately has the effect of legitimising women's greater responsibility for caring for children within the family (Everingham, 1994).

The naturalisation of women's role as primary caregivers also has the effect of excusing and excluding men from an equal role in the parenting relationship. This is because men's biology appears to automatically preclude them from developing the intuitive abilities that women are represented as acquiring through their biological sex or during their pregnancy. The effect of intuition in excluding and excusing men from equal parenting responsibility is demonstrated in the next quote from Kate. As highlighted earlier, Kate feels a strong sense of intuition about her son's health status and she believes that she can identify when his condition is going to worsen. As a result of these beliefs she feels able to act as an advocate for her son Chris in order to ensure he gets the medical treatments that she believes he requires. When I asked Kate whether her husband also assumes an advocacy role she

responded with the following comment:

He'll be there but he has a greater respect for that maternal instinct I think....If ever Chris is sick, even now, he'll say put him in your bed, I'll sleep in Chris's bed because you can keep an eye on him during the night, you'll wake up if he's not well...if he's next to you, you'll wake up, and you'll pick something up.

It is also clear from this quote that a shared belief in maternal intuition can operate to increase the level of responsibility that women have for their children and, in particular, for their children's health. Kate, as well as some of the other participants, felt as though they had extraordinary abilities in relation to their children, abilities that allowed them to extend their mothering duties to involve protecting their child from illness. Such protection was considered possible through the supposed ability of these women to predict developing illness and, therefore, prevent it or at least to seek early medical care in order to limit the effects of the illness. However, this sense of heightened maternal ability and, hence, heightened maternal responsibility also has the effect of creating a further potential for women to experience blame if something negative does happen to their child (Thurer, 1994). For example in the case of Kate it was clear that she would be likely to blame herself if she did *not* wake up when her son became ill and she may also, potentially, be blamed by her partner given their strong reliance on Kate's intuition as a basis for their distribution of child care responsibilities.

This initial analysis has indicated that theories which link women's intuitive abilities to their biological sex do provide some assistance in understanding the implications of the intuition that the participants expressed. I now want to move on from the biologically determinist understandings that dominate the existing literature. The reason for this is that I believe that there are several problems associated with relying only on essentialist theory to understand this data.

### ***Problems Associated with a Reliance on Biological Determinism***

The first problem is that the assumption that maternal intuition can arise only from women's biological capacities is disempowering. Understanding the origins of intuitive beliefs in this way represents women's thoughts and mothering abilities as completely devoid of any agency (Everingham, 1994). Instead the thoughts that women have about their children and their mothering abilities become conceptualised as emanating only from their biological capacities as reproducers. Second, the naturalisation of women's intuition represents women's current role as the primary caregivers in most heterosexual families as unchangeable. However, if you apply a social perspective, particularly a feminist perspective, it becomes clear that this may not be an accurate representation of the nature of social relations and that indeed greater opportunity for change is possible (Everingham; Saunders & Evans, 1999).

Third, and probably most importantly, biologically determinist theories of intuition do not fit entirely with the findings that have emerged from the study. While some participants expressed beliefs about the biological basis of their intuition, a deeper analysis of their narratives reveals that their understandings of intuition and the functions that intuitive beliefs serve in their lives are far more complex and multifaceted than essentialist theories allow consideration of. The discourse analysis that I have undertaken shows that maternal intuition is not just a biological phenomenon which is able to be understood through a solely biological focus. The findings suggest that instead maternal intuition is positioned at the meeting point of the biological and the social where ideas about biological capacities are evoked to legitimise and create particular social arrangements. Furthermore, by applying a non-essentialist perspective to the data it becomes evident that the discourses of intuition that emerged from the interviews also link with other discourses of mothering that the women expressed. It is at the sites at which these

discourses interact that some of the most important findings have emerged in terms of understanding the relationships between beliefs about maternal intuition, heterosexual family dynamics and maternal responsibilities. I will now elaborate on these ideas to make clear what the findings reveal.

### ***Maternal Intuition as Committed Mothering***

An analysis of the participant's narratives indicates that all of those who reported a sense of maternal intuition also expressed an engagement with forms of intensive mothering. Social theorist Sharon Hays (1996) undertook in-depth research into intensive mothering practices. Hays explains that the term 'intensive mothering' refers to an all encompassing form of child rearing that is privileged and culturally reinforced in Western societies. Intensive mothering involves the total commitment of a mother to her child regardless of how much personal sacrifice is involved. For intensive mothers the needs of the child become paramount and the development of appropriate child rearing practices involves the unlimited expression of physical, moral, mental and emotional energy by the mother. Although, Hays alludes to potential links between intensive mothering practices and intuition she does not develop these ideas or explore what the effects of these linkage are. During the analysis I have found two potential relationships between intensive mothering and maternal intuition, which I will now explain.

First, it appears that a sense of maternal intuition can encourage women to actively and purposively engage with the culturally privileged model of intensive mothering. This is because, as explained earlier, a belief in intuition can operate to increase the level of responsibility that women have for protecting their children's health. Therefore, women who believe in their intuitive abilities are more likely to feel responsible for maintaining close physical and emotional connections with their child. Such close physical contact and emotional engagement is thought to allow them to

monitor their child's health and seek appropriate assistance if required. This possibility, the strong link between intuition and intensive mothering and the potential role of intuition in encouraging maternal sacrifice as a means of satisfying maternal responsibility, is further highlighted by Renee:

I'm a teacher and you can get sent to any school to work depending on what's available. I'm not prepared to be working on the other side of town, to be that far away. I've ended up working part time where my son goes to school. I get paid heaps less because I'm working one on one but it's ok because I can be at the school where he is. But anyway that's how you think. You don't want to be far. And I get other teachers saying to me 'how can you take on that position, the pay's so much lower and it's stepping down' but it's nothing to me because I'm not prepared to put him in after school care or have other people looking after him. They just don't know him like I do; they just can't keep that extra special eye on him like I can because I can usually tell when something will go wrong...you know, I watch everything, what he does, how he plays- certainly when he was little in the playground. Every minute longer he would sleep I was questioning...you know, that's how it is for me.

