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Facilitating Support for Expectant Lesbians in a Public Health Context

Encountering Resistance in the Research Process

Take a moment to think about how you are connected with mothering—as a biological mother, adoptive mother, coparent, son, daughter, or aunt, for example, and imagine that you must deny that mothering identity or connection in your life. As a white, middle-class, heterosexually identified and hearing-impaired woman for whom motherhood has been a central piece of my identity—years of infertility, the adoption process, biological motherhood, teaching prenatal and parenting, working as a sexual health educator in public health nursing—as well as the mothering implications of doing nursing, teaching, or being the oldest of five children—it is virtually impossible to delete mothering connections when I think about my life.

When I think back ten years for instance (my youngest will be turning eleven in another month), I am taken back to snapshots of three children under the age of five—and the chickenpox that hit the household that month. It's not that other aspects of my life were unimportant. My motherhood context serves as a marker and shapes the meaning with which I communicate my life—to other mothers, and any male or female. It is a point of connection which is legitimated and universally recognized.

When I refer to speaking to others about my world, however, there are assumptions that I make about how those communications will be interpreted in such public spaces. In this paper I will describe some of my experiences of examining my assumptions about motherhood, positioned as a public health nurse educator in prenatal education—and the resistance I encountered through a process of carrying out feminist ethnographic research as a grad student related to the educational needs of expectant lesbian women. I will touch on some theoretical perspectives which I found helpful to understand the multiple sites of resistance to such work with implications for change in the public

domain—as well as which influenced my own complicity in such processes. Given the sensitive nature of some of these public and private experiences during this research process, I have alluded to some larger issues in addition to several disinviting contexts that contributed to significant emotional upheaval over this time. I have used Nel Noddings' (1984) ethic of care to frame strategies for support in a way which resists normative discourses of lesbian childbearing as they offer the potential to consider how we are each implicated in enabling supportive community care.

Up until three years ago I, like many others, assumed that for the most part, motherhood talk referred to heterosexual partnerings. I took a childbirth education conference in Toronto in which Penny Simkin, a renowned American childbirth educator, addressed the needs of lesbian childbearing women. She spoke of the lesbian baby boom which had occurred from the early '80s, and in doing so, blew my assumptions wide open.

When I first encountered issues related to childbearing lesbians, I reacted like many other colleagues with whom I have spoken: with shock and awkwardness. Why was it that caring and knowledgeable public health nurses, many of them mothers, neither thought we had encountered lesbian mothers in our professional practice or personal lives, nor considered that this was relevant to our lives?

When I took the issue of lesbian childbearing back to my team of prenatal teachers, several mentioned that over the years women in their prenatal classes, geared to adult couples, had disclosed they were lesbians. The instructors had wondered how best to deal with this—separating mothers and fathers was one strategy which many had found useful—was this appropriate for lesbian couples? Although a mainstay of public health nursing and funding for years has been maternal/parent child health, it appeared that lesbian mothers were not part of prenatal, breastfeeding, or postpartum contexts: lesbian childbearing was often invisible in public health discourses about mothering.

A search of the literature yielded 20 years of articles addressing lesbian pregnancy or parenting. Understanding the many issues that shape what lesbians perceive as important issues for their childbearing and how to facilitate education on this topic was important to me. Public health nurses base their practice on evidence from the literature. I would have no credibility as a prenatal educator if I weren't aware of the latest technology for labouring women! I also needed to explore why some educators lacked access to such information—with the understanding that educators and lesbians are not mutually exclusive. Whether such disclosure occurs in educational contexts may depend on the perceived consequences of such actions as well as the perceived privilege of doing so.

Adrienne Rich (1980), in her landmark article, "Compulsory Heterosexuality and Lesbian Existence," identified enforced heterosexuality as an insidious and persistent power structuring all societal relationships. Normative patriarchal values ensured that all women were socially conditioned to accept

subordination and limits on their everyday life choices through strategies of direct and indirect violence. This not only accounted for the erasure, invisibility, and diminishment of lesbian women, but prevented non-lesbian-identified women from supporting and celebrating lesbian women through a common women-identified-experience. That patriarchal power could unconsciously shape everyday institutions and narratives was an important understanding in establishing how women in diverse locations experience their lives. Lesbian women's rejection of the economic, physical, and emotional dependence on patriarchal authority ensconced in the nuclear family accounts for the extensive social repercussions they encounter (DiLapi, 1989; Eichler, 1997).

