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How To Get A Girl Pregnant

An Autoethnography of Chicana Butch Reproduction

“How To Get a Girl Pregnant” is a memoir documenting a butch lesbian’s quest to become pregnant. This essay includes a short discussion of the text as autoethnography coupled with an excerpt from the memoir. Throughout the memoir the author attempts to deconstruct normative conceptions of fertility and pregnancy. She explores the influence of gender and ethnic identities (butch and Chicana) on her experience in a fertility clinic, and on the lived conditions of reproduction. Her body, at the intersection of gender, sexuality and ethnicity, produces knowledge for scholarly inquiry. The memoir was constructed through fieldnotes and reflective journaling. Her observations and analyses reveal insights into the sensibilities and values of fertility clinics, as well as those of the communities that have shaped her. She considers questions such as: How do heterosexist practices in fertility treatments lead to misunderstandings with LGBT clients? How does gender socialization influence a butch’s experience of fertility? How does one’s sense of individual power and desire operate through reproduction treatments?

Autoethnography embraces writing that moves beyond the confines of academic writing.... It’s about being a boundary-crosser ... it’s about connecting the self to the culture you live in.

—Peter de Vries (354-355)

Introduction: Memoir, Methodology, and Embodying Theories

I always wanted to write a book that would say my piece about the world, but I had no idea what the book would be about. I wanted the opportunity to describe the odd and magical adventure of living as a butch lesbian in

North America, convey the conflicted position of possessing mixed race ancestry, question institutional authority, and consider the meaningfulness of family. I wanted to infuse political commentary with personal quest, and to show how knowledge from the mind is inseparable from that of the body. My memoir *How to Get a Girl Pregnant* is the result of my hunger to write this type of text.

I did not know initially that my desire for a baby would also fulfill my need to write. However, as I entered the land of fertility treatment, I began to study and experience this new world as a writer and researcher. It is my trade after all. As I read lesbian pregnancy manuals, surfed the internet for sperm purchases, attended doctor's appointments, and ventured into bars, I found myself in intriguing situations. Sometimes the experiences hurt me, sometimes they taught me new information about cultural values, sometimes they turned me on. I became fascinated with how my assessment of a good future father changed dramatically depending on the context and medium of my information about the man. I was also interested in my butch body's unpredictable responses to medical treatment. There was considerable vulnerability and hurt, but also humour and a potentially useful revealing of culture. Often when I relayed stories about my experiences in procuring sperm, my friends would urge me to write them down.

Several years before my time in "fertility-land," I had read the ethnography/personal narrative *The Body Silent* by Robert Murphy and was fascinated by his journey through illness. He states,

This book was conceived in the realization that my long illness with a disease of the spinal cord has been a kind of extended anthropological field trip, for through it I have sojourned in a social world no less strange to me at first than those of the Amazon forests. And since it is the duty of all anthropologists to report on their travels ... this is my accounting. (Wikipedia)

I was influenced by his ability to explore a landscape that changed as his body changed, that was governed by the rules and values of the medical profession, and that emphasized learning through the body. I found my "strange" land within reproductive technologies online and within doctor's offices. I took notes in my journal throughout my fertility treatment about the events I observed, as well as my personal reflections. I studied websites and read books that offered information and access to sperm and reproduction techniques. I hoped that my observations and analyses would reveal insights into the sensibilities and politics of the medical profession as well as those of the communities that have shaped me.

This article is presented in three sections: this introduction, an excerpt of the memoir *How to Get a Girl Pregnant*, and a conclusion that offers analysis of fertility culture and experience. In the excerpt of the memoir, I reveal my autobiographical stories as a butch client undergoing treatment at a fertility clinic. I offer the memoir as autoethnography. “Autoethnography is an autobiographical research genre, displaying multiple layers of consciousness, connecting the personal to cultural” (Etorre 536). I am interested in the capacity of the methodology to expose “personal vulnerability” alongside “cultural interpretation” (536). I strive for social understanding through artistic craft (536). While multiple interpretations can be uncovered through an analysis of *How to Get a Girl Pregnant* (and I invite you to offer your own), I have chosen to focus on the following.