### ***Maternal Intuition as a Potential Form of Empowerment***

The second relationship between cultural expectations surrounding intensive mothering and maternal intuition is based on an apparent willingness of the participants to engage in intensive mothering practices in order to demonstrate their ability to be 'good' mothers. For these women, expressing intuitive knowledge about their child demonstrates a closeness and an attentiveness that is characteristic of the devotion and receptiveness that is associated culturally with 'good', intensive and committed mothering (Badinter, 1981; Hays, 1996). Expressing maternal intuition appears to provide a way for the women to prove that they are deeply connected with and actively committed to their child. It also demonstrates

a closeness in their bond with their child that would be impossible to develop if they were distanced, uncaring and un-protective mothers. Achieving and displaying 'good' mothering practices, which are privileged and actively constructed as necessary through cultural process, was particularly important for the group of women I interviewed. Almost all of the women expressed concerns about the quality of their mothering being judged by others, especially medical professionals, because they felt that their child's health problems could be interpreted as sign of their 'bad' mothering in that they 'failed' to produce a healthy baby or to care for their child adequately (This finding is supported by the work of Malacrida, 2003). For these women, expressing a 'special' kind of knowledge that emerges from a 'special' bond between mother and child appears empowering to some extent in that it provides evidence of their ability to conform to social expectations surrounding 'good mothering'. As such, the expression of intuition becomes a political process that allows women who may be otherwise positioned outside the boundaries of social acceptance to regain some degree of recognition by reasserting themselves as legitimate, caring and compliant social beings.

Related to the idea that intuition can provide a means of regaining acceptance, the comments of the participants also suggest that the use of maternal intuition to support a 'good' mothering status can assist in absolving women from blame for their children's health problems. This idea is supported by the literature on attachment because it is believed that the development of a strong emotional attachment between mother and child can operate to enhance the health status of the child (Balck, 2004; Mercer, 2006). The operation of such ideas within the participants' narrative is demonstrated in comments made by Laura. Laura explained an instance in which her breast milk had been blamed by medical professionals for her child's lack of growth. Despite this medical opinion, Laura relied on her sense of intuition and continued to breastfeed because she believed it was both best for her child and the



most appropriate role for her to fulfil as a 'good' mother.

I could hear them talking about Billy, they're going 'oh its failure to thrive you know he's fully breastfed it could be something to do with that.' And I knew that it wasn't my breastfeeding. I knew there was nothing wrong with my supply and when they said that I just felt really insulted, like it was something I was doing that was stopping him from growing. I said this baby, once you get him home, because they were coming in and checking his vitals every four hours and waking him up, he's not going to grow in that environment he needs to be in a normal environment. And he did put on weight well when he first came home. I was right, which made me feel a bit better because breastfeeding to the mother is emotional it's not clinical it's not just giving this child food it's you're giving him everything you can possibly and it's hard work, so I was devastated that someone was trying to tell me that it was my fault that he wasn't growing because I knew in myself that it wasn't.

This quote demonstrates that a belief in intuition allowed Laura to position herself as a 'good' mother because she *knew* intuitively what her child needed to grow. Laura's belief in intuition also allowed her to absolve herself from the blame that was being imposed on her, blame which had the potential to position her as a 'bad' mother who couldn't provide the nutrients necessary for her child's growth.

### ***The Value of Applying a Focus on the Social***

Through consideration of the relationships between the social context in which women live and intuitive beliefs I have demonstrated that maternal intuition may have origins and functions that are outside the realm of biology. For the participants in this study it appears that maternal intuition provided an extension of the biological essentialism that connects women's supposedly natural and unconscious instincts for nurturing and child care with a sense of agency, intellectualism and a

conscious ability to know their child or foetus. Within this broader understanding of intuition, women who display intuitive abilities become positioned as operating within a higher order than those who have only a biologically ascribed maternal instinct. It is these women's good mothering practices, and not just their biology, that becomes interpreted socially as providing the basis for a deeper, closer maternal-child bond. Demonstrating this bond appeared to allow the women in this study greater access to the status of 'good' mother, which would have been otherwise less accessible to them.

### **Conclusion**

Throughout this paper I have introduced some of the ways in which maternal intuition is understood within the existing literature and by women themselves in the current study. Through an analysis of the interview data I have demonstrated that maternal intuition is a complex, multifaceted and political concept which serves multiple and sometimes contradictory functions within heterosexual parenting relationships. Intuition as a productive social construct operates to reinforce maternal responsibility by naturalising women's role as primary caregivers while, concurrently, excusing and excluding men from equal parenting responsibility. Similarly, maternal intuition may position women as potentially to blame for issues related to their child. However, in its operation as part of a broader, culturally accepted display of 'good' mothering, maternal intuition can assist women in absolving themselves from blame. Therefore, it appears that intuition may reinforce women's subordination within the family while also affording them a degree of social power. This exploratory research of maternal intuition underlines its importance in illuminating the complex and often contradictory nature of gender relations within heterosexual families which, like maternal intuition, can serve to both entrap and empower.

