



## Doing It a Different Way: Young Queer Women's Aspirations for Achieving Family

Emily Scotto

Carleton College

### Abstract

*This study explores how young queer women imagine achieving a family and what meanings they assign to reproduction and parenthood. Interviews with 12 college-aged queer women provide qualitative data about their thoughts on future motherhood attained using assisted reproductive technologies (ART). Reported aspirations for family are tied to dominant American models of kinship that prioritize biological parenting and nuclear structure with partnered parents. While women see biological limitations as opportunities for creativity in the realm of reproduction, they nonetheless wrestle with how to imagine integrating aspects of non-traditional pathways to parenting (including ART and donor insemination) into their future families' structures and narratives.*

### Introduction: How do we think of family?

*"Growing up, you have this very simplistic idea of a family – God, I sound SO not queer right now - but it's been worked out for you, so it's pretty radical to put a lady in there. And I understand there's all of these queer family structures and maybe as I get older I'll totally get more into exploring that, but right now I've just gone through so many changes lately that I haven't thought a lot about how queer family structures work."*

- Sarah, 21, Bisexual/Queer woman

The family is one of the fundamental social units of American society, acting as a source of support, care, and belonging for its members. However, as Sarah, a young bisexual woman, expresses, the family is often conceived in America's social imagination in a singular and specific way: as two heterosexual parents producing and raising their biological children (Powell, Bolsendahl,

Geist, & Steelman 2012; Schneider 1968). This conception of family with children at its center has traditionally prevented certain portions of the population from being seen as families, including infertile couples, couples who don't want children, and same-sex couples. As a result, when Americans call to mind kinship so-conceived, queer<sup>1</sup> families have customarily been excluded from the realm of family and queer people's ability to create family has been challenged both by biological and legal restrictions (Powell et al. 2012, p. 28).

The social status of both queer families and the use of assisted reproductive technologies (ART) have undergone profound changes over the course of the last 30 years. As ART practices, including zygote donation and donor insemination (DI), have become more streamlined, commercialized, and affordable, their use by both infertile heterosexual couples and queer families has become increasingly common (Almeling 2011; Greil, McQuillan, Shreffler, Johnson, & Slauson-Blevine 2011). Simultaneously, social and political forces have put queer families in the national spotlight. Increasing visibility, nondiscrimination statutes, and the recognition of same-sex marriage throughout the United States have promoted unprecedented acknowledgement and acceptance of queer families and their children<sup>2</sup>. As a result, queer families with children and other non-traditional family forms have been increasingly normalized within many segments of the American population. These trends, when considered together, signal expanded possibilities for achieving family for queer people.

In this context, young queer-identified women like Sarah are part of one of the first generations to come of age with widespread validation and acceptance of same-sex families created through ART and adoption. However, these women have received contradictory messages about family: those that reinforce traditional understandings of kinship and those that accept an increasingly wide variety of families. As individuals who necessarily will be limited in pursuing biological reproduction with same-sex partners, these women will likely use assisted reproductive methods in the pursuit of family. Additionally, many will

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1 Used as a broadly inclusive term in many LGBTQ+ spaces, "queer" encompasses individuals who identify as lesbian, gay, bisexual, and trans as well as a wide array of non-heterosexual or non-normative sexualities and genders. Although I will be working with women who may be categorized as "lesbian" or "gay" by virtue of partnering primarily with other women, I use "queer" in an effort to be inclusive of individuals' sexual self-identification, which vary broadly. The term "queer-identified" refers to how women self-identify their sexuality under this umbrella term.

2 The national discourse surrounding gay marriage over the past 20 years has consistently linked marriage and family, framing marriage as a unique way of legitimating those families with legal rights to marriage. From the debate surrounding the Defense of Marriage Act in 1996 to the articulation of marriage equality as being centrally concerned with "family rights" on the side of proponents and "family values" on the side of opponents, marriage has become a barometer for the social validation of queer families (Powell et al 2012). This social value of marriage has been strategically employed as a tool for recognition of queer families in the gay rights movements over the past decade and still retains much of its importance as gay marriage is now recognized throughout the United States.

face challenges in accessing those methods (Ross 2008; Shelley-Sireci & Ciano-Boyce 2002) and gaining acceptance for the families they produce (Nelson 1999). Because of this, it may be said that for many queer women, family is not simply created, but achieved in spite of these structural and social barriers. These women's unique position as people situated outside of the reproductive mainstream while still under its influence makes them a valuable group to study to learn how the confluence of social, cultural, and medical factors shapes non-normative individuals' beliefs about reproduction and family. To examine the interaction of these factors, I explore how young queer-identified women conceive of their future reproductive options and what narratives they call upon to envision achievable family and parenthood.

### **Constructing “the” American Family**

Scholarly work on “the” American family has revealed it to be a site of contestation and controversy, with much of the literature positing that the production of children is central to what makes a family (Powell et al. 2012). These interpretations tend to privilege children as the hallmark of family, relying on notions of parents, their children, and the relationships between them as the basis of American kinship (Powell et al. 2012, p. 16). These definitions of family are reflected in the public imagination; few Americans consider two adults, straight or gay, living together without children a family (Powell et al. 2012, p. 29). As a result, having children is a way to legitimize one's status as a family. Indeed, the presence of children dramatically increases the likelihood that respondents view a grouping as a family, regardless of sexuality (Powell et al. 2012, p.29). This effect is especially marked for queer individuals; whereas only 32% of respondents consider two cohabitating women a family, 61% consider two women with children a family (Powell et al 2012: 29).

However, kinship traditionally conceived in North American society is grounded in a model of heterosexual parents and children linked together by blood and law (Schneider 1968; Powell et al. 2012). This conception focuses on biogenetic relations passed down from parent to child and between siblings. These “blood connections” are fundamental in forming lines of relation between individuals (Powell et al. 2012, p. 40-41; Schneider 1968, p. 25). In this framework, characteristics like temperament and appearance are thought to be signs of familial continuity that confirm biological connectedness. As such, they represent the permanent material link that biology creates between family members (Schneider 1968, p.25). Inseparable from this understanding of blood relations is the act that produces them: heterosexual intercourse. Schneider (1968) notes, “Blood is a matter of birth, birth a matter of procreation, and procreation a matter of sexual intercourse” (p.38). However, preceding intercourse (in the case of spouses) or in its absence (in the case of step-relations), marriage and family laws create sets of obligations and recognition that legitimize relatives' relations in the public sphere. In this way, legality forms the other basis of American

social kinship. Just as blood relations create biological unity between parents, children, and siblings, legal relations create cohesion between spouses, step-parents, and other “non-natural” relations. Therefore, the law legitimizes familial relationships unsupported by blood connections (Schneider 1968, p. 26).

Strict adherence to these definitions of family leaves little space for recognition of queer family forms. Historically, queer individuals have been unable to achieve relations legitimized either by blood (by virtue of not engaging in heterosexual intercourse) or law (by virtue of being barred from legal marriage). As a result, queer people have used other strategies to gain recognition and coherence for their families, including both partnerships and more expansive networks of “families of choice” (Oswald 2002; Weston 1991). These strategies include “symbolic demonstrations of love, shared history, material or emotional assistance, and other signs of enduring solidarity” (Weston 1991, p.109). Such negotiations have allowed queer individuals to rework heterosexist norms to create intimate relations that exist outside of the traditional conception of “family.” However, these unique formations are understood as neither derivatives of nor substitutes for biological heterosexual families. Instead, they are distinct forms in and of themselves (Weston 1991, p. 210). In this way, queer people make room for their own kinship forms by using traditional biological family as a contrast, neither rejecting the notion of biological family nor seeking to shed their own sexualities (Weston 1991, p. 109; p. 220). Therefore, queerness appears to shape the very form of families that queer individuals construct.