I explore the influence of my gender, sexuality and ethnicity (butch, lesbian and Chicana) on my desire to become pregnant, and on the lived conditions of reproduction. My body produces knowledge. Springgay and Freedman argue that bodies can serve a primary role in the development of curriculum because, “It is this ability of bodies to always extend the frameworks which attempt to contain them, to remain permeable and uncertain” (xviii) that offers us new and risky information about the world. If we are willing to pay attention, to take notice of our skin, even as traditional educational practices would have us do otherwise (hooks). It is knowledge that becomes even more significant when facing the “expert” knowledge of doctors, clinics, and the fertility industry.

I am moved by the importance Carla Rice places on “embodying theories” as an important “corrective” to “the medical model” (102). In relation to treatment of “conditions considered disabling,” the medical model uses “clinical descriptions and medical terminology,” and considers, “genetics, failure of the body, and injury, or accident, or bad behaviour” (99). In contrast, through embodiment theories, “the becoming of bodily selves is seen as open-ended and unpredictable, as shaped by people’s psyches and biologies intersecting with their social, relational, and material worlds”(102). Embodiment theories offer more agency, and I desperately needed agency as a butch lesbian navigating fertility clinics. Embodiment theories also offer a different type of knowledge, a documentation of the lived and transformative experience of the client, a natural fit with autoethnography. In combination, the theory and methodology provide me the opportunity to ask in the concluding section of the article: How do heterosexist practices in fertility treatments lead to misunderstandings with LGBT clients? How does gender socialization influence a butch’s experience of fertility? How does one’s sense of individual power and desire operate through reproduction treatments? Finally, embodiment theories offer me an unfinished subject, a butch still in the process of “becoming,” and therefore the recognition

that I grow through the experience of the fertility treatments and then again through the analysis and writing of this article.

Below I provide an excerpt of the text that focuses on my first days as a patient of a fertility clinic in Toronto.

(August 2007) Fertility Clinic #2

The waiting room is decorated with blond leather couches, fashion magazines, and glass dividers filled with bluebonnets. It's a beautiful and elegant place to get pregnant. Anxious women sit on every side of us. Only three men have bothered to join their lovers. I reach for Hilary's hand and squeeze it. I feel like a righteous lesbian, secure that my woman will stay with me, unlike the men. It reminds me of dancing at a straight event, where hardly any of the women can convince the men to dance with them and, for just a moment, they envy the lesbians, who are all on the floor dancing together. Assholes. Do the men think it's the woman's problem?

Then again, maybe the women don't want them here. Do I want Hilary here? Do I want her to see me spread my legs for doctors and ultrasound technicians? Will she still think I'm sexy after seeing me that way? Will she still think I'm butch? I let go of her hand and sit up.

What do women with fertility problems look like? I have a stereotype in my head: white, skinny, upper-middle class, older, uptight. I think it comes from growing up around a working-class community of big brown women and lots of kids. My stereotype is the opposite of this. I don't think I've ever seen commercials or brochures or any images of infertility whatsoever. This is secret information without representation. I've invented the picture I hold, ensuring that she looks nothing like me. It's protection. But I'm wrong. There is a South Asian woman with big, heavy arms and a round tummy. There is a young Chinese couple in the corner next to the window, pointing at something across the skyline. There is a tattooed blonde with black leather boots. There is a black woman in a grey business suit, checking her watch. There is a white, skinny woman with blue jeans and a silk blouse. There is a subsection of Toronto and the GTA sitting in a room together.

The South Asian woman and I smile at each other when she catches me panning the room with my gaze. I don't want to be part of this group. I'm hoping for this to be nothing more than a brief visit into their land. Before they make any assumptions about me, I think I should confess that I don't necessarily have fertility problems. I may or may not. I have virtually no fertility history whatsoever. I'm not exactly like them. I'm not like them at all. I'm not really a woman even. I'm a lesbian. I'm a butch. I'm an imposter. Nothing more.

“Karleen?” a short, red-haired woman with a clipboard announces at the front of the room. I am relieved to depart the masses and head to the doctor’s office. Dr. Meredith looks over the forms Hilary and I have filled out. She apologizes once more for having sent Hilary a male questionnaire. We had amused ourselves with it, answering probing questions about Hilary’s male factor infertility. How many times during the week does she ejaculate on average? Any STDs? Any unfortunately located varicose veins? However, the fertility clinic caters to an urban, politically sophisticated clientele and knows better than to send a male questionnaire to a couple of lesbians. And it’s also true that it wouldn’t be as funny if they hadn’t apologized. If I can’t have queer doctors, I definitely want some sensitive straight people taking care of me.