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### Acknowledgements

Thanks to Associate Professor Vivienne Moore, Associate Professor Margie Ripper and Professor Chilla Bulbeck for their assistance during the development of this research. Thanks also to the research participants who generously shared their time, experiences and enthusiasm during the interviews.

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## **TYING THE PINK KNOT: PSYCHOLOGICAL PERSPECTIVES ON SAME-SEX MARRIAGE IN AUSTRALIA**

BEN WALKER

### **Abstract**

*The 2008 amendments to eliminate all legal discrimination against same-sex couples represent a substantial milestone in Australia's gay and lesbian history. Yet despite these gains, Australia continues to lag behind other countries with historically more conservative politics than Australia in granting marriage rights to gay and lesbian people (.e.g., South Africa and Spain). This commentary provides a brief overview of the psychological literature related to marriage for gay and lesbian people and highlights the almost unanimous support it offers in support of same-sex marriage. Specifically, the literature suggests that same-sex relationships are typically positive and supportive, that many same-sex couples have similar aspirations to marry as do heterosexual couples, and that not allowing marriage therefore holds the potential to elicit negative psychological affects. Nevertheless, it is also recognised that issues remain in the quest for same-sex marriage, primarily because some gay and lesbian couples have flexibility in their relationship beyond a dyadic, life-long, monogamous relationship, which counters the traditional concept of marriage as a commitment between two people.*

Key words: marriage, Australia, psychology

### **Introduction**

On November 24, 2008, the Rudd Labor Government without debate fulfilled its campaign promise of eliminating all legal discrimination against same-sex couples (Sydney Morning Herald, 2008, November 27). As advocated in the Human Rights and Equal Opportunity report (2007), the new legislation amended 58

laws that discriminated against same-sex couples through deletion of specifically heterosexual phrases such as "member of the opposite sex". Consequently, the law now treats same-sex couples equally regarding employment, worker's compensation, tax, social security, veteran's entitlements, health care costs, family law, superannuation, aged care, migration and so forth (Human Rights and Equal Opportunity Commission, 2007).

My personal view, and that of the Gay and Lesbian Rights Lobby who organised the "58 08" campaign (Gay & Lesbian Rights Lobby, 2008), is that this legislative change represents a substantive milestone and vital step on the road toward achieving other rights for lesbians and gay men, namely same-sex marriage in Australia. I was, however, surprised that these amendments received scant (mainstream or gay and lesbian) media attention, or alternatively, little backlash from socially conservative groups, especially considering the fact that these laws represent a u-turn from the low-point four years previously, when the previous Liberal government passed its Marriage Amendment Bill 2004. Similar to the US Defence of Marriage Act, the then Australian government amended the gender non-specific Marriage Act 1961 to designate marriage as "between a man and a woman". As opposed to the unanimous support for the 2008 bill, only six senators voted against the prohibitive 2004 bill.

My reconsidered opinion is that these laws passed with neither celebration nor opposition because they skirted the issue of *marriage*. Despite high divorce rates and increased long-term cohabitation, marriage remains socially an important institution; internationally, gov-

ernments and citizens accept marriage as the gold standard of relationships. As researchers Wilkinson and Kitzinger (2005) state; "marriage is universally understood to be the fundamental social institution for recognition of the couple relationship". It is on this basis that gay and lesbian lobby groups across the world continue to argue for marriage rights for non-heterosexual people. Moreover, lobby groups and activists argue that marriage rights must be granted both in name and in legal status, and that the creation of new legal terms for same-sex couples only (i.e., Civil Partnerships) demonstrates a separatist logic (Wilkinson & Kitzinger). Of course any approach to arguing for marriage rights for gay and lesbian couples will be opposed by socially conservative groups, who argue that same-sex relationships are inferior to heterosexual relationships and that allowing same-sex marriage would degrade the sanctity of marriage. Claims such as these are refuted by the growing body of psychological literature on marriage and gay and lesbian people, which I will now summarise.

### **Psychology and Marriage**

In contrast to opinions that same-sex relationships are inferior to heterosexual relationships, the psychological literature is replete with almost unanimous support for the equivalent strength of same-sex relationships. On this basis, the American Psychological Association has become involved in "activist science" (Borshuk & Cherry, 2004) on gay and lesbian issues. In fact, in 2004 the APA agreed upon a *Resolution on Same-Sex Orientation and Marriage*, in which it sought to take a leadership role in reducing discrimination and advocating legal rights including marriage (APA Council of Representatives, 2004). Following this resolution, the APA has released press releases further commenting on this issue. For example, early in 2008 the APA issued a press release with examples of research indicating that same-sex couples are equally healthy and secure as heterosexual couples (American Psychological Association, 2008, January 22). Later that year, the APA

released a statement of research that the new laws prohibiting same-sex marriage cause distress among GLBT adults (American Psychological Association, 2008, November 18). In making these statements, the APA drew upon the growing body of psychological literature examining claims for marriage rights. Specifically, this literature emphasises the equal quality of same-sex relationships to heterosexual relationships, the negative stress consequences of denying same-sex marriage, and the corollary benefits of granting marriage rights. Each of these three areas are now summarised in turn.

### ***Strength of Same-Sex Relationships***

In terms of relationships, one study comparing homosexual and heterosexual relationships found no difference in quality of relationships (Roisman, Clausell, Holland, Fortuna, & Elieff, 2008). The only significant differences were positively in the direction of lesbian couples: they participated together with more harmony and cooperation in laboratory studies. The authors contend that one difference is that same-sex couples value an ethic of equality higher than opposite-sex couples. Another study found heterosexual and homosexual people similarly valued life partnerships, psychological and physical intimacy, and support from friends and family (Kline, Martz, Martz, Lesperance & Waldo, 2008). A review article overall found no difference between homosexual and heterosexual relationships in psychosocial dimensions and ability to provide a healthy and nurturing family environment for children (Herek, 2008). The author contends that marriage would only increase the ability of same-sex couples to relate to each other and their children positively.