### **Accessing Family: Social and Medical Trends**

Within the last 25 years, increased legal and social recognition of queer families have begun to reconstruct the landscape in which queer women form families in the United States. Moreover, these trends appear to be reshaping queer families themselves, with a growing proportion of biological children in queer families. According to the 2010 Census, the number of same-sex households has increased 80% since 2000, rising to comprise up to 4% of the population in some areas (U.S. Census Bureau 2012, p. 5). This increase represents the largest rise in prevalence of any household type in the nation. In addition to a rise in numbers of same-sex-headed households, there are increased numbers of same-sex couples raising children (U.S. Census Bureau 2012, p. 9; American Community Survey 2011, p. 3). Around 20% of all same-sex couples surveyed reported having children, while 84% of those families reported having children of their own, meaning children who were not the result of a previous heterosexual relationship (American Community Survey 2011, p. 2). Of those 84% of children, 73% were biological children, while 21% were adopted or step-children (American Community Survey 2011, p. 2).

While historically it has been difficult to capture reliable data on same-sex couples raising children (U.S. Census Bureau 2012), these figures indicate

that queer parenting and especially queer parenting facilitated by ART have become increasingly normalized in a relatively short period of time. Indeed, according to the Pew Research Center, support for queer families has increased significantly across generations since 2003. For example, millennials' support of same-sex marriage has increased from 51% to 70%, while their parents' generation's support has increased from 41% to 49% (Pew Research Center 2014, p. 1). Similarly, the number of Americans who believe gay couples can be parents as good as straight couples has increased from 54% to 64% in the same period (Pew Research Center 2014, p. 8). These data suggest that a new generation of queer families created in an increasingly accepting social climate may be emerging, warranting our attention.

The increased availability and maturity of assisted reproductive technologies and practices offer a potential explanation for the growth in the number of queer families with biological children. Since the 1970s, the procedures that enable couples seeking reproductive materials to locate, purchase, and utilize donor eggs and sperm have matured into streamlined markets that unite medical practice and consumer desires (Almeling 2011). Sperm banks boast extensive stores of donor material that can be personalized to match prospective parents' desires for skin tone, body type, ethnic or racial heritage, and other traits thought to be passed through genetic material. This expansion of available services has had a profound impact on how queer women look to reproduce. These new types of specialty services that assist gay parents and their widespread availability are a departure from queer reproductive practices of previous generations (Mamo 2007, p.157-158). The ART practices that facilitated lesbian reproduction in past decades existed on a smaller, more private scale not comparable to the ART industry that now supports queer reproduction (Mamo 2007, p. 157; Weston 1991, p. 165). For queer women seeking to become mothers, individualized anonymous donor insemination services offered by sperm banks present a chance at biogenetic parenthood and connection to their child, allowing many to achieve parenthood in a way previously out of reach.

### **Realizing Reproduction: Social-Cultural Barriers for Lesbian Mothers**

While these technologies have opened the door for pursuing parenting for large numbers of families, many queer women, especially queer women of color and poor queer women, face discrimination and limited access to ART. Considerable disparities in access to and comfort with ART exist across social groups (Greil et al. 2011, p. 493). In this context of "stratified reproduction," the process of seeking reproductive services is punctuated by constraints based in hierarchies of class, race, gender, and sexual orientation (Colen 1991, p. 78). For example, women of color are far less likely to receive services for infertility because of a combination of poor access to affordable high-quality healthcare, unsupportive providers, and racial discrimination (Greil et al. 2011; Inhorn, Ceballo, & Nachtigal 2005). Likewise, poor and working class women are often

unable to access ART services. Multiple rounds of attempted insemination can quickly become prohibitively expensive for women of modest or even middle class means. This limits who can freely access parenthood using those methods (Almeling 2011; Greil et al. 2011b). As a result, access to ART services is often distinctly stratified by race and class, with upper-middle class white people representing much of the clientele (Greil et al. 2011; Quiroz 2007).

Queer identity represents an additional barrier within the reproductive services industry, intersecting with women's other social identities to restrict access to reproductive services. Lesbians report significantly higher rates of discrimination faced at assisted reproduction clinics and sperm banks (Goldberg et al. 2009; Ross 2008; Shelley-Sireci & Ciano-Boyce 2002). These experiences can range from providers failing to recognize a woman's female partner to outright discrimination or refusal of service (Ross 2008; Shelley-Sireci & Ciano-Boyce 2002). Moreover, considering that lesbian couples are more likely to fall beneath the poverty level than heterosexual couples (6.9% of lesbians couples compared to 5.4% of heterosexual married couples) (Albelda, Badgett, Schneebaum, & Gates 2009, p.2), the potentially prohibitive cost of reproductive services may represent a significant barrier for many in the queer community. Because queer women exist across spectra of class and racial identities, hopeful mothers' queer identities may intersect with their other social locations to create additional complications in their ability to access reproductive services.

Alongside the material barriers queer women may face while trying to access reproductive services, they also face cultural narratives that have the capacity to delegitimize their desires to become mothers. As non-heterosexual women, queer women are located at the intersection of two competing discourses about motherhood: one that makes it obligatory and one that makes it impossible. Motherhood is often constructed as the social correlate of femaleness while lesbianism is seen as an unnatural deviation from female identity (Goldberg, Downing, & Richard 2009, p. 938-939; Lewin 1993, p. 5-7). As Goldberg and colleagues (2009) highlight, "As women, [lesbians] are socialized in a context in which motherhood is regarded as central to female identity, and yet as lesbians, they find that motherhood is not expected of them in biological or cultural terms" (p. 939). These conflicting expectations tied to women's multiple identities can result in distress for women whose social identities as lesbians seem to negate the possibility for biological motherhood (Goldberg et al. 2009; Lewin 1993; Mamo 2007).

In this context, queer women's desires to have children (whether using DI or through adoption) are often rendered invisible by their sexuality (Goldberg et al. 2009). Often, lesbians with children fail to be recognized as families or are assumed to be part of heterosexual partnerships (Donavan and Wilson 2008; Chabot and Ames 2004). One woman discusses this sense of invisibility as a lesbian mother, saying, "That whole invisibility thing about being a lesbian for

a lot of years, we just weren't seen...I became invisible when I was pushing that baby carriage or the stroller. I was no longer a lesbian" (Chabot and James 2004: 351). Considering this pervasive invisibility of queer motherhood both in and outside of the queer community, motherhood can be a fraught identity for many women trying to achieve it.

### **Creating Connection, Seeking Affirmation**

Many queer women's decisions about how to have children are informed by considerations of how to best achieve their aspirations for family while making their roles as mothers visible using the means available to them. A developed body of literature devoted to queer women's experiences using DI reveals emphases on biological motherhood, connection between family members, and outside affirmation that lead lesbians favor DI and other similar ART practices.

For many queer women, understandings of motherhood that privilege pregnancy and childbearing underlay their desire to use DI to have children (Chabot & Ames 2004; Lewin 1993). While the process of becoming pregnant through DI is often seen as invasive or "unnatural" (Donovan & Wilson 2008, p. 656; Lewin 1993, p. 71), the eventual result of being able to carry one's child reaffirms women's desires. For many women, the experience of carrying a child and birth are central to their desires for parenthood (Chabot & Ames 2004, p. 352; Lewin 1993, p. 61). Moreover, often the experience of motherhood is seen as significantly tied to gestation – an experience that only DI provides, at least for one partner.