Dr. Meredith asks me everything about my life: alcohol consumption, cigarettes, the age of my first period, the number of days in my cycle, how my mother died, the intensity of pain of period cramps, vaccinations, family birth defects, how often I have intercourse. *Does lesbian intercourse help with pregnancy?* I wonder. It couldn’t hurt. I account for my life, providing numbers and descriptions. She uses the knowledge to construct a portrait of me for their files. The number Dr. Meredith likes most is thirty-five.

“You’re a young’un,” she exclaims. “Thirty-five years old with no history of infertility, this is wonderful.” Her green eyes gleam from under her glasses. The clinic usually works with older or more complicated clients. She assures me that I have a great chance of becoming pregnant (and I’m sure I’ll be a good stat for their success rates). All of a sudden I feel young and fit for pregnancy.

“And if it doesn’t work out?” she raises her eyes and looks to Hilary, “Are you interested in giving it a try?”

Hilary bursts out laughing. In her mid-forties, with two older kids, she has no intention of getting pregnant again. Besides, part of the problem in our relationship is that she and her children are very close, and I often feel left out. “The last thing we need is more of my genetic material around,” she concludes.

Dr. Meredith nods, chuckles, and notes our responses.

I like her. She looks me straight in the eye when she asks me questions. They are quick eyes, smart, alert. She has dark red, wavy hair, tied together in the back. She is not skinny or fat, but something soft in between. She reminds me of a girl I had a crush on when I was nineteen. I can open my legs to her.

Day 3

There are new rules to learn. On day one of my period I must call the clinic and inform them of my status. They will note on their charts that I have begun a new cycle and advise me to appear for blood work and ultrasound on day three. I must arrive with a full bladder. The images they obtain on day three provide them with all kinds of information that they use to determine whether

it is a viable month for insemination. If the month looks good, then they will advise me to order the sperm on day four. All blood work is to be conducted between 7:00 and 8:30 a.m. Therefore, the first thing to be sacrificed in the name of pregnancy is sleep. (Then money. Then alcohol.) As a result, I acquire a much higher stress level than I indicated on the initial forms I filled out only a month ago.

I am terrified of the ultrasound. I know it involves taking off my clothes, and letting them stick some plastic contraption inside me. A friend of mine told me that it's not as bad as a speculum, that it's not so big, that it's smooth, that there's lube. An info sheet advises that it is a painless procedure. The physical aspects of the exam are not what worry me. I would be reassured if I wasn't so neurotic. I will do anything to make this baby, and this urgency will allow me to overcome the ultrasound procedure, but that doesn't mean it'll be okay.

I check in with the woman at the side counter window. She examines my health card, and asks that I write my name and day of cycle on a list. She requests that I sit down and wait to be called. I nod at her and smile. I join the group of women staking out every corner of the blond couches. This is the hour before work begins. They are wearing crisp business suits, skirts, slacks; reading magazines; listening to iPods; checking their calendars. They are trapped for a moment in this clinic, looking their best, before the long day of sitting at computers and going to meetings, eating lunch, gossiping, making phone calls, and writing emails.

I take out a book to read, but they call my name before I finish the first page. There are several steps to this process and the first is blood work. I go behind the little curtain in the side room and a thin, strong Asian woman takes hold of my arm and tightens a thick rubber strap around it. I hate the sensation of a needle slipping under my skin, but I hate even more the sucking out of my blood. I can't watch. I instruct myself that I better get used to this life. Each month I'll have to endure the needle at least five or six times. Maybe I won't even notice after a while.

I sit back down for a good twenty minutes of reading before they call me again. I squeeze my legs tight and feel the pain of the liquid building up inside my bladder. It's now been an hour and a half since I drank the required quart of water. The woman at the sign-in finally calls my name, and I pick up my jacket and book and walk toward the ultrasound hallway. A tall woman in her fifties greets me with an Eastern European accent, "I am Irena." She has dark brown hair in a bouffant hairstyle, hazel eyes, a long, angular face, lush red lips. She's got round hips, a thin waist, ample breasts, curves so perfect she could be a model in a magazine, and probably was thirty years ago. *Wow.*

She leads me back to a small office with an examining table and computer screen. She directs me inside, but she herself stands at the door. I am a trapped,

scared animal in this tiny medical room, looking back at her.

“Is this your first time?” she asks with a heavy, melodic voice that sounds like Zsa Zsa Gabor.