While Rich's (1980) perspective is widely accepted in many feminist circles as one which has the potential to enable women to connect across differences in sexual identity to counter patriarchal and other oppressions, her premise of the women-identified lesbian spectrum has been criticized for the way in which it desexualizes lesbian women by focusing on their emotional affiliations in order to increase lesbian respectability to women/feminists. In fact, Martindale (1998) explains that tensions among lesbians and/or feminists, which surfaced in the Sex Wars of the 1980s, relate to questions of who has the power to define lesbians and represent the boundaries of their expression.

Women who come to terms with a sexual identity of lesbian/dyke/queer/bisexual encounter traditonal, dominant notions of motherhood and childbearing which may make it difficult for them to claim their identities as both mothers and lesbians. Even when lesbians do not disclose, Patricia Stevens indicates that "the patterns of civil liberties violations and abuse are similar whether the sexual orientation is assumed, based on rumor and opinion, or known, based on public record or verbal acknowledgement" (1992: 113). Homophobia in providers of care has been indicated by mistreatment, breach of confidentiality, limited or lack of acknowledgement of partner, and outright abuse (Coalition for Lesbian and Gay Rights in Ontario [CLGRO], 1997; Eliason *et al.,* 1992; Vida, 1996; White and Martinez, 1997; Zeidenstein, 1990).

Although homophobic attitudes are often assumed to be demonstrated in overt ways, subtle tolerance is often considered even more damaging and perpetuates a disregard for the importance of diverse gay/lesbian perspectives and democratic rights within society. Blumenfeld and Raymond (1988) as quoted in Eliason, Donelan, and Randall, argue that,

> mere tolerance actually promotes lesbian invisibility and allows for discriminatory practices to occur. They suggested that tolerance masks a basic underlying fear or hatred in individuals who cognitively support civil rights, but emotionally cannot accept lesbian sexuality. Tolerance is extended to children or immature individuals, thus often representing a condescending attitude. (1992: 139-140)

Healthcare providers and educators are affected by heterosexism in their

institutions of work and in their own education which limit information about lesbianism to them (CLGRO, 1997; Eliason *et al.*, 1992; Robertson, 1992; Stevens, 1992). As Patricia Stevens indicates, "[Heterosexist] assumptions also rob providers of access to practical knowledge about lesbian life experiences, health concerns, community resources, and support networks" (1992: 110) with possible implications for quality of care.

The literature has emphasized that in order for any research to be "for" lesbians rather than "about" lesbians, researchers themselves may need to be lesbian-identified (Nelson, 1996). However, much lesbian health research has been used to the detriment of lesbians and this is an important consideration when dealing with the potential reluctance of lesbians to participate, even with lesbian-identified researchers, as they continue to be concerned about the possible cooptation of their issues by institutions (Bowen, Powers, and Greenlee, 1997). I hoped to gain insight into childbearing lesbian's perceived educational needs through an ethnographic process that focused on their meanings and strategies in order to facilitate more inviting community care—while acknowledging the particular nature of this process which in no way represents the diversity of women who partner with another woman.

In addition to examining my own homophobia, an important part of understanding the social context of this study was learning more about the political aspects of working on a topic related to same-sex issues with potential implications for change in the public domain. I found myself becoming more politically aware of how change has occurred in various contexts for lesbian women. This necessitated an awareness of the very fervent vocal and organized opposition to addressing sexual orientation in curriculum in the public schools, in the legal ramifications of offering same-sex spousal benefits, and in the models of deviance which are part of some counseling, medical, cultural, and religious discourses.

According to the normative discourses in which motherhood and sexuality are separate spheres, lesbian motherhood sexualizes parenthood (DiLapi, 1989; Epstein, 1996; Gabb, 1999). Gabb pinpoints the "*unnatural* status—[the] disruption of the reproductive narrative—that lesbian parents pose such a threat to society" (1999: 15). Although this was a small, exploratory study of expectant lesbian women, it addressed how such traditional parent supports such as prenatal classes—often a ritual of motherhood—might address lesbian mothers' needs—in a publicly funded context.