Other women emphasized a desire for "connection" between family members provided by biogenetic reproduction in explaining their reasons for using DI. Biogenetic links created by DI were considered central in creating unity between family members and solidifying the legitimacy of the relations between parent and child (Donovan & Wilson 2008, p. 655; Chabot & Ames 2004, p. 35; Lewin 1993, p. 68). Others discussed the importance of genetic links between siblings conceived using the same donor, especially in cases when two partners took turns getting pregnant (Nordqvist 2012a; Nordqvist 2012b; Donovan & Wilson 2008; Chabot & Ames 2004). One mother says, "We don't want our child to sort of feel that once we are dead, there is no link between her and her sibling. So as long as they've got the same donor, they can't escape each other" (2012a, p. 653). In accounts like this one, queer mothers rely on notions of blood relations like those outlined by Schneider (1968) to make sense of their experiences of family, foregrounding biogenetic connections as way to ensure family unity.

For others couples, a desire to "fit in" to dominant constructions of family that prioritize racially and phenotypically cohesive families informed the decision to use DI. Indeed, couples perceived that DI provided them the most

control in selecting for genetic and physical characteristics that match their own and would be transmitted to their children. In discussing this preference, many couples interviewed used language that indicated a desire to appear closer to the model of a physically cohesive, “normal” family (Nordqvist 2012a; Chabot & Ames 2004). These coded references often had to do with choosing donors of the same race as the couple or whose characteristics were similar to those of the non-genetic mother (Nordqvist 2012a, p. 650; Chabot & Ames 2008, p. 353). In such cases, donor choices that reflect both parents are an important consideration in creating children, suggesting that some women strive to replicate phenotypic characteristics that may have been produced if biological reproduction had been possible. In the process, they use ART in ways that creatively negotiate the boundaries of parenthood, connection, and relation to create conventionally recognizable family forms.

In this way, queer women’s use of ART suggests that the expansion of who can reproduce and constitute a family has not necessarily precipitated an expansion in how those families look (Weston 1991, p.188). Queer women report wanting to create families that appear to be created “naturally,” thereby further naturalizing heterosexual family forms. Moreover, they report hesitations about sperm donor involvement and apprehensions about first/birth families (Ross 2008; Shelley-Sireci & Ciano-Boyce 2002). Considered together, these trends may point to a shift in how queer women are formulating parenthood from previous generations. Rather than the creative, unique, and separatist family structures of Weston’s “families of choice,” the increasing availability of ART alongside the legal validation for same-sex couples may be precipitating a generation of queer families who strive to replicate straight family structures with increasing congruity.

This study situates queer reproduction in this shifting social context by investigating how members of a younger generation of queer-identified women conceive of their future reproductive pathways. The cohort change that has occurred in the twenty years in which most of the literature about lesbian parenting has been written is significant enough to warrant an examination of younger women’s thoughts on parenthood. For these women, many of the obstacles to parenthood previously faced by queer mothers, including same-sex marriage bans, stigma against lesbian mothers, and inadequate reproductive technology, are less pervasive (Almeling 2011; Mamo 2007). As a result, this generation of queer women represents a unique turning point in the discussion about queer motherhood. By investigating their motivations and desires for having children in this context, I update an aging body of literature that fails to take into account the recent, but remarkable shift in social acceptance of queer identity. Moreover, by examining these young women’s desires for parenthood, I add to scholarly discussions about queer conceptions of family (Powell et al. 2012; Oswald 2002; Weston 1991) and the impact of queerness on being a woman and a mother (Hequembourg & Farrel 1999; Nelson 1999; Hayden 1995; Lewin 1993) in the



context of increasing social acceptance of queer identity.

Additionally, there is no research to date that explores how queer women think about reproduction in the abstract. While reflecting on past reproductive experiences allows women like those in previous studies to assign meaning and explain motivations retroactively, research that asks women to look ahead to their reproductive futures has not yet been conducted with heterosexual or non-heterosexual women. This type of research may be especially illuminating since it can capture motivations and understandings of family life unimpeded by the unforeseen constraints that define many women's pathways to parenthood (Goldberg et al. 2009; Nelson 1999). Combined, this research provides insight into queer women's reproductive aspirations in a life stage, social context, and time frame that has not yet been discussed in the literature. This can add a layer of depth to discussions of queer reproduction that have previously existed in only the past tense.

### **Methods and Description of the Sample**

This research is based on qualitative analysis of data collected during semi-structured interviews with 12 queer-identified women ranging in age from 18 to 23 who were unpartnered and did not have children. In constructing the sample, women had to self-identify as queer, lesbian, gay, or self-label in some other way that falls outside of heteronormative sexuality. Because sexuality is best understood as having the capacity to shift and evolve (Diamond 2009), the participants' sexualities or identities were not regulated according to a specific rubric. Instead, potential participants were informed of the intended sample of the study and were invited to volunteer. As a result, participants' sexual orientations fell on a spectrum of queer identities, with "queer" being the most frequently used word to express their sexuality (n=8). Most interviewees (n=8) partner only or mostly with women, while others (n=4) partner with women and with male, trans, or non-binary individuals.

In addition to representing diversity in sexual identity, the sample represented a range of racial and ethnic identities. Half of the participants were women of color: three women identified as Latina, two identified as biracial, and one identified as Black. The rest of the participants (n=6) identified as white. Because of the disparities that often exist between the assisted reproductive experiences of white women and women of color (Greil et al. 2011; Inhorn et al. 2005; Colen 1991), sample selection was undertaken with the aim of creating a sample that includes voices from a range of racial and ethnic backgrounds to better construct an inclusive portrait of a variety of reproductive expectations. Moreover, because most of the literature on lesbian reproduction foregrounds the experiences of white lesbians, a sample including a higher proportion of queer women of color was created in hopes of highlighting voices that have previously been left out of the literature on queer female reproduction. However,

it is acknowledged that a sample of 12 cannot be generalizable. Appendix A (pp. 44) summarizes the demographics of the sample.

In order to create cohesion across the sample, interviews were limited to young women who are college educated or are currently working towards obtaining a college degree. As a result, and because access to reproductive services is often starkly divided by socio-economic status (Greil et al. 2011; Colen 1991), this study cannot represent the voices of women who don't fall into the relatively privileged stratum of women who can readily conceive of pursuing diverse reproductive options. While other young, college-educated women may share the views expressed, the queer population in the United States encompasses a much wider range of education and socio-economic backgrounds than were present in my study. Participants were drawn from the undergraduate populations of two small liberal arts colleges in the Midwest and on the East coast and two large private universities on the East coast. Of the twelve women, eight are enrolled in an elite liberal arts college in the Midwest, two are enrolled in large universities on the East coast, one is a student at a small liberal arts college on the East coast, and one is a recent graduate from a large university on the East coast. Despite studying at institutions limited to the East coast and Midwest, participants are originally from a variety of locations in the U.S. including the East coast (n=6), the Midwest (n=2), the South (n=2), and the West (n=2).

Contacts within the LGBTQ communities both on the East coast and the Midwest were used to recruit women to interview. The study was also advertised to those on the campus of a small liberal arts college in Minnesota using the campus' LGBTQ and sexual health resource center weekly listserv email. This was the most effective way of gathering participants, with six out of twelve participants having volunteered after seeing the advertisement.

Each of the twelve interviews lasted between 1 and 1.5 hours. They were structured as a conversation guided by a series of questions covering a range of topics about women's ideas of sexuality, family, and reproduction. Questions covered participants' family background, their sexuality, past ideas of parenthood, as well as specific questions about their current preferred method of reproduction. Interviews began in August, 2014, and continued throughout the fall, completing my interviews at the end of November, 2014. Interviews were audio recorded with the consent of each interviewee, whether done via Skype or in person. Due to travel throughout the academic year, three interviews were conducted over Skype. Transcription took place as soon as possible after each interview.