### ***Negative Consequences of Denying Marriage***

In regard to negative consequences of denying marriage to same-sex couples, a recent US study has examined the effects on lesbian, gay and bisexual people of the 45 US state

laws that explicitly uphold marriage as only between a man and a woman (Rostosky, Riggle, Horne & Miller, 2009). Comparing LGB people living within these states with those living in other US states, the research found higher minority stress including negative media messages and activism as a coping strategy, as well as psychological distress (negative affect, stress and depression) in the states that explicitly prohibit same-sex marriage. A study of couples in same-sex unions in Vermont also found negative effects of not being in a union: in fact such couples had increased likelihood of ending their relationship (Balsam, Beauchaine, Rothblum & Solomon, 2008). In other words, the absence of same-sex marriage accorded negative consequences to same-sex couple's lives.

Research also suggests that the unequal status (in name) of Civil Partnerships (such as in the UK) can have negative psychological consequences for same-sex couples denied access to the actual institution of marriage. Ellis (2007) writes of her own experience of choosing a civil partnership in the UK, despite her view that civil partnerships treated same-sex relationships as second class. As a feminist, she initially resisted, because legally equivalent civil partnerships represented an 'apartheid' or two-tiered system. However, practical considerations presided: her partner was once hospitalised and the absence of a family or legal relationship made visiting rights difficult. However, Ellis reports that family members were unsure how to relate to two people forming a civil partnership. Unlike an announcement of marriage, friends and family did not exhibit a sense of excitement and few sent gifts to celebrate. For the reception and honeymoon, brochures were sent of heterosexual couple's marrying, which was emotionally unsatisfying. In other words, Ellis suggests that legal recognition is not the same as marriage as a social institution, because people do not respond equivalently. Ellis found the civil partnership experience lacking, and many would prefer marriage. In contrast though, it should be noted that a qualitative study using interviews with same-sex couples in the UK

(where only civil partnerships are available to same-sex couples) found a multitude of responses (Clark, Burgoyne & Burns, 2007). Some couples mirrored the attitude of Ellis, whereas others were satisfied with both the legal recognition of their relationship and felt a greater sense of equality through a civil partnership.

### ***Benefits of Marriage***

In Massachusetts in the United States, where same-sex marriage was legalised in 2004, researchers conducted a study of the effects on 50 married and unmarried couples from that state (Schechter, Tracy, Page & Luong, 2008). Some couples legally continued as a de facto couple despite the legislative changes, either because marriage was unimportant or they were satisfied with their commitment ceremony. For others, legal marriage accorded legal protection and some married without ceremony. Interestingly though, many couples reported unforeseen benefits of marriage. The participants found that marriage afforded a greater sense of commitment to each other, greater support from friends, family and society generally. Marriage rights enhanced couple's feelings of equality and reduced their internalised homophobia. Lannutti (2005) similarly found that marriage potentially has a positive influence on LGBT relationships, particularly in terms of a greater sense of equality.

### **Conclusions**

While same-sex marriage has become a focal point for gay and lesbian rights lobbyists worldwide, problems exist within even a successful outcome. Some gay and lesbian people critique the desire for marriage because it is essentially mimicking the heterosexual dyadic life-partnership model (Kline et al., 2008). Boyd (2004) even argues that the striving for equal marriage rights has made gay and lesbian people more conservative, by emphasising how similar their relationships are to heterosexual relationships, and thereby losing their unique identity. The traditional concept

of marriage inherently comes loaded with baggage that does not fit neatly with the lived experiences of some members of gay and lesbian communities. Apart from these issues with marriage, another issue is that some same-sex relationships contain an element of non-exclusivity (for example in polyamorous relationships). In this regard, queer theorist David Halperin suggests that whilst philosopher Michel Foucault may have been positive regarding same-sex marriage, "he would have wanted the gay movement to seize this opportunity to promote and to valorize many different forms of relationships between two or more people" (Halperin, 2004, p. 35). In other words, some legitimate relationships are shorter term and some relationships can co-exist with other relationships. If same-sex marriage rights are won, community expectations may be that couples follow dyadic, monogamous, life-long relationships. However, Foucault and others would argue that gay and lesbian communities should not be straight-jacketed into this model.

This article has focussed on gay and lesbian couples, but is cognisant of the specific issues faced by bisexual, transgender and intersex people in couple relationships. Bisexual people are largely invisible in debates over marriage, where those choosing to form a dyad with an opposite-sex partner are often presumed to be heterosexual, and conversely when a same-sex dyad is formed the individual is presumed to be gay or lesbian (Kitzinger & Wilson, 2006). Furthermore, within the one-man one-woman perception of marriage, intersex people who choose not to designate themselves one single gender are excluded from legal partnerships altogether. In terms of transgender experience, Kitzinger and Wilson describe as ludicrous the fact that a transgender person in the UK who is in a heterosexual marriage prior to transitioning must under current law choose between their marriage and their desire to be legally the opposite gender (i.e., their marriage cannot continue if they transition to the same gender as their marital partner as same-sex couples cannot be 'married' in the UK, but rather must have their

marriage amended to a Civil Partnership). My view is that same-sex marriage will eventually in Australia, but that it may be through gradual rather than radical change. For individual couples the change is best sooner rather than later. However, for the overall gay and lesbian community the change may best occur when the Australian community overwhelmingly support same-sex marriage, and the only real backlash is from marginalised social conservatives unlikely to win court challenges or threaten couples. This article suggests that the support from psychological literature for same-sex marriage is near unanimous, but that a range of issues exists regarding the traditional institution of marriage.