I openly posted information related to my study on the educational needs of expectant lesbians in my home and work communities. Both are closeted according to individuals who are familiar with the issues, and conditions for advocacy may be very different from those in large cities where lesbian family supports are explicitly available. Women identified as feminists or who have "overstepped the bounds" for questioning the sanctity of current structures can be subject to threats of violence on different levels (Amin *et al.*, 1999; Harris, 1999; Onken, 1998; D. E. Smith, 1999). Such actions may occur in response

to an early threat to such structures given the backlash in response to lesbian and feminist challenges in public spaces (Bashkevin, 1998). Ramsay (1994), Stevens (1992), and Onken (1998) note that assumptions of same-sex orientation or advocacy in this area may precipitate disinviting reaction including violations of civil rights, loss of personal friendships, professional discrimination, and other consequences of stigmatization based on such a stance. I had anticipated some resistance from colleagues based on my own reluctance to address such issues—those who were supportive often had limited information or understanding of same-sex concerns—especially with respect to pregnancy.

However, that I encountered ongoing reactions to this work in my personal life offered me a sense of how my life was now viewed through a lens of sexuality despite my heterosexual privilege. Such incidents included outrage from a partner who perceived this choice of topic as a personal threat to a longstanding relationship. Family and friends in the community asked how my "husband gave [me] permission to work on this topic" and voiced concern that such feminist work marked me as a lesbian. Another wondered whether I knew "the church's" stand on this. These were opportunities to speak to the issues, engaging me even as I reconsidered the everyday relationships I had once found so supportive.

Other more subtle distancing and concern within the community from well-meaning parents, educators, and care providers to this perceived threat to suburban family values demonstrated an internalization of negative stereotypes which continue to shape how lesbian women are considered. Gayle MacDonald, in her discussion of equity legislation, notes that "there has been an unprecedented backlash to the concerns and needs of the disadvantaged [including lesbians] in Canada. This backlash has taken many forms" (1999: 155). Media headlines continue to describe political battles which highlight the vocal and organized opposition of social conservative groups to accepting same-sex relationships in ways that are validated for heterosexuals (Giese, 2000).

Current discussion of same-sex issues within mainstream institutions challenges long-held moral values about relationships. Barbara Rumscheidt has described the emotional and homophobic response provoked by discussion of same-sex couples' rights even within a Canadian religious institution often touted as liberal and tolerant: "The mood of anxiety, hostility and hate in which this demand [for compulsory heterosexuality as a Christian standard] is made creates a hazardous climate for women—especially feminist and lesbian feminist women" (1990: 76).

Since recent struggles to offer antihomophobia curriculum and same-sex legislation, even within large urban centers with openly lesbian communities, have been affected by such response, the conservative environment (Arnup, 1998), feminist backlash (Harris, 1999), and well-publicized vocal opposition by community groups regarding public support for lesbian positive programming (Sullivan, 2000; *Lesbian Mothering*, 1999) are important considerations for understanding the social contexts in which change may occur through

advocacy or other venues—this feminist ethnography included.

Heterosexual and lesbian communities alike may assume that given the well-documented stigma of such work, advocates are lesbian identified (Onken, 1998). This undercurrent, and the stigma it incurs, would have been unlikely to have shaped research related to any other cultural group with so many influences on both my personal and public environments. Despite my limited connections with the lesbian community as I began this work, at times I have perceived much more support from lesbian women and their advocates than from the heterosexual community.

Yet, this process, too, piqued insight into the contradictory and fluid nature of subject positions that shape claimed and assumed identities, as well as privilege. Working in this area of lesbian health as a non-lesbian/bi-identified woman prompted me to look deeper and more broadly into issues of alliance building and working across difference within communities, themes which contexualized this study process in a way that would not have occurred without these experiences or reflection.

As well, there were other affirming moments. Locating two lesbian couples who were pregnant and living within the geographic region I had selected for locating participants—and who were receptive to participating in the study (a prenatal and postnatal couple interview)—was encouraging under these circumstances. Adoptive and nonexpectant lesbian women situated in various locations also expressed interest and offered suggestions or shared experiences. At times, acquaintances shared their stories of their own connections to lesbian women and the challenges they each encountered.