Coding began after the completion of all of the interviews and their transcription. A grounded-theory approach was used in the coding and analysis of the data. Grounded theory approach follows the notion that initial themes uncovered in data can be used to analyze data collected afterward (Corbin &

Strauss 1990). The significance of themes, concepts, or theories found in analysis can be confirmed by their repetition in other interviews (Corbin & Strauss 1990). In coding the interviews, themes and guiding concepts emerged from the analysis of preliminary interviews, providing a frame for interpreting other interviews. Using these themes and the codes to which they corresponded, guiding theoretical categories were developed. These categories that were linked broadly to women's thoughts about family structure, desires for specific reproductive options, anxieties about queer parenting, and the challenges associated with queer reproduction were eventually collated into the analytical sections enumerated below.

As discussed below, a clear majority of women (n=8) cited donor insemination as their primary choice for pursuing parenthood in the future. The four remaining interviewees named adoption as their primary choice for pursuing parenthood. However, few of the women who preferred adoption had significant information about adoption processes. Accordingly, their preferences for different aspects of adoption were less well-defined than most of the women who preferred DI. Because of this, preference for adoption has been excluded as a main theme of analysis. While donor insemination may not be an option for all queer women pursuing parenthood, and adoption is a reliable method for many female-headed queer families (Goldberg et al. 2009; Ross 2008), analyzing those responses in tandem with those women who preferred DI is beyond the scope of this study. However, the voices of the women who imagined adopting are included in more general sections that concern ideas about family and motherhood and, therefore, still play important roles in the sample as a whole.

## Results

### *I. Reevaluating Parenthood*

Whether motherhood was something that participants had longed for or simply assumed would be a part of their lives, realizing they were queer prompted them to rethink how they would become parents. More than having to consider what options were available in their futures with a partner without sperm, women reported reconsidering what it means to be a family and a mother as a result of their queerness. In this way, these women's queerness had the capacity to not only momentarily disrupt expectations for motherhood but also to transform them.

#### *A) Desires for motherhood in the past*

Most women had a conception of themselves as future mothers before coming into their queer identities. However, the intensity of their desires fell along a spectrum ranging from those who vaguely assumed they would become mothers to those whose futures as mothers were central to their identities.

For those who thought less about motherhood when they were young, motherhood existed in the back of their minds as a presumptive inevitability tied to adulthood. In the case of these women, motherhood was conceived of as a natural result of maturation, but wasn't deeply considered or desired. Talia speaks to this, saying, "Sometimes I thought about it when I was younger... like, 'things that will probably happen when I become adult,' but I've never really been the kind of person that's like been like 'Oh I'm gonna marry some nice person... we're gonna have children and live in a house.'" Lydia considered motherhood in similar terms: as a role to be adopted at a later date, but not an eagerly anticipated life-stage. She says, "When I was with my cousins and we were playing certain games, I did think of myself as a mom and I wanted to be a mom in some ways... but I don't remember ever really thinking about motherhood when I was younger, explicitly."

Others, representing about half of the women, recalled more specific narratives of their futures as mothers that they had imagined when they were younger. Many of these women described this as a sense of always knowing they wanted children. Taylor attributed this to her relationship with her own mother, who embodied what she imagined was healthy and happy motherhood: "I think I always sort of knew that I wanted to have children. I always wanted to live the life that my mom lives. She has a wonderful marriage and two kids who she loves and a family." Both Lauren and Jessie linked their desires for parenthood to their experiences with children. Additionally, each woman described her desires for children as clear-cut and longstanding. For example, Jessie says, "Definitely knew I was gonna be a parent. I wanted to be a parent. The whole thing. I just knew. I've always been fascinated and loved little kids." Lauren speaks in similar terms, saying, "I'd always kind of assumed I would have kids... I always loved hanging out with babies and I always assumed that I would have at least one baby someday." For these women, aspirations for motherhood were not articulated desires, but rather a pronounced undercurrent present throughout their young lives.

For a few women, their futures as mothers were central to their early identities, defining how they envisioned their futures as women. Caitlin spoke about this, saying,

I was really infatuated with [my mom's] friend's pregnancy and the fact that there was a baby in her belly and that she was going to be a mom... I always knew I wanted to be a mom ever since I can remember. I knew that I wanted to have kids eventually. I knew that was part of my life plan... when people asked me what I wanted to do, I didn't really have an answer other than be a mom.

Here, Caitlin's notion of motherhood is tied to her life course and her self-definition, serving as a goal in her future. Additionally, Caitlin's conception of moth-

erhood and her desires to become a mother in the future are explicitly linked to biological motherhood and the process of carrying a child. Sarah echoes Caitlin's sentiment, recalling the importance she placed on motherhood and creating children when she was younger. Like Caitlin, Sarah's imagined future identity was deeply connected to motherhood. She says, "Being a mom was the number one job I wanted to have...my friends and I would always talk about what it would be like to be a mom and [how] we couldn't wait to be a mom."

Given that nearly all of the women had some idea of themselves as mothers in the future and given their ability to recall these narratives as adults, it appears that most of these women have long been invested in their eventual ability to parent. Most women spoke about a model upon which they based their ideas of presumptive motherhood. For some, those models were adult women they observed, like Lauren and Caitlin, but for many others, the exemplar of a nurturing adult woman presumed to have children informed their aspirations. Considering this, it seems that, as girls, these women absorbed cultural messages that encourage presumptively straight females to regard nurturing motherhood as the logical outcome of their femaleness. That is, their queer identities that they had yet to claim did not insulate them from cultural messages of obligatory female motherhood (Goldberg et al. 2009). As a result, their formative understandings of motherhood as they grew into young adulthood largely fell in line with dominant expectations for parenting among women.

### ***B) Re-Imagining Family***

For most of the women interviewed, realizing they were queer prompted women to reexamine these ideas of parenthood, whether those ideas had been deeply held or purely speculative. This process was described as jarring, stressful, sad, or otherwise confusing by all but two interviewees. Several women noted that they initially felt their queer identity complicated their desire to become mothers. For example, Caitlin describes the process of coming to terms with her identity as a lesbian, saying, "I think the reason that I held on to hope that I'd be with a man long term is because I really want to have kids. So the hardest part of realizing that I would probably be with a woman long term was that it wouldn't be really easy to have kids." Here, the connection Caitlin makes between partnering with men and her desire to have children suggests that she considered motherhood to be contingent on heterosexuality (Goldberg et al. 2009; Hayden 1995). Although she doesn't think of her queer identity as negating those desires, her resistance to claiming that identity indicates she felt a dissonance between her desires to be mother and her desires to be with women.

Jessie spoke in similar terms, describing her struggle to accept her gay identity in high school for fear of losing the possibility of family in the future. She says her experience was informed by her own mother's coming out later in life: "We're a kind family. And that all got overlooked by the fact that she

was gay. That really scared me... So until I ended high school, I was like I'm *not* gonna be gay, even though I knew that there were parts of me that wanted to explore it." While Caitlin's anxieties are tied to creating family, Jessie's are linked to a concern about social stigma towards queer identity and its impact on family life. For both women, however, the increased difficulty of achieving family while partnering with women seems to cause a sense of dissonance between their queer identities and their desires for motherhood.

Lauren's story of coming out to her parents at age 15 underscores this imagined opposition between queer identity and the capacity to become a mother in the future. Her experience echoes both Caitlin's considerations of an altered path to parenthood and Jessie's concerns about others' reaction to her queer identity. She explains,

I didn't want to tell my parents, "Oh I'm gay so I may not actually ever have kids" because I wanted kids and I knew they wanted grandkids...so it stressed me out to think about all the details. And then when I did come out to my mom... I pretty much told her that I was gay and that I still wanted to have kids in the same breath because I didn't want her to get all nervous about not having grandkids. Like, "I haven't really changed, I just have to do it a different way."