My eyes are big and I nod quickly. Does she make it somehow more special if it’s my first time? Does she go easier on me?

“Take down your pants and your panties,” she commands, “and I will return.” *Shoot*, ascertaining my first-time status only amounts to how much instruction I will need.

I cringe. I hate the word “panties.” It makes me think of being a young, vulnerable girl, with some tiny, pink piece of cotton covering me up. I don’t wear “panties.” I wear boxers, thank you very much. I’m not about to talk back to her though. Irena’s tone is clear and certain. She has directed me and I am to comply.

My jeans, heavy with my wallet, keys, money, and belt, fall with a big *thunk*. I remove my boxers and hide them inside my pants. I pull down my shirt to cover up the important parts and stand against the bench. When Irena returns she motions for me to climb onto the bench. I scoot my ass up a long strip of paper towel and stick my feet into the stirrups.

If you’re persistent, you can still keep your legs fairly closed, even when your feet are in the stirrups. She has to tell me two times that my legs are not open wide enough. I try to relax the taut muscles of my legs. I grab at the sides of the metal bench and close my fists around the paper and metal. Even though Irena is one of the most beautiful ladies with whom I’ve ever shared such close quarters, I can’t bear to see her face right now. I shut my eyes.

She pushes inside me with precision and force. The smooth, cool plastic device enters deeply, and probes. She moves up, down, left, right, pushing the buttons on the computer, snapping photos of my uterus, my eggs, my dimensions, my chances of getting pregnant this month.

She finishes as abruptly as she began, and instructs me to retrieve my clothing. She disappears, leaving me alone on the examining bench with wet, warm lube falling out of me.

Day 10

They ask me back on day ten. Seven to 8:30 a.m., empty bladder. I follow Irena to her office and don’t need to be told to undress for her. When she offers me my two minutes of privacy, I throw off the bottom half of my clothes and leap between the rolls of paper towels on the examination bench.

Today when she enters me, I grit my teeth and swallow a yelp. It hurts. I’m tender after a night of sex with Hilary. Do I look different between my legs? Swollen? Can Irena tell? I’m certainly not going to say anything.

But I feel guilty, almost ashamed. I don’t let anyone inside me, hardly ever,

except Hilary. It feels like I'm betraying my girlfriend with this ultrasound technician. That's why I made love to Hilary last night, in the hopes that she could physically reclaim me. And she did, and I cried in her arms. But here again is Irena. Do ultrasound technicians feel anything when they open up a woman? Or do they conduct exams so frequently that they can't feel a thing? Do they sense a woman's vulnerability, timidity? Do they try to enter smoothly? Are they ever rough on purpose if they don't particularly care for a client? What does excellence in the conducting of an exam look like? What are they aiming for? Do straight and queer ultrasound technicians have different approaches? Does Irena know that I'm a butch who doesn't open my legs for just anyone? Does she know that it's a privilege? If I were the ultrasound technician, I would love to have a butch client. I would push all my care inside of her.

My follicle has already reached the size of 1.5 cm, so they ask me back again on day eleven. Anything larger than 1.8 and it will rupture, and the little egg will be on its hopeful way. The precious release. The sperm's must already be inside when it falls. They advise me that the insemination will most likely take place on day eleven at noon.

When I see Irena on day eleven, I ask her about her family. I want to know who she is. I don't want us to undergo these procedures in a tense silence. If I can't stop her from entering me, at least I can find out about the person with whom I spend these early mornings. She has a daughter back in Croatia taking classes at university. She is alone here in Canada. I tell her that I came to this country on my own as well, leaving my family back in California. I tell her that I teach at a university.

"In what department?" she wants to know as she probes up and around inside me. I try to ignore the plastic wand and continue the conversation, "Education."

Irena tells me about her hopes for her daughter to become a teacher. If she ever comes back to Canada, I insist that she look me up and I could tell her about our B.Ed. program. She agrees and seems more at ease. She pushes the keyboard, and finishes taking the photographs. I ask her if she'll be there later today to help the doctor inseminate me. She smiles and agrees to try to come.

When I (Hilary has a hearing today and can't get out of it, so I bring a book for company) return at noon, there are only two or three women in the waiting area. There is a different mood from the morning crowd. We are all here for insemination. Insemination day is exciting. It's an actual opportunity for pregnancy, not the daily drudgery of cycle monitoring (inspections of our bodies as if they were machines). I walk right up to the main reception area, smile at the young brunette answering phones, and give her my name.