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## BOOK REVIEW

KIRSTEN McLEAN

*Bisexual Politics: Theories, Queries and Visions. Edited by Naomi Tucker, with Liz Highleyman and Rebecca Kaplan. New York: Harrington Park Press, 1995, 358pp., ISBN: 1560238690*

During the 1990s a number of books on bisexuality were published, addressing a significant gap in the examination of bisexuality as a distinct sexual identity. One of these was Naomi Tucker's edited collection *Bisexual Politics: Theories, Queries and Visions*. It is a collection of personal stories, interviews, historical pieces, speeches and scholarly articles, divided into three main sections – the historical roots of the bisexual movement (reflections); bisexual politics in the gay and lesbian, straight, and bisexual communities (connections) and visions for the future (directions). Each section comprises pieces from authors with varying experience within the bisexual movement and/or gay and lesbian communities and indeed varying experiences of their own bisexuality. There are contributions from monogamous and non-monogamous bisexuals; from bisexuals into S/M and pornography and those who defend against the stereotypes of bisexuals as hypersexual; bisexuals who choose partners without attention to gender as well as those for whom gender is vital. Despite this, the Introduction to the book acknowledges that the majority of contributions are from white, middle-class women, and thus the collection does not necessarily represent the various class, gender, racial or ethnic diversities that make up the broader bisexual community.

The book presents a variety of opinions from these contributors about what the bisexual community should be doing and how it should

be doing it, as well as where bisexuality fits into a broader GLBT/queer movement. In *Bisexual Politics*, some of the contributors call for an organised, separate bisexual movement that caters for the specific and unique interests of bisexual men and women. The 'Reflections' section that begins the book offers a number of ideas and strategies for bisexual organising, recognising, as Highleyman does, that bisexuals need separate spaces in order to deal with issues exclusive to bisexuals such as the experience of monosexism – the belief that partner choice should be limited to one gender only (p. 87). However, because of the diversity of bisexuality, trying to bring together a diverse group of people with differing and competing agendas can make the creation of a bisexual community with a set of unified and common goals incredibly difficult to realise in practice.

As a result, many of the contributions to *Bisexual Politics* focus on improving the somewhat rocky relationship between bisexuals, gay men and lesbians. In a piece called 'And why you must say "and bisexual"', Nishanga Bliss argues that every mention of 'lesbian and gay' when the community comprises more than just gay men and lesbians is a slap in the face, a reminder of bisexuals' exclusion within gay and lesbian space. She calls for gay men and lesbians to "adjust their attitudes and language accordingly" (p. 259). Many of the contributors also offer advice to bisexuals about how to work more closely and productively with gay men and lesbians. Robyn Ochs' 'Bisexual Etiquette' (p. 237) suggests that bisexuals respect, communicate with and listen to gay men and lesbians.

Since the book was published, of course, the

"... and bisexual" strategy has had to shift as transgender and intersex communities have also fought for inclusion within sexual/gender minority communities, and we have also seen a distinct trend towards using 'queer' as a naming strategy in the GLBT community. For example, in Australia, many community events and groups use the word 'queer' in their titles as an inclusionary term to include gay men and lesbians, bisexuals, the transgendered and intersexed, and others. Nonetheless, such an umbrella term may be problematic. As Liz Highleyman suggests, 'queer' might be used as an alternative to having to "mention bisexuals, transgendered people, and others by name" (p. 82). It may also make the unique interests of particular groups invisible – for example, how do such events and groups cater for those bisexuals who are in opposite-sex relationships, or who are multi-partnered, if the common thread tying them together is queerness or same-sex attraction? How does 'queer' cater for the kinds of diversity that is found amongst gay men, lesbians, bisexuals, the transgendered and the intersexed in terms of identities, politics and relationships?

Several contributors, however, argue very strongly against attempts to assimilate into gay and lesbian politics because it renders particular ways of being bisexual invisible. Robin Sweeney claims that bisexuals need the space to be open about the diversity of their sexual desires (p. 185), suggesting that both the bisexual and GLBT/queer communities need to broaden their perceptions of who is included within them. Tamara Bower warns against the dangers of an integrated queer movement that might exclude women and argues for greater connections between lesbians and bisexual women to ensure the feminist goals of the women's movement are not forgotten (p. 106). What is clear from the many diverse voices in the book is the need to acknowledge and celebrate this diversity in all sexual minority communities.

What is refreshing about this anthology is that while it still dedicates space to some of the

discriminations faced by bisexual people in the heterosexual world and within the gay and lesbian community, it also looks inward and critiques the bisexual community as well. Robyn Ochs and Stacey Young both warn against the tendency amongst some bisexuals to prioritise bisexuality over monosexual identities, or see bisexuality as a higher/more progressive form of sexuality (even though several other contributions in the book do just that, including the aforementioned piece by Bliss). Carol Queen and Annie Murray point out that the diversity of bisexuality means that some bisexuals *are* promiscuous or non-monogamous and that there is nothing wrong with this. Unfortunately, in attempting to find a space for bisexuality within the gay and lesbian community and the wider GLBT/queer communities, many bisexuals have found themselves defending accusations of promiscuity, untrustworthiness and heterosexual privilege. As Carol Queen points out, the bisexual community spends so much time trying to defend the bisexual position as being 'not' promiscuous, 'not' undecided, or 'not' non-monogamous that she comments: "I had heard the bi community protest "We are not!" – but hadn't received any clear or positive message about what we are" (p. 156). Queen further argues for the right of bisexuals to be non-monogamous, promiscuous, to actively and openly participate in other sexual cultures such as S/M without fear of reproach within all sexual minority communities, including the bisexual community. These critiques are an interesting departure from previous bisexual anthologies (such as Ka'ahumanu and Hutchins' *Bi Any Other Name*) that sought to validate bisexuality as a legitimate sexual identity but did not address issues around privilege, superiority and the alienation of other sexual identities.