Lauren's need to allay her parent's fears of not having grandchildren because of her queer identity points to the salience of discourses that disassociate lesbianism and motherhood even for girls in their teens (Goldberg et al. 2009; Lewin 1993). That is, even though Lauren was sure she wanted to have kids, she still felt distressed because she imagined that others would assume otherwise. Her choice to come out to her mother and assert her desires for motherhood "in the same breath" indicates the need to subvert those negative expectations in order to affirm the simultaneity of her own maternal desires and queer identity.

While the women above struggled with their queerness in relation to their desires to be mothers, about a third of the women felt that their queer identity precipitated a major shift in how they had to think about creating family in general. Sarah and Talia both spoke about having a clear sense of 'before and after': upon realizing they were queer, they suddenly felt their previously-imagined pathways to family were unfeasible considering their queer identities. Talia describes the profound shock she felt when she realized she was gay, and how it affected her ability to think about family, saying, "I guess [having kids] has always kind of been in my mind... and then I felt like my whole world got flipped upside down when I realized I was gay...So, when I became queer, I never thought about it for three years straight."

Sarah's experience of realizing she was queer prompted a similarly transformative change in her thinking about family. She describes this, saying,

“Before, parenthood was something that God was going to bless me with and it was just this very easy straight forward path - it was my purpose in life. And now it’s this thing that I have a choice about...and God doesn’t give me my husband anymore and now it’s laden with all of these fears.” Similarly, Caroline struggles to conceive of how to incorporate her queer identity into her previous examples of family. She says, “I have rarely heard stories of lesbian couples or queer couples with both parents being women,” continuing, “So, it’s just hard to think of incorporating my queerness into that.” Without a representation of queer motherhood, Caroline has little idea of how to envision becoming a parent with another woman. For these women, queerness forced them off a previously uncomplicated track to parenthood. The sudden modification of this track as a result of their queer identity prompted anxiety in Sarah and Caroline’s cases and avoidance in Talia’s. These reactions signal difficulty, in each of their cases, in conceiving of family outside of the reproductive mainstream to which they had previously belonged.

Other women spoke of similar periods of turbulence, but reported experiencing a stronger sense of conclusion after coming into their queer identities. For example, Sam discusses her thoughts about having children over time, saying, “Before I was just like ‘Yeah, I can have a kid whenever I want’ and then I thought ‘Hmm, I could actually not be able to have a kid,’” continuing “But now I see there’s more options than that traditional man and a woman making a baby...So that was definitely a big thing that informed my notion of parenthood.” Like Sam, after a period of struggling with how to fit her queer identity in a “traditional” form of family, Sandra describes letting go of that model: “Honestly, I was kind of like, ‘[Screw it]!’ I probably can’t have kids naturally, that’s probably just not an option at this point and I just let the queer side of me rule...I kind of gave up on the idea of having that traditional family.” Sandra’s account of casting off her previous ideas of family is a dramatic indication of a significant shift in her ideas of family. This suggests that her experience felt transformative in way a similar way to Talia and Sarah’s. In this way, most women felt a need to reconstruct of their vision or desires for parenthood as they came into their queer identity and moved towards considering how to have a family in the context of their queerness.

## ***II. Doing it ‘a different way’: Women’s Reproductive Preferences***

Women also had to reconsider how they had imagined having children upon realizing they were queer. The majority of women cited donor insemination as their primary choice for pursuing parenthood in the future. Of the women that preferred DI as their primary mode of reproduction, all but two related their preference to a desire to be pregnant. However, both the women that were interested in carrying children and those that weren’t imagined choosing biological reproduction because of its unique capacity to provide biogenetic family links. These women understood pregnancy as a meaningful physical experience that

creates unique connections between child and mother that, in turn, facilitate affective familial connections in an unreplicable way. As a result, women imagined gaining a sense of security in their roles as mothers, their connection to their children, and their cohesion as a family due to the biological relations DI can provide.

### *A) Pregnancy as Authenticating Motherhood*

For most of the women who preferred biological reproduction and wanted to be pregnant, the experience of pregnancy was central to their idea of being able to claim the social identity of a mother. These women saw maternal identity and carrying a child to be intimately intertwined. Considering that many lesbian mothers are not the biological parents of their children (American Community Survey 2011: 2), this emphasis was striking. Some of the women elided motherhood and carrying a child almost seamlessly. For example, Caitlin says, “I would love to have at least one kid of my own because I’ve always wanted to be a mom. I’ve always wanted...the experience of being pregnant and giving birth and having it be your own child.” Caitlin suggests that having a biological child “of [her] own” is required for her to consider herself a mother. Not only is genetic connection with her “own child” implicated in this, but so are the processes of pregnancy and birth. Lydia and Jessie echo these ideas, also connecting carrying and giving birth to a child and considering themselves mothers. Jessie says, “I think there’s so much of me that needs to be a mom and have kids on my own – like through my womb.” Like Caitlin, Jessie’s understanding of motherhood seems to be tied to carrying a child to term. Lydia, on the other hand, recognizes other ways of becoming a mother, but nonetheless prioritizes the experience of childbirth as central to her desires for motherhood: “I think for me I really want to experience motherhood in terms of actually giving birth to a child.” In this way, these women understand becoming a mother and being able to consider themselves mothers as experiences facilitated by the physical process of gestation.

Several others spoke about being pregnant as a way to ensure one’s maternal relationship with their children. These women conflated biological relationships and parental relationships, and, similarly to the women above, believed that pregnancy has the capacity to accentuate their maternal role. For example, Chloe considers the advantages of carrying a child: “I would always wonder what would that have made me feel like - how would that make my relationship with my child different? Would that make me feel like more of a parent?” Sarah also believes that the experience of pregnancy and birth can provide a unique maternal relationship. She reflects on her own experience as someone not raised by her biological parents, saying, “Because I didn’t have that biological parent who birthed me a large part of me wants to have that connection with somebody as a mother.” In their responses, both Chloe and Sarah point to benefits provided by being pregnant and giving birth: an enhanced connection with their child that,



in turn, reassures the women of their significant maternal role in their child's life.

In this way, pregnancy is thought to substantiate and legitimize motherhood in a unique way. As discussed by previous scholars of lesbian motherhood, erasure of queer motherhood is pervasive both within and outside of the LGBTQ community (Goldberg et al. 2009; Donovan and Wilson 2008; Chabot and Ames 2004). As a result, motherhood is a complex and elusive social identity for many queer women (Lewin 1993; Goldberg et al. 2009). These women's desire to be pregnant may be read as an attempt to make an indisputable claim to motherhood by manifesting their maternity corporeally through pregnancy. Indeed, both these women and lesbian mothers in previous studies indicate that pregnancy is considered a critical piece of the "process" of becoming a mother (Chabot and James 2004; Lewin 1993). As such, gestation is imagined to be a form of validation of fraught maternal identity for these queer women.

### ***B) Pregnancy as a Bio-Emotional Connection***

Intertwined with these understandings of pregnancy was the idea, reported by most of the women interested in biological reproduction, that pregnancy engenders an exceptional emotional connection between mother and child that cannot be replicated by non-biological reproduction (Chabot & Ames 2004; Schneider 1968). This unique connection emerged as one of the strongest motivating factors for the women who reported wanting to pursue pregnancy. Jessie discusses this, reflecting on her own relationship with her mother, saying, "That's why I think our relationship is so innate and strong...there's something about being in the womb...I think that there's something about having your baby in your stomach that creates this connection with your kid...I want to experience childbirth and that connection that you have with your kid." For Jessie, maternal connectedness is transmitted through the womb. While she describes this connection as innate, she simultaneously thinks of it as being facilitated by the bodily process of pregnancy. Similarly, Chloe emphasizes the distinctiveness of the emotional connections that she believes comes from being physically connected to one's mother, saying, "[Pregnancy] implies a more direct emotional connection if you're with someone from the very start of their life. Depending on how young the adopted child was, it could approximate that emotional connection too, if it was really young - but it's from even before they're born." Like Jessie, Chloe believes that pregnancy allows for attachment to be established even before birth, fostering significant relationships between mother and child during gestation.