A variety of community contacts have affirmed the potential value of doing this work, while at times noting inherent difficulties. One in particular noted that she and I both had limitations connecting with respect to this study because her community is closed. However, she offered me an important insight through this discussion as I became quite aware that the public and private points of access were very relevant for me as an educator, as well as for the lesbian women who were seeking information on childbearing. This prompted me to consider the difficulty with which I accessed information myself—as a connection to the multiple layers of power relations in this research process: access issues for childbearing lesbian women and educators both— as a consequence of pervasive institutionalized heterosexist influences.

Onken (1998) has identified four strategies which produce and reproduce heteronormative institutions: alienation, omission, repression, and stigmatization. Preventing women from openly claiming identities as lesbians and mothers, excluding lesbian mothering from mainstream mothering institutional supports, marginalizing and inhibiting research and/or the dissemination of information that is available are all facilitated by moral and medical discourses of deviance which label or discount the importance of this issue. Women's ability to exercise their reproductive rights, as well as claim same-sex identities as mothers, and live without threats of overt or subtle violence are

hindered by heterosexist institutional environments, even if individual providers of care are themselves inviting.

In fact, Steve Onken (1998) conceptualizes these strategies as forms of violence which are not recognized as such, however which are socially sanctioned and which facilitate both physical and psychic levels of harm. The use of stereotypes, myths, and exclusion are powerful strategies which maintain the status quo (Eliason *et al.*, 1992; Robertson, 1992). The deeply entrenched discourses around same-sex childbearing and motherhood include:

1) Motherhood is exclusively for heterosexual partnerings: Elena DiLapi's (1989) hierarchy of motherhood indicates that mothers who are in nuclear family relationships reap the benefits of such normative family boundaries in that public resources are geared to them. Mothers marginalized by disability or non-married status, for example, are accorded fewer resources; however, by virtue of their assumed heterosexual partnerings they are more visible than those mothers who partner with another woman. Fiona Nelson's (1996) interpretation of this hierarchy addresses how race and class intersect with such notions of motherhood: a woman's social and emotional proximity to a dominant male will determine the resources available to her. In effect, women who do not claim lesbian motherhood will be assumed to be in heterosexual relationships and thus may locate support for their childbearing as single mothers. The lack of openly accessible institutional resources explicitly geared to biological or nonbiological mothers who partner with a woman supports strategies of passing as straight in order to locate information.

2) A second assumption is that there are few women who are mothering with a female partner: it's not happening anyway, so as the exception, there is little need to address this. The difficulty in providing statistics which accurately represent childbearing women who partner with another woman contributes to this perception. However, the limited support for disclosure of same-sex status, given the homophobic reaction which varies from inappropriate health care to uneasy tolerance and overt violence, contributes to the invisibility of lesbian mothers in public spaces and itself influences the possibility of such evidence. In addition, the nondichotomous nature of sexual orientation (Onken, 1998), heterogeneity in sexual practices, as well as fluidity of sexual identities over a lifetime and the meanings inscribed in language contribute to how identities are claimed.

Yet in Canada it is estimated that there are thousands of lesbian women who have become parents through AI (alternative insemination) and many more who became parents through heterosexual partnerings (Arnup, 1998). Of the parents in same-sex relationships surveyed across all regions of Ontario for CLGRO's report, 70 percent were "generally open about their sexual orientation [but] . . . . almost all had to hide the fact they were parenting with a same-sex partner" (1997: 85). Institutional environments contribute to such dynamics.

3) In addition, there may be a discourse around disclosure (Epstein, 1999) which emphasizes that open disclosure is the politically correct strategy for

women who partner with another woman. In this view, lesbian motherhood is a positive and transforming counterpoint to restrictive notions of mothering linked to nuclear family and dominant social locations. However, as Rachel Epstein (1999) and CLGRO (1997) have noted, safety concerns about the repercussions of disclosing as a lesbian mother cannot be overlooked as important factors in the context of disclosure: there may be personal, professional, and cultural consequences which affect the very possibility of support for mothering upon which survival depends, especially for women of colour. As well, there are issues of primary identity which may preclude the possibility of linking of racial and same-sex identity in environments which marginalize and/or stigmatize both (hooks, 1999).