Dr. Meredith appears shortly thereafter with an even bigger smile and a flowery navy blue and white dress hanging beneath her doctor's coat. Her red hair and green eyes glimmer.

“Today’s the day. Are you ready?” she asks.

“Yep.”

We go into one of the ultrasound offices and she asks me to take off my clothes and put on a blue-green sheet outfit.

“All my clothes?” Each day at the fertility clinic I lose more and more of my privacy.

“Everything but your socks.”

I lounge on the bench, naked under the sheet outfit, reading my book (*Born on a Blue Day* by Daniel Tammet). When Dr. Meredith re-enters, she flips the light switch off. The room is dark, except for the light of the ultrasound computer screen, and a desk-lamp behind it. It is part romantic mood lighting, part high tech operations, like the cockpit of an airplane glowing in the night sky. The shift relaxes me, and Dr. Meredith comes closer.

“What are you reading?” she wants to know.

I like that she asks about my book. It makes me feel more human if we can share an intellectual conversation, albeit brief. I tell her about the protagonist, the boy who loved numbers, who could relate to them as intimate friends, while other human beings remained a mystery.

She would like to read it, but first she needs to check to make sure that I have received the correct sperm: #5279. Yes, # 5279. Yes, the tall Latino.

“The reason we’re in here is to show you the insemination process on the computer screen,” she continues. “We don’t know whether it makes any difference to the insemination process, but it’s a new technique we’re experimenting with.”

“Sounds good to me.” I want to watch the show. I want to watch a show that takes me away from my body. The terrain inside my body is a foreign land to me, milky swirls of tissue glowing in darkness.

Irena slips into the room to take the photographs, and I’m so glad she’s come. I mean, Dr. Meredith’s nice enough. She’s not too slick or arrogant. She looks like a clever woman who I would talk to on an airplane. But Irena’s really the only one I know here. The only one I’ve spoken to at length. It would be odd to have some stranger ultrasound technician at the last second.

Dr. Meredith directs my feet into the stirrups and pulls out a speculum. When she pushes it in, it hurts me. It’s too big and too long and I think it’s a misunderstanding. A contraption made for women used to dicks inside them. And I think, *Oh man, I’m an anomaly as a butch. I have a small hole. There aren’t enough of us to mold a tool just for us.* I’m not saying this makes any sense. I’m sure a lot of women could benefit from something smaller. But I forget that, because I feel queer in this office with feminine women, real women. I feel like another kind of animal.

Dr. Meredith observes the muscles across my body turn rigid, and asks if I’m okay. “Does it pinch?”

“No, it’s just big.”

“You need to open your legs wider,” she requests.

“Just flop them open,” she explains as she approaches me with a gloved hand and a long, curved silver needle.

Now I’m glad Hilary couldn’t come. I definitely don’t want her to see me this way, humiliated with my legs open. I offer myself up to two feminine women whom I would much rather pin down and make love to. Then again, the only thing saving me at this moment is the fact that they are feminine women. It would be much more humiliating for a butch or a man to be hovering over me in this position. At least the femmes might forgive me for my vulnerability, might feel sorry for me, might see my scared eyes and protect me.

“Do you see it?” Dr. Meredith asks, jarring me out of my internal monologue.

I watch an electrical cloud shoot across the screen, sperm swimming on a path deep inside me.

“Yes.” I watch in awe.

Conclusion: Cultural Misunderstandings and “Gender Labour”

The account reveals both the insights and challenges of entering any new terrain, with its distinct cultural codes and norms. There are gaps in understanding and miscommunication between my butch, lesbian self and a fertility clinic that largely caters to heterosexual clients. The gaps are highly visible to me as an outsider of the culture, and the documentation of what I noticed, and what my body sensed, serves as the important knowledge production of autoethnography. There are false assumptions made by both me and the fertility clinic. For example, I found myself surprised at the cultural and size diversity of the women sitting around me in the fertility clinic. Without realizing it ahead of time, I had a stereotype in my mind of what a person in a fertility clinic looks like: white, straight, feminine, upper-middle class, too thin, older. I conjectured that this was a result of my upbringing in a largely Mexican, working-class city. As I revisited the narration, I thought again about any possible imagery in my mind.