For Taylor, whose recognition of biological relationships that provide emotional connections is very limited, the strength of the innate connection provided by pregnancy is especially important: "I don't really envy the father position so much...you just don't have that bond, that instinctual bond a mother

and child have,” continuing:

Because of the biological relationship that you have with a child that you have had...mothers feel a very, very close connection to their children that a father certainly can have, but I just I feel almost like there's a degree of separation between a father and child that there isn't between a mother and a child and I wouldn't want that degree of separation.

Unlike some of the women quoted above, Taylor emphasizes that genetic lines of relation alone are not enough to create what she sees as an innate relationship between biological mothers and children. Considering that fathers are biologically connected to their children in a way that a female partner of a woman carrying a child would not be, Taylor's assessment that even a paternal genetic connection can lack emotional significance is striking. When taken together with the thoughts of those above, it seems that these women prioritize being able to claim an unambiguous parental connection to their children and view pregnancy as a guarantee of those kinds of affective links.

### ***C) Biological Parenting and Family Coherence***

Whether the women wanted to be the one to carry their child or not, being able to draw lines of genetic relatedness within their family was seen as an advantage for about half of the women interested in biological reproduction. For them, family gains an almost transcendent degree of closeness through biological connections. However, most women did not express this opinion unselfconsciously or without some uncertainty. For example, Jessie tries to explain why she wants to create a biologically related family using DI, saying, “Because I love my family, I love who they are and their comedy that's been passed on. I know that's not exactly in your genes, but I feel like there's something about being related. There's a lot of mystery in being biologically related to people that I could never really figure out.” Jessie emphasizes the genetic ties that she believes undergird certain elements of family unity. While she admits that she cannot fully articulate the significance of relatedness and recognizes that some of her reasons for wanting it may be imagined rather than scientific, she nonetheless foregrounds a type of relatedness that she believes biology would provide.

Mia was also self-reflexive when discussing why she would prefer that her partner use DI to become pregnant. In discussing this, she recognized narratives that legitimize certain kinds of relatedness at the expense of others: “Just, [crappy] traditional conceptions of like ‘this is my child, this is my *blood*’... That would be cool. I'm not trying to say that an adopted child is not the child of that family and that's not a family, but I just think that if I'm being completely honest, something about biological ties seems nice.” While Mia recognizes that, in some ways, her ideas about family relatedness are based in discourses that chal-

lence the integrity of non-genetic families, she, like Jessie, still views genetic relatedness as an important cohering force. Moreover, while Mia is not interested in carrying a child, she stated that she would still feel biologically connected to a child that her partner carried. This suggests that, for her, biological ties within a family represent a strong enough cohering force to unite even those not technically related. Chloe shared her sentiment, noting, “If my partner had it, that’s not biological but that would almost feel biological to me” In this way, both Mia and Chloe seem to be eliding their own relatedness to their child with their partner’s – the imagined biological mother. Considering this, it seems that for these women, biological connectedness does not necessary have to exist between all members of the family to constitute a biologically linked family grouping. This suggests that these women view genetic ties and their significance as transferable within affective familial relationships – specifically between the two female partners who cannot both be genetically connected to their child.

### *III. Navigating Relatedness, Relations, and Control with Third Party Parents*

Recognizing the impossibility of reproducing biologically with another woman led most women to imagine opting for artificial insemination using donor sperm. However, few found this option objectively appealing (Donovan & Wilson 2008; Lewin 1993). Instead, most women viewed finding a sperm donor a necessary hurdle to creating a family that would approximate the biological and emotional links they valued. As a result, women reported feeling tension between their desires to have biological families created and headed by two women and the genetic necessity of incorporating an outside influence into their family. Women consequently reported wanting to limit the imagined role of a sperm donor and maintain a family structure that foregrounds emotional connections between mothers and children.

#### *A) Sperm Donation as the ‘Next Best Thing’*

None of the women interviewed considered artificial insemination via sperm donation their ideal form of reproduction. Rather, they considered it the best option given biological limitations and technological possibilities. Almost all of the women interviewed expressed some degree of frustration or disappointment at having to use sperm donation or otherwise not be able to biologically reproduce with a partner. For some, this frustration was related to feeling that they would miss an emotional connection created between partners by biological reproduction. As Mia expresses, “I remember feeling really sad or just having this deep melancholy that I would never be able to have a child with my ex-girlfriend. And then extending that to anybody that I ever loved I would just never be able to merge myself with them into another person.” Similarly, Lydia discusses her idealized narrative of reproduction that exists independently of sperm donation, speaking about a past girlfriend:

We even started thinking about how cool would it be if we

didn't have to get a sperm donor and we could make a child just from us making love together - how *wild* would that be?... It kind of emerged in that way rather than "How are we gonna find a sperm donor? And how is this process gonna turn out? Or how are we gonna plan this out?" So more in the kind of *wild* way of being madly in love with somebody and thinking that you're gonna have a child because you feel so connected to that person.

In Lydia's reflection, she points to the impossibility of queer reproduction created by physical love by emphasizing the outlandishness of her and her partner's fantasies of reproduction. Additionally, she acknowledges the unpleasantness of the additional effort that comes with looking for a sperm donor. Jessie frames her frustration in a similar way, discussing her own fantasy and what she perceives as the limitations imposed by queer reproduction. However, unlike Mia and Lydia, she explicitly addresses the inadequacy of sperm donation as a substitute: "I wish that two women could have kids together. That would be my ideal world. That you could share something so special with someone else. They have a part of you, no matter what...I guess you can if you used a sperm donor, but something seems off with it."

Therefore, for Mia, Jessie and Lydia, the inability to create a genetic child between two women curtails their ability to experience reproduction as the emotional and bonding experience with their partners that they desire. Moreover, as Jessie says, incorporating a sperm donor seems invasive. Taylor speaks to this point directly: "It feels a little bit weird to me to think of doing artificial insemination or donor insemination. It still feels strange to me to have something so personal with someone who is not my partner. And also with a man - it feels a little bit weird to me." In this way, these women idealize reproduction as a dyadic, romantic endeavor, underlain by emotional connections. As a result, a sperm donor seems extraneous. With this in mind, Jessie's response when asked if she would consider DI even with her hesitations seems representative of the women considering DI in this sample: "I'd rather not. But it's the next best thing."

### ***B) Trust, Respect, and Friendship: Imagining Finding Sperm***

The women who imagined pursuing DI overwhelmingly reported wanting to use a sperm donor with whom they had a previous relationship. In this way, they broke from the norm of queer female families who use DI, who mostly opt for anonymous donors found through sperm banks (Mamo 2007). In explaining their reasons for preferring a known donor, women highlighted the importance of 1) trust and respect for their donor, 2) the donor's role in creating their future family, and 3) the possibility of a donor's relationship with their child.

Many of the women who imagined preferring a known donor accounted for that inclination by explaining that they would want to know and trust

their donor in a way that anonymous donation would not allow. Many aspects of sperm donation caused uncertainty for many of these women, so they imagined seeking to eliminate mystery about the donor's identity to mitigate their discomfort with the process. Sarah speaks to this, saying, "Oh my god, *not* anonymous. That feels really weird to have somebody random in the world and then also I know nothing about them... I would want to know them because it would make me feel better to be carrying the sperm of somebody who I know and care about and respect." For Sarah, anonymity precludes the possibility of authentically knowing enough about a donor to justify choosing to use their genetic material. Imagining knowing the donor makes the process seem more palatable and, to an extent, less strange.