4) Despite the increasing public profile of lesbian childbearing, Leila Armstrong (1996) indicates that lesbian issues appear to be accepted and tolerated in public spaces such that there is a media discourse of non-importance which is at work in such progressive times. However, she notes that the everyday lived experiences of lesbian women in heterosexist and homophobic environments are at odds with these notions. Such apparent tolerance negates these lived realities and the ways in which institutions contribute to such oppression. Dorothy Riddle (as cited by the Canadian AIDS Society, 1992) emphasizes that individuals who are functioning at the level of tolerance and acceptance still deny the social and legal realities of lesbians' everyday lives. In order to support and advocate for lesbian women it takes active work to examine attitudes and values. Understanding that diversely situated lesbian women have unique needs that cannot be addressed under the assumption that they are similar to heterosexually-identified partners is important (Kenny and Tash, 1992).

5) There is also an "othering" which places the responsibility of care for childbearing women who partner with another woman in the lesbian community: a denial that this is a public issue. A number of lesbian communities have built important networks and organizations which support mothering. However, across lesbian communities the various stances regarding motherhood, especially for women raising sons, as well as issues of geographic and social location and conservative political environments, influence how much support—including the very possibility of lesbian community—might be available for lesbian mothers diversely positioned. The limited visibility of lesbian concerns as part of the public profiles of mainstream institutions shapes both individual and institutional priorities for care and, hence, influences how women locate safe spaces and meaningful support within their childbearing lives.

This research process suggested that given the invisibility of lesbian childbearing in public institutions and the ongoing resistance on individual, institutional, and community levels to effect change, facilitating supportive environments requires individual and collective determination, as well as comprehensive strategies for care.

Nel Noddings (1984) has identified an ethics of care which includes four elements: validation, practice, modeling, and dialogue. Validation began with acknowledging lesbian childbearing in its complexity. Identifying and facing my own heterosexism and homophobia was an important part of coming to terms with my own complicity and resistance to the dominant narratives of motherhood and sexuality which shaped my personal and professional lives. Affirming the diverse expressions of lesbian motherhood included being visible through the research process. In the course of considering how to do this work I was advised by a colleague to "do it outside the health department" as it was too controversial a topic. Understanding that such an approach would only contribute to the invisibility of lesbian mothering in public health contexts shaped my decision carry out this work not only as a grad student, but as a public health nurse. Health department support was an important aspect of this study.

A second aspect of caring is practice. Given the pervasive stereotypes and distortions which are taken up by institutions and media, ongoing work and examination of attitudes and behaviours is required. Sara Ruddick (1990) has emphasized that motherwork and identity comes as a result of repetitive work on an everyday basis; there are implications for enabling practices that shape initiatives as professionals and mothers through daily interactions which provide concrete support for lesbian mothers on many levels from inviting policies to audiovisual resources which acknowledge the breastfeeding concerns of both the biological mother and the co-parent.

Modeling entails a commitment to daily practices which may require risk-taking in the face of prevailing institutional norms. There are ethical, legal, and professional obligations at stake in continuing to enable care in explicit ways only for heterosexually identified women. In contrast, inviting care makes visible the counter discourses of mothering which include lesbian motherhood as potentially empowering and transgressive in its impact on women's identities, relationships, and perceived life choices.

Dialogue is the fourth component of an ethics of care. Strategies which make publicly visible diverse narratives of lesbian childbearing and which enable connections with other lesbian women, as well as those which support collective advocacy and systematic change are part of such approaches. Such actions can also address how dissemination of meaningful information and support across communities and larger issues of research and leadership are integral to facilitating inviting education in public health contexts.

Countering my perceived isolation was a crucial aspect of the research process. The same influences which inhibit lesbian women's connections with each other often maintain potential advocates' alienation within their professions, institutions, or communities. Networking with others who also lack support for work in this area and who are committed to creating safer spaces for youth and families who are dealing with same-sex issues has been extremely affirming. However, the intensity of the response to this work and the stories shared by others whose everyday decisions are shaped by safety concerns have

actually heightened my resolve to continue to promote safe and inviting communities which acknowledge, support, and celebrate diversely situated families.

For me, however, the telling phrase was one which came at the end of my second conversation with the couple who shared their lives with me in this research context. They remarked that someone cared enough to ask about their lives. Belenky *et al.* have noted that motherhood is a concept which evokes "care, connection, and human development" (1986: 157). Processes which are in tune with such goals might enable inviting communities which can offer that support.

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