Just as menstruation, and representations of menstruation (Rice 217-224) feature “concealment” and “shame,” so too do experiences of (in)fertility. Concealment and shame are most apparent in the blatant lack of images of fertility treatment. I can recall only two images of medical fertility procedures from film and television. The first is *If these walls could talk 2*, where a lesbian couple, Ellen Degeneres and Sharon Stone, attempt to get pregnant, and the second is from *The L Word*, where Jennifer Beals and Laurel Holloman, another lesbian couple, attempt to get pregnant. Three of the four women are upper middle class, thin, white women. The two who will actually be inseminated are the

more feminine of the pairings. The fact that I can only recall lesbian images may be because I am a lesbian and those representations could be more valuable to me. However, given that I consume a considerable amount of mainstream media, I wonder if it is perhaps less shameful for lesbians to tell their stories of (in)fertility. We approach fertility clinics with potentially no fertility problems other than a lack of access to sperm, and therefore no apparent flaws with our own bodies. We can tell these stories (whether accurate or not) as heroic outsiders who bust into heterosexual institutions with healthy, fertile bodies.

In a basic Google image search of fertility clinics (Google), hundreds of images appear of white babies (faces, bodies, toes, hands) dominate, and occasionally the babies are kissed by white feminine mothers. There are very few images of white fathers, white doctors, and People of Colour of any kind. My Chicana ethnicity and perspective has consistently heightened my awareness of spaces dominated by those with European ancestry. Even though I possess European ancestry as well and can pass as white, I often become alert to the exclusion, and the possibility of further acts of ethnic/racial exclusion around me. While I do not recall inspecting these images of fertility clinics beforehand, it is interesting that my stereotypes hold true to the marketing materials.

Another popular choice for marketing is the image of the fertility clinic itself, but the photos have no people in them. The photos show empty, modern rooms, with comfortable seating and floral decorations. To be fair, one image shows a single woman walking through the room, but her face and most of her body is behind a screen. In contrast, a Google search of restaurants show some with people in them and some without (Google). In addition, there is more opportunity for experiencing restaurants in person, and seeing people eat and enjoy themselves within them. But, what if you only ever saw images of empty dining rooms as restaurants, would you want to eat there? Would you want to be seen there? Could you imagine whether or not your body would be welcome in that room? The (in)fertile bodies are literally rendered invisible in the images of fertility clinics online.

For its part, the fertility clinic also held assumptions about me as a client. Most notably is when it sent my girlfriend a male infertility questionnaire before our arrival. The assumption was that the partner of a woman client was a man, even though we had already informed them that we were a lesbian couple. It was a simple mistake, for which they apologized, and we honestly did not feel harmed by it. However, it is still indicative of a heterosexist culture, where exclusion can flow unexpectedly from the minutia (social interactions, medical practices, bureaucratic forms) of the institution. Heterosexism persists through its invisibility, through its implicit, unrecognized practices, rather than through acts of conscious homophobia. I believe that narratives such as

mine and “Boldly going where few men have gone before: One trans man’s experience,” by Syrus Marcus Ware, and research such as Rachel Epstein’s, reveal heterosexism in fertility clinics, providing the knowledge needed to create more inclusive practices.

Rachel Epstein’s work also offers crucial understanding about the frequent insecurities I expressed about my body and sexuality within the fertility clinic. Before reading her work, I had no name for the feelings I experienced as a butch lesbian navigating a heterosexist fertility clinic. Epstein makes a compelling theoretical move with the unarticulated ways that fertility clinics perform heterosexist “gender labour.” She notes that “gender is deeply rooted in the regime of hegemonic heterosexuality and stabilized by material, discursive and institutional practices that recognize, in a myriad of ways, some expressions of gender and sexuality as intelligible, and others as not” (80). Therefore, there is a need for gender labour because, “though we live in a world that sees gender as fixed, certain and real, in fact, gender identity is fragile, contingent and often in need of shoring up” (81). In gender clinics that “shoring up,” that rebuilding of confidence in one’s ability to feel and perform like a woman or man, is especially important because often successful manliness or womanliness is linked to successful fertility (83).