Despite this, the book does have some weaknesses. The myriad opinions amongst the books' contributions make it somewhat difficult to picture what a bisexual politics might look like then, now, or in the future. Unfortunately this means that the book lacks a consistent and cohesive strategy to move bisexual

politics and organising forward into the 21<sup>st</sup> century. It is 15 years since the book was published, and it is clear from my own research (e.g., McLean, 2008) that there is still some way to go to repair the tensions that still exist between the gay and lesbian community and the bisexual community, and ensure the inclusion of bisexual men and women in the broader GLBT/queer movement. There is also still some work to do to ensure bisexuality is recognised and accepted as a valid sexual identity.

Finally, for a book that has the word 'theory' in its title, there is a distinct lack of theoretical focus within most of the articles. Queer theory is all but absent, although this might reflect the timing of the book given it was published only a few years after queer theory became popular amongst sexuality scholars. The book also has few contributions from within academia, although again this might reflect the smaller number of scholars working specifically on bisexuality in the mid 1990s. If you are looking for a book that unpacks sexuality theory in relation to bisexuality, then I'm afraid this isn't it. Nonetheless this book is an enjoyable read if you are looking for a collection that traverses a wide range of debates about the politics of bisexuality and want to think more about its role in 21<sup>st</sup> century sexual politics.

McLean, K. (2008). Inside, outside, nowhere: Bisexual men and women in the gay and lesbian community. *Journal of Bisexuality*, 8, 63-80.

### **Author Note**

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## BOOK REVIEW

PETER B. TODD

*Kalichman, Seth. (2009). Denying AIDS: Conspiracy theories, Pseudoscience and Human Tragedy. New York: Copernicus Books, Springer Science Imprint, pp.205, ISBN:9780387794754.*

Seth Kalichman's timely book exposes the destructive shadow of AIDS denialism in the manifest guises of pseudoscience and politics with candour and lucidity. The homophobia and racism implicit in such denialist positions are unmasked in conjunction with obfuscation of such distinctions as those between necessary and sufficient conditions in determining the causality of HIV/AIDS. Like holocaust deniers, those who create doubt about whether HIV causes AIDS can be held accountable for much of the morbidity and mortality, especially in the developing world. As an account of the history of the HIV/AIDS pandemic and for consciousness raising, the book is an important contribution. Especially perhaps for those scientists and policy makers whose denial still results in the wish-fulfilling fantasy that HIV as one of the fastest evolving of all organisms is no longer a globally salient threat. As Kalichman himself acknowledges in his book, the adaptive mutation of HIV, together with mutant strains of tuberculosis, is a menace to the lives of millions of people. The analogy between holocaust and AIDS denial seems to me to be a particularly valid one.

Kalichman clearly distinguishes between defensive denial of traumatic realities such as HIV seropositive status and mortality which can be construed as a short term coping strategy which is maladaptive in the long run and denialism. As a psychological defence, denial results in delay in seeking available treatments which are evidence based and other

destructive behaviour patterns such as engaging in unprotected sex. Exposing the HIV seropositive person to more virulent strains of the virus and others to infection. Denialism promotes myths and such malignant misinformation as virologist Peter Duesberg's refuted claim that HIV is a "harmless" passenger virus which does not cause AIDS. Such denialism facilitates individual and collective defensive denial in vulnerable populations as do the spurious notions of AIDS causation associated with Duesberg and former South African President Thabo Mbeki who was metaphorically seduced by the Berkeley virologist who, incidentally, had never conducted HIV/AIDS research himself. These events, conspiracy theories, pseudoscientific intrigue and the need to debunk AIDS myths are explored at length in the first three chapters of Kalichman's book.

These chapters may help to dispel the myth that empirical scientific inquiry is immune to contamination by extra scientific influences, including those of an ideological and personal nature as well as homophobia and racism in the HIV/AIDS field. Briefly put, two groups became the proponents and opponents of the Durban Declaration published in the journal *Nature* in July 2000. This paper was a response to an argument originally published by Peter Duesberg in *Science* twelve years earlier, provocatively titled "HIV is Not the Cause of AIDS". By the time of the XIII AIDS Conference in July 2000, South African President Mbeki had convened a panel including many of the more prominent AIDS dissidents to fuel the controversy with mass media coverage. In an attempt to put down the revolt, 5,228 eminent medical and scientific signatories (including a number of Nobel Laureates) to

the Durban Declaration affirmed that on the basis of "exhaustive and unambiguous evidence, HIV is the cause of AIDS". Having been virtually excommunicated by scientific orthodoxy, Duesberg eventually acknowledged that his hypotheses had neither been empirically tested nor published in peer-reviewed journals (Todd, 2007). Two of the criteria referred to by Kalichman as essential to scientific theories rather than pseudoscientific notions masquerading as science. Duesberg's claims had not run Popper's "gauntlet of scientific criticism" including the falsifiability criterion.