Mia spoke in similar terms, discussing the unreliability of anonymous information about a donor and the importance of trust in a donor relationship. She says, "If it's an unknown person, then I don't know what they're actually like. And I feel like it's important to me that it be someone that I trust and respect." Taylor, like Mia and Sarah, considers her imagined relationship with a donor paramount to her comfort with the process overall. She says: "Choos[ing] someone that I knew... that would be the biggest concern for me and I don't think there would be really any problems past that... My comfort level with the donor would be the most important thing to me - my relationship with them and how much I liked them and think that they would be a fit." Taylor's idea of the donor being a good "fit" suggests that, like Mia and Sarah, she imagines the need for some level of compatibility in a donor-parent relationship. Taken together, these responses suggest that instead of limiting the donor's role to one of strict medical necessity, these women conceive of the donor's role as grounded in some degree of emotional rapport, despite their discomfort with the process as a whole.

Indeed, about half of the women emphasized that they felt sperm donation was an intimate and important process because it would eventually result in the creation of their family. As a result, they considered donation to be too meaningful to involve someone they didn't know. In this way, women attributed some affective significance to the sperm donor's involvement in their imagined family. Sarah discusses this, explaining why anonymous sperm donation seems inappropriate in how she imagines creating her family:

That just seems so lacking in any sort of meaning or significance. I don't think people usually donate sperm because they're really looking to help people create families. I think they do it for 10 bucks at a sperm bank. Or at least that's what happens in the movies or on the TV screens. So it just seems weird to me to use their sperm to create my very important, meaningful family.

Here, Sarah discounts the possibility of using anonymous sperm by drawing on

popular conceptions of why anonymous donors choose to donate. Rather than conceiving of an anonymous donor as an altruistic individual looking to help a family, Sarah describes popular images that characterize sperm donation as a commercial enterprise (Almeling 2011). Despite her awareness of these narratives, Sarah maintains that sperm donation that is not a sentimental contribution to her family's future is distasteful. Jessie frames sperm donation similarly. She explains that she would rather be able to consider a sperm donor's involvement a meaningful offering to her family's life: "If they have been a great friend, a life-long friend and I've loved every moment with them and I know that they would do anything for me and my family then I would [choose them]." For Mia, choosing a donor that she would consider sufficiently committed to her family's future is especially consequential since she does not imagine being pregnant, and therefore would not have a biological connection to her child. She conceives of her donor replacing her in genetic terms, and as a result, stresses the importance of a donor's character. She says:

It's sort of like it should be an honor and privilege to be the parent of this kid and it shouldn't just be like some random guy who's tall enough...Like, this is my kid! If this is my kid then I would want it to be from the best place that I can imagine and if it isn't me, then it's gotta be some good [stuff] that's almost as good as me.

Like Sarah, Mia conceives of a future sperm donor as the source of the family she hopes to build. As a result, finding a sperm donor that is both suitable and takes his role suitably seriously is a priority, considering that she cannot be involved in the process of creating her child herself.

With these responses in mind, it seems that these women continue to conceive of reproduction as an emotionally centered experience, even if they are unable to reproduce with their future partners. In looking to sperm donation as the next best thing, they appear to want to retain or recover a degree of emotional significance and intimacy in the creation of their child, and therefore expect their rapport with sperm donors to provide some closeness in what could otherwise be a distanced, medicalized experience.

### *C) Drawing Lines of Kinship and the Relationships with Donors*

Despite this desire for closeness with a donor during the process of becoming pregnant, women were divided about how much involvement in their children's lives they were comfortable with their sperm donor having. While almost all of the women stated that they would be comfortable being transparent about their sperm donor's identity, they were less unified when it came to thinking about the level and quality of their donor's involvement in their children's lives. Two women reported wanting no sperm donor involvement, two reported wanting more intensive involvement, and the remaining four imagined wanting

a small but significant amount of involvement.

Those who fell in the middle reported wanting their donor to have some involvement in their child's life because they didn't want their child to have to wonder about their origins. For these women, the idea of their children feeling secure in knowing who helped create them aided them in imagining allowing for some contact with the donor. Caitlin spoke about this, saying "I do like the idea of my children knowing who their father is. Because it worries me if they're gonna be wondering later on in their lives who it is. I would rather them be able to know and have him be a positive presence in their lives early on." Similarly, Chloe explains why she would be transparent about her donor's identity, saying, "I guess I just can't think of a reason why I would hide that. I feel like a kid has a right to know where they came from...so I would want to be very up front." She continued, explaining how she imagined his role in her children's lives: "They probably wouldn't see them all that often, but it would be nice to see them enough so that they could see the kid growing up." While both Chloe and Caitlin imagine being honest about their donor's identity, neither of them imagined extending significant lines of kinship to him. Rather, for them and others who shared their opinion, his presence would be merely meant to allay their child's anxieties and confusions about their origins.

However, a couple of women reported wanting to emphasize these lines of kinship to a greater extent. These women were those who reported wanting to use a friend they considered very close to them. This inclination was grounded in the notion of creating some sort of retraceable family-like support network that followed already established lines of friendship. For example, Mia discusses wanting one of her best friends to be her sperm donor, saying:

I would let [one of my friends be my sperm donor] because I care about them deeply and I know that they care about me deeply and so it would sort of be nice to be a family with them. And our friendship relationship is important enough to me that I already feel like almost familial with them. So it would just be a formalized thing.

For Mia, the benefits of having a known donor and incorporating them into her child's life go beyond dispelling mystery and extend into the realm of reifying important emotional connections between friends. In this way, she imagines forming an extended friend kin network grounded in affective, amicable ties. This locates her idea of family in Weston's model of a family of choice, as elaborated in the introduction (Weston 1991). Lydia had a similar vision of a family undergirded by close friend relationships and familiarity. Like Mia, she reported feeling that her relationship with her friends already felt familial and hoped to further that connection by producing her child with them. She says, "It would be

cool to get sperm from somebody's who's really close to me," continuing, "They would always be in my child's life in some way or another and they wouldn't be completely alien...Because they're my closest friends and I know them really well, it feels like we've almost formed a fictive family in some ways." Like Mia, Lydia's notion of family extends past her, her partner, and their child to include the network of friends she already feels close to. By substantiating those relationships through creating a child, her family network is strengthened while allowing for a sense of familiarity for her child.

### *D) Two Dykes and A Sperm Donor: Imagined Challenges of Sperm Donation*

When imagining their future families created through donor insemination, women consistently struggled with envisioning how and if to incorporate a sperm donor into their family's structure and narrative. Women's conceptions of family could rarely easily absorb a donor and many imagined struggling with how to feel sufficiently like a parent while contending with the residual or real presence of a donor. In these discussions, women considered how to retain parental control while creating a cohesive family unit. These imagined families, for the most part, excluded meaningful involvement by sperm donors.

In thinking about families that might include sperm donors, most of the women expressed concerns about how much they or their partners would feel like parents if their sperm donors continued to have a presence in their families' lives. For most of these women, there was little ambiguity about the fact that they would consider themselves the parents of their child. Nonetheless, the women imagined feeling the need to limit their donor's involvement in their family to feel confident in their own role. For example, Jessie says, "I don't know if I want my kids to know the person that just gave the sperm. You know? I raised the kids. My partner raised the kids. He didn't. He just gave it to me." Similarly, Mia imagines limiting the role of a donor in her child's life for fear of feeling slighted as a parent. She says, "It would upset me that there would be another parent figure...Because I wouldn't want to have to share that role of their parent. I would probably feel jealous if the kid wanted to reach out and have this person be in their life." In this way, Mia hopes to safeguard both her authority as a parent and her emotional stake in her child, who, by looking to the donor, would make her feel like less of a parent. Taylor imagined a similar scenario, envisioning it from the perspective of her future partner, who she imagines would be the non-biological parent: "It would just feel strange to me to have my child say 'You're great, but I want my dad.' So...it would scare me if I have the child to have my partner then feel that they weren't considered a real parent by the child." In this way, the idea of a donor's involvement stokes women's anxieties about being able to claim and retain parenthood.