The gender work that goes on in the clinic is about repairing threatened masculinities and femininities, and consequently relies on and evokes hyper-gendered subjects, subjects striving to meet the benchmarks of normative gender, i.e. the ability in the case of women, to become mothers, and in the case of men, to sire children and be worthy fathers. (84)

In this way, it becomes apparent that medical practices are not simply scientific procedures, but also the social practices that prepare and support the clients who access them. However, the support of cis-gender identities, while helpful for many heterosexual couples, can lead to further confusion and exclusion for LGBT peoples. “When these forms of gender work meet LGBTQ people and identities there is a clash of assumptions and a resulting deep misrecognition (Epstein 86). Epstein documents multiple, nuanced examples of such misrecognition, including analysis of *How to get a Girl Pregnant*. She offers a critical foundation for interpreting “gender labour” for LGBT clients, and for the possibilities of the queering of fertility clinic practices.

While my narrative only offers a single account of a queer encounter at a fertility clinic, I am struck by the voice of my younger self persistently struggling with the maintaining of her butch identity. Nobody at the clinic knew how to help me with this. I didn’t need to be convinced by the medical staff

that I was woman enough to conceive, I needed reassurance that my girlfriend would still see me as a strong masculine lover after undergoing invasive procedures. Or more honestly, I probably needed both. I was too proud to accept the bolstering of my womanliness, and too desperate without the recognition of my masculinity. This is the difficult balance of a butch identity, many of us do not feel like we fit in well as male or female, but rather something in between, or beyond (Córdova). I find Ivan Coyote's metaphor of wearing the wrong sized boots in relation to masculine and feminine pronouns helpful in understanding this complicated experience:

Now imagine that your right foot is two sizes bigger than your left one. That no matter what you do, one boot will chafe and the other will slip, and both will cause blisters.... I have always felt this way about gender pronouns, that 'she' pinches a little and 'he' slips off me too easily. ("Imagine a Pair of Boots" 205-206)

It is not clear to me that there is training in existence that would successfully prepare fertility clinic staff to support a butch's simultaneous manliness and womanliness. Every butch (like every human being) is different, and experiences gender on a continuum (Córdova 226). In addition, any given butch on any given day might be more or less in touch with the male and female aspects of one's body and identity (Coyote "To All of the Kick Ass Fierce Femmes Out There"). I am therefore not in the position to offer solutions for more inclusive fertility clinics, but I do believe this lens of "gender labour" provides me greater understanding of my younger self. It might also offer LGBT clients an analysis that lends strength at a time of great physical and emotional vulnerability. I ache for my butch self when she was instructed to take down her "panties," and faced the insertion of a probe for an ultrasound. Penetration of butches is often a taboo subject in butch communities, barely uttered even in bedrooms. I do not doubt that it frequently happens, but we often don't admit to it. The penetrations involved in ultrasounds, which are a regular part of fertility treatment, are therefore especially severe. How do you maintain a sense of manliness when you are being penetrated, and how do you recover this manliness after the fact?

Initially when I included references to my own sexual desire during the fertility treatment process, I was not only being honest, but also wanted to fill a gap in lesbian fertility literature. While I was grateful for the wealth of information in books like *A Donor Insemination Guide: Written by and for Lesbian Women* (Mohler and Frazer), I did not encounter how desire or sexiness could play a role in conception. I reasoned that if it often played a role in heterosexual conception, it could be important for lesbians as well. It could be important

in my own ability to conceive. It made sense to me to therefore include my butch gaze upon the ultrasound technician, my admiring of her beauty, her voice reminding me of “Zsa Zsa Gabor.” I am attempting to maintain my sexuality in a space that could easily render me as a sexless body, as an object. My power is tied to my sexuality, and without it I am far more vulnerable. Given the treatment that I chose to endure, I needed all the power I could get my hands on.

In retrospect, and through Epstein’s illumination of the consequences of cisgender “gender labour” on LGBT clients, I think my conscious embrace of sexuality was also the “gender labour” I performed for myself to survive in fertility clinics. Nobody knew how to offer gender labour to a butch client, so I offered it to myself. When I view the doctor as a woman who is smart and beautiful, someone with compassion and resembling a former girlfriend, I am constructing a relation that makes my fertility experience possible. When I suggest that I’d rather make love to the two feminine staff who have instructed me to lie down with my legs “flopped open,” I am giving myself the fantasy to endure the reality. The lens helps me to perceive my fantasies as active, caring gestures, rather than solely painful memories, and this also has helped to restore pride in my butch identity. Ultimately, I believe this autoethnography has contributed to the growing body of work on embodiment theories, but perhaps more importantly to my continued processes of “becoming.”

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