As a professor of Psychology at the University of Connecticut, Kalichman has, I believe, traced the origins and explored the perhaps unintended consequences of AIDS Denialism meticulously. He has also provided a valuable elucidation of the distinction between dissidence resulting in Kuhnian paradigm shifts or scientific revolutions in explanatory theories on the one hand and pseudoscientific obscurantism on the other hand. This additional piece of illuminating writing renders the book even more worth reading for philosophers of science and researchers alike.

However, one criticism of Kalichman's treatment of causality that I would offer is that it seems to lack any account of contemporary, multifactorial or biopsychosocial models of disease. In particular research into psychosocial factors, including denial of HIV seropositive status, internalized homophobia, shame, depression, guilt and self reproach as responses to bereavement, as predictors of behaviour relevant to the risk of HIV infection and illness progression. Todd (2008, 2009) has attempted to provide a comprehensive account of relevant empirical research for social scientists, educators and health professionals working in the HIV/AIDS field. The conclusions are that in such areas as psychoneuroimmunology, a need exists for further prospective, longitudinal studies. Controlling for such confounding variables as substance misuse and stage of illness at the commencement of research with sample sizes large

enough to optimize statistical power. The simultaneous analysis of psychosocial factors, biological mediators including neuroendocrine, cytokine and immune system variables and HIV progression remains an important issue for future research. Far from being a harmless passenger virus, HIV transforms CD4+ T cells into destructive, narcissistic clones of itself through reverse transcription

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## CALL FOR PAPERS

### **On lesbian, gay, bisexual, and transgender issues for the International Congress of Applied Psychology in Melbourne, Australia, July 11<sup>th</sup> – 16<sup>th</sup>, 2010**

The International Network for Lesbian, Gay, and Bisexual Concerns and Transgender Issues in Psychology (INET), an association of national, multinational, and international psychological organisations, is looking to facilitate a day-long programme of lesbian, gay, bisexual, and gender identity (LGBT) related presentations at the International Congress of Applied Psychology (ICAP) 2010.

ICAP is calling for symposia individual papers (deadline December 2009). To ensure that LGBT-related presentations are collected together, INET advises applicants to ensure that they identify their submission to ICAP by selecting the 'sexuality' or 'LGBT issues' keyword via the online submission process at [www.icap2010.com](http://www.icap2010.com)

Suggested topics for symposia on LGBT issues that might be presented on at ICAP 2010 include, but are not limited to, the following:

transgender persons	intersex persons
Bisexuality	LGBT immigrants
marriage / family / parenting	LGBT sexology
discrimination / anti-gay violence	culture and religion
internet / virtual communities	health and LGBT people

If you are interested in making a contribution by organising a symposium, please do so via the ICAP website. If you are interested in presenting in a general symposium but are unable to field the four other papers required, please send the following information to Damien Riggs ([damien.riggs@adelaide.edu.au](mailto:damien.riggs@adelaide.edu.au)) *before October 1<sup>st</sup> 2009* and INET may be able to put you in contact with a member planning a symposium in which you could take part: Name, institution; E-mail-address; title/topic of proposed talk.

You should be aware that this is not an official initiative of the ICAP organisers, though they do of course welcome submissions on all topics pertaining to psychology. Decision to include specific symposia or individual papers will be at the discretion of the ICAP organising committee. Also, INET is not in a position to offer funding support for presenters, though please do visit the conference website to access any relevant information about travel or possible funding opportunities.

Please feel free to spread this call to other individuals and groups who might be interested.

We hope to see you in Melbourne in 2010!

## CALL FOR PAPERS

### QUEERHATE: HATRED, INTOLERANCE, AND LGBTQ COMMUNITIES

*SPECIAL ISSUE OF GLIP REVIEW, DECEMBER 2009*

*EDITOR: CHRISTOPHER FOX*

When we consider homophobia, biphobia or transphobia we often only think of the explicitly violent actions perpetrated towards LGBTQ people by non-LGBTQ others. Yet homophobia is constituted by so much more than explicit violence in the lives of LGBTQ people. As such, it is important that we consider the pervasiveness of heterocentricity and heteronormativity in our society, and their often mundane (though nonetheless significant) effects upon LGBTQ people. The social, institutional and cultural promotion of heteronormativity perpetuates an environment where heterocentricity and structural and cultural homophobia are left unchallenged, sometimes even within LGBT communities. For example, we only need consider how biphobia and transphobia may at times be as prevalent in LGBTQ communities as they are in the wider society.

This special edition of the *GLIP Review* will explore the experiences of gay men, lesbians, bisexuals, transgendered and queer individuals in relation to heterocentricity and homophobia. The issue will also encourage a focus upon how social norms impact upon non-LGBTQ people (such as the regulatory effects of the phrase 'that's so gay' upon all young people). Finally, this special edition seeks to encourage a focus upon everyday acts of homophobia in the lives of LGBTQ people. Full length empirical and theoretical papers (6000 words) as well as shorter commentary papers (2000 words) that address the following themes are welcomed:

- Experiences of homophobia in LGBTQ communities
- Deconstructions of homophobia
- Analyses of hate crimes, LGBTQ people, and the law
- Examinations of heterocentricity/homophobia in health care
- Examinations of heterocentricity/homophobia in education
- Homophobia and cultural representations
- Psychological practice and homophobia
- Discrimination *within* LGBTQ communities

Papers should be submitted to the special issue Editor via email by August 15th, 2009: Christopher Fox [C.Fox@latrobe.edu.au]. Reviews will be returned to authors by late September with final papers due late November. Please direct any questions or enquiries or abstract outlines to the special issue Editor.