These anxieties were especially acute when women tried to imagine how a donor might fit into their future families. While trying to conceive of



a family that integrated and acknowledged a sperm donor, all of the women reported some degree of anxiety or confusion surrounding how to successfully negotiate a donor's position. For many, this confusion was tied to a difficulty reworking a model of family that had never included a third-party parental figure. Jessie speaks to this, saying she would prefer if her children had no contact with her sperm donor after conception. She says that she could not imagine having him be a part of her family because "the conventional family thing is something that is stuck in my head. It might be for a really long time." Talia likewise struggled with how to even conceive of a role for a donor, failing to find words appropriate to describe his position in her imagined family: "It becomes complicated when you pick someone you know to be a sperm donor because then it's like how are they gonna be involved? Are they gonna be x, y, and z? Are they gonna be a parent?" Even Lydia, who reported strongly wanting to incorporate her sperm donor into her friend and kinship network, was puzzled when it came to thinking through how she might actualize that family structure. She says, "No, honestly, I don't have a firm idea of how that would look. I would imagine...it's really complicated and I don't know how they would actually end up responding to the fact that there's somebody that came from them in some ways."

Sarah likewise felt conflicted when considering integrating a donor into her family. She says, "I feel weird about having a weird blended family of two dykes and a sperm donor. That feels weird to me." Her discomfort with the notion of integrating a sperm donor extended into broader anxieties about how to conceive of queer families that break the mold of heterosexual, partnered families, and points to larger anxieties implied in the other women's responses:

You have this very simplistic idea of a family that's like - God I sound *so* not queer right now - but it's been worked out for you. You grow up with this image of a family and it's pretty radical to put a lady in there. I understand there's all of these queer family structures and maybe as I get older I'll totally get more into exploring that, but right now I've just gone through so many changes lately that I haven't thought a lot about how queer family structures work. So it feels like the dreaded sperm donor because I know how two person child-parenting families work, where the partners are in a sexual and romantic relationship and I'm just not sure how this random sperm donor works.

Here, Sarah wrestles with figuring out how to conceive of a family in the context of her queer identity, which alone seems to be enough to destabilize her previously held model of family. Inseparable from this anxiety is the extra parent figure that a queer family seems to necessitate. Additionally, her anxieties are tied to a broad uncertainty regarding her identity and ideas of family in general. She acknowledges these uncertainties, but seems to find reassurance in a "tradi-

tional” family form, suggesting that for her and others like her, the “traditional” family may ultimately be considered the safest, most viable option. This, considered alongside the other women’s responses, suggests that the models of family that they are familiar with are too narrow to imagine comfortably accommodating a sperm donor. As a result, the idea of incorporating a donor into family life is uncharted territory for most women, and is a kind of familial expansion most are unwilling to explore.

## Conclusion

In sum, the women in this study viewed their desires for parenthood as achievable, despite some foreseen complications. Reworking their ideas of family to accommodate their queer identities led most women to reconsider how to become parents. Although their thoughts were unfinished, most of the women had a clear sense about how they preferred to become mothers in the future. Their visions of parenthood focused primarily on pregnancy and biological parenthood as a means for creating family, aligning their responses with the many lesbian parents that have been studied in the past (Nordqvist et al. 2012b; Mamo 2007; Chabot & Ames 2004; Lewin 1993). These women viewed pregnancy as a means of legitimating their role as mothers, strengthening their relationship with their children, and creating a cohesive family.

While most women’s desires for biological reproduction were clear-cut, their understandings of how they would achieve it were less certain. The process of sperm donation and the sense of imposition that women felt it entails were unappealing for most participants. A majority of women imagined seeking to mitigate this discomfort by using a donor they knew. This is a marked departure from preferences reported by other queer mothers, who have almost unilaterally eschewed using a familiar donor instead of anonymous donation through sperm banks (Nordqvist 2012b: 301; Donovan & Wilson 2008: 655; Mamo 2007: 104). It is unclear whether women’s reported preferences for known donation represent a meaningful shift in queer reproductive thinking, but their contrast to previous findings is remarkable. Despite reporting wanting to know their donors, none of the women could imagine how to incorporate a sperm donor into their family. This was the most fraught subject for many of the women, who expressed anxieties about how a sperm donor might disrupt their roles as parents. Combined with women’s recognition that financial and social constraints might create obstacles in their pursuit of parenthood, it appears that queer women continue to consider their reproductive options to be both emotionally and biologically inhibiting.

Future research might pursue a longitudinal study with younger queer women interested in parenting. By gathering data about women’s desires and expectations prior to parenthood and conducting a follow up once they’ve started creating families, a future study may be able to discern which of the women’s

reported aspirations were realistic goals and which may have been untenable due to both personal and structural obstacles. Considering the anomalous majority preference for known sperm donors in this study, a longitudinal study would be useful in determining the significance of those desires. That is, it might indicate whether these results truly signal a shift in how queer women are thinking about creating families or if women will eventually realign themselves with past generations when they actualize their plans for parenthood. Additionally, future studies investigating queer women's aspirations for parenthood may pursue a more in-depth analysis of queer women's desires to adopt. It is unlikely that all of the women who reported preferring DI will be able to pursue biological reproduction for a number of physical, personal, or financial reasons. As a result, adoption may become their eventual route to family. Future studies could investigate the motivations both of queer women who had envisioned using adoption as well as those who initially preferred DI (see Goldberg et al. 2009).

This study points to a problem unique to queer reproduction in an age of widespread social acceptance of queer identities and family. Because of the political and generational shifts of the past 30 years, the women in this study now have a space to claim parenthood and family. In this context, most of these women appear to aspire to a relatively conservative model of family. That is, rather than hoping to participate in alternative families structures, they seek to recreate dominant American forms of kinship that emphasize biological kinship and emotional ties to the source of gametes. However, few of those interviewed know how to do so while comfortably incorporating the necessary intrusions of assisted reproductive practices into those newly recognized family units. Based on the responses of my interviewees, this disconnect precipitates a profound confusion and ambivalence about how to realize parenthood and family going forward in the context of their queer identities.

Indeed, the women interviewed had little idea how to conceive of a family that both affirms their role as queer-coupled parents and fulfills their desires for biologically linked mothers and children. Sarah expressed this, saying, "How do you raise a child as a queer woman? How do you even conceptualize parenthood when you don't have this larger structure?" Sarah, representing many of the voices in this study, indicates that family and parenthood are linked to a "larger" normative (e.g. heteronormative) model to which queer family does not seem to conform. Falling outside of this hegemonic family structure caused a deep uncertainty for most of the women who felt they lack examples to shape their future family, either in the mold of "traditional" families or "non-traditional" queer ones. In this context, queer women are now faced with the challenge of reconfiguring their expectations for certain kinds of kinship to align with the types of families they are able to create with the reproductive options available to them.

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Participant	Sam	Caitlin	Mia	Sarah	Lydia	Taylor	Lauren	Caroline	Talia	Sandra	Chloe	Jessie
Age	22	22	20	21	21	18	21	19	23	18	21	20
Racial identity	Black	White	Biracial/Latina	White	Latina	White	White	Latina	White	Latina	Black/Biracial	White
Sexual identity	Queer	Queer/Lesbian	Queer/Gay	Bisexual/Queer	Queer/Bi	Gay/Lesbian	Gay	Queer	Gay	Pansexual	Queer	Queer/Bisexual
Region of origin	Midwest	East Coast	East Coast	South	West Coast	South	East Coast	West Coast	East Coast	East Coast	Midwest	East Coast
Out	To some	Yes	Yes	Yes	To some	Yes	Yes	To some	Yes	Yes	Yes	To some

**Appendix A: Demographics of the Sample**