## CALL FOR PAPERS

### GLBT BODIES & BODY IMAGE

*SPECIAL ISSUE OF GLIP REVIEW, APRIL 2009*

*EDITOR: SHAUN FILIAULT*

Body image refers to a person's internal perceptions of his or her own physique. Despite the existence of a considerable body image literature, little of this corpus examines specifically the body perceptions of GLBT persons. Although there is a small, but developing literature regarding gay men's body image, that literature has been faulted for presenting a homogenous view of gay men that fails to account for intra-group diversity. Additionally, a great deal of this literature compares gay men to straight men, failing to address the concerns of gay men on their own terms. Moreover, very few articles exist regarding bisexual body image. Of those studies that do consider bisexual individuals, oftentimes bisexuality is categorically grouped with homosexuality, thus failing to account for the unique social positioning of bisexual people. Finally, the voices of transgendered individuals – both MtF and FtM – are virtually silent in the extant body of knowledge. Thus, the body image literature is in need of research that takes seriously the experiences of gay, lesbian, bisexual and transgendered people, and acknowledges the diversity inherent to the "GLBT" population.

This special issue of the *GLIP Review* seeks to explore body among GLBT people. The issue will explore the manner in which an identity as gay, lesbian, bisexual, or transgendered influences body image perceptions, and the manner in which such influences as gender, race, ethnicity, class, and other (social) identities modify and contribute to body image in GLBT populations. This issue also seeks to explore the developmental, social, cultural and psychological influences upon body image in these populations, with special recognition of the need for research regarding GLBT persons in non-English speaking cultures. Full length empirical (6000 words) as well as theoretical and shorter commentary pieces (2000 words) that address the following themes are welcomed:

- \*Body image among bisexual men and women
- \*Body image among transgendered individuals (MtF or FtM)
- \*Experiences of body image for GLBT persons in non-Westernised cultures
- \* "New" body image domains (i.e. those other than muscle and thinness)
- \*Body image in sub-populations of GLBT persons, especially non-White persons
- \*Body image in ageing GLBT persons
- \*Socio-cultural influences on body image in GLBT persons
- \*Longitudinal and developmental analyses of body image in GLBT persons
- \*Method, methodological and ethical issues related to body image research

Please direct any queries, abstract outlines, or full manuscript submissions to the special issue editor: Shaun Filiault [shaun.filiault@flinders.edu.au].

Papers due Dec 20th 2009  
Reviews Back Feb 1st 2010  
Final papers due March 1st 2010



## Preparation, submission and publication guidelines

Types of articles that we typically consider:

A)

Empirical articles (6000 word max)  
Theoretical pieces  
Commentary on LGBTI issues and psychology

Research in brief: Reviews of a favourite or troublesome article/book chapter that you have read and would like to comment on

B)

Conference reports/conference abstracts  
Practitioner's reports/field notes  
Political/media style reports of relevant issues

Book reviews (please contact the Editor for a list of books available & review guidelines)  
Promotional material for LGBT relevant issues

The Review also welcomes proposals for special issues and guest Editors.

Each submission in section A should be prepared for blind peer-review if the author wishes. If not, submissions will still be reviewed, but the identity of the author may be known to the reviewer. Submissions for blind review should contain a title page that has all of the author(s) information, along with the title of the submission, a short author note (50 words or less), a word count and up to 5 key words. The remainder of the submission should not identify the author in any way, and should start on a new page with the submission title followed by an abstract and then the body of the text. Authors who do not require blind review should submit papers as per the above instructions, the difference being that the body text may start directly after the key words.

Each submission in section B should contain the author(s) information, title of submission (if relevant), a short author note (50 words or less) and a word count, but need not be prepared for blind review.

All submissions must adhere to the rules set out in the Publication Manual of the American Psychological Association (fifth edition), and contributors are encouraged to contact the Editor should they have any concerns with this format as it relates to their submission. Spelling should be Australian (e.g., 'ise') rather than American ('ize'), and submissions should be accompanied with a letter stating any conflicts of interest in regards to publication or competing interests. Footnotes should be kept to a minimum. References should be listed alphabetically by author at the end of the paper. For example:

Journal Articles: Riggs, D.W. (2004). The politics of scientific knowledge: Constructions of sexuality and ethics in the conversion therapy literature. *Lesbian & Gay Psychology Review*, 5, 16-24.

Books: Kitzinger, C. (1987). *The social construction of lesbianism*. London: Sage.

Edited Books: Coyle, A. & Kitzinger, C. (Eds.) (2002). *Lesbian & gay psychology*. Oxford: BPS Blackwell.

Book Chapters: MacBride-Stewart, S. (2004). Dental dams: A parody of straight expectations in the promotion of 'safer' lesbian sex. In D.W. Riggs & G.A. Walker (Eds.), *Out in the antipodes: Australian and New Zealand perspectives on gay and lesbian issue in psychology* (pp.393-416). Perth: Brightfire Press.

References within the text should be listed in alphabetical order separated by a semi-colon, page numbers following year. For example:

(Clarke, 2001; Peel, 2001; Riggs & Walker, 2004)

(Clarke, 2002a; b) (MacBride-Stewart, 2004, p. 398)

Authors should avoid the use of *sexist*, *racist* and *heterosexist language*. Authors should follow the guidelines for the use of non-sexist language provided by the American Psychological Society.

Papers should be submitted in Word format: title bold 14 points all caps left aligned, author 12 points all caps left aligned, abstract 10 points italics justified, article text 10 points justified, footnotes 9 points justified.

All submissions should be sent to the Editor, either via email (preferred): [damien.riggs@adelaide.edu.au](mailto:damien.riggs@adelaide.edu.au), or via post: School of Psychology, The University of Adelaide, South Australia, 5005.