

**Judith A. MacDonnell**

---

# **Exploring Matrices of Mothering and Feminisms**

## ***Understanding Mothering Discourses for Lesbian Health Advocates Through Life Histories***

*This critical feminist research explored the career histories and lived experiences of ten female nurses who are publicly known as lesbian health advocates in their communities across Ontario. The findings focused on the development of political identities and the meanings of this politicization to their career and life decisions. What was unexpected as researcher and participants co-constructed their life histories was the complexity of mothering discourses that emerged from many of the narratives, although not all participants identified as mothers. This paper considers how these diversely situated nurses, identified as lesbian, bisexual, questioning or heterosexual, who have worked across geographic locations and domains of nursing practice “talk feminisms and mothering” as they construct narratives focused on their career and life decisions. Motherhood discourses were discussed in relation to feminisms and other politics, political practice, personal identities and work in the public and private spheres. Integral to these understandings were issues of race/ethnicity, class, religion and age framing the performance of gender for these nurses as they created meaning in their lives. There are implications for understanding the interface of motherhood and feminisms through lenses of sexual identity and political activism and the complexities of meanings that pertain to women’s lives in the female-dominated health professions in Canada.*

“My kid is political, in part, because I am political. Whether I do it or don’t do it, it is infused into his life.” (Chandra)<sup>1</sup>

Mothering was not initially on our minds. This was policy research, a project exploring the dynamics that shape nurses’ capacity to influence policy change through their everyday political work. As I spoke with nurses and examined their narratives more closely, however, it became evident that a range of

mothering discourses and practices were relevant to the personal and professional politics of these women, whether or not they were mothers.

### **Feminist life history methodology**

In this project (MacDonnell, 2005), I undertook one or two 2-4 hour interviews, career histories, with ten female nurses across Ontario who are publicly known for their work as lesbian health activists. Participants represented diverse rural, urban and suburban geographic locations and types of nursing practice: front line nurses in critical care to street health, as well as educators and researchers. Six self-identified as lesbian, bisexual, questioning (LBQ) and four as heterosexual.

Using critical feminist analysis (Casey, 1993; Vickers, 1997), themes such as the development of political identities and the meanings of this politicization to their career/ life decisions emerged. What was unexpected, was the complexity of mothering/feminist discourses embedded in many of the narratives, yet not all nurses identified as mothers; neither did I explicitly focus on mothering. Of the ten, five participants were biological mothers. Two were co-parents, one self-identified as a godparent,<sup>2</sup> and two were not mothers at this point in their lives.

### **Reflexive process**

Ironically, my own engagement with lesbian health eight years ago emerged in relation to mothering and motherhood. As a heterosexual public health nurse who had taught prenatal classes, I began to explore why it was that I was unaware of the lesbian baby boom and lesbian motherhood and factors that shaped my own heterosexist practices, as well as heterosexism in the profession. This highly politicized issue became the focus of my graduate studies—something totally unexpected for someone who considered herself relatively apolitical. I became not only politically involved, but publicly visible in LGBT activism, including same-sex parenting, in volunteer and professional contexts. In fact, this reflexive feminist study on the politicization processes and lived experiences of lesbian health nurse advocates developed as I reflected on my own experiences of both incredible support and dynamics of silencing related to this politics (MacDonnell, 2001). So, although on some level, I had anticipated that motherhood and politicization might be part of these nurses' stories, in fact, I was quite unprepared for the range of mothering discourses that were woven into their lives.

It struck me that the concept of matrices was useful to frame the complexity of these findings, considering a matrix as a 3-D array of rows and columns. I could conceptualize this in various ways: with the ten nurses themselves as representing each point in a 3-D matrix, much like the old Tinker toys with spokes connecting in various ways to other nurses. Or, I could set this up with themes in a similar way ... beginning at a chosen point and moving to others linked by narratives. At the same time, I have concep-

tualized race, class, gender, etc. as intersecting axes that also frame how these issues are taken up (Jakobsen, 1998). Not only do these matrices intersect with each other, but each point of the matrix is constantly shifting, as competing and contradictory identities and meanings are reconstituted with each point of entry and in relation to non/dominant discourses in these narratives and larger social/political contexts.

### **Talking feminisms**

Consistent with a feminist methodology according to Jill Vickers (1997), I start with where these women are. They are a highly educated group of nurses, half with graduate degrees. Many of the LBQ nurses have significant experience as clinicians, educators and researchers in institutions and community settings. All of the heterosexual nurses currently work in sexual health programs in public health units, but have varied nursing experience. Participants self-identify as mostly White, middle-class and able-bodied. One is an ethnoracial minority and another is Jewish. They range in age from their early thirties to late fifties and have high social privilege.

As lesbian health activists, these nurses are participating in personal and professional activities that are consistent with feminist goals to improve the everyday lives of women and marginalized groups. Their individual and collective advocacy related to lesbian health and other issues includes socially activist education or religious communities and political action on various levels, including links with Aboriginal, street outreach, LGBT, and woman abuse agencies. They have participated in local Pride and women's health events, HIV/AIDS fundraisers, conferences, committees, research projects, and as board members of social agencies; some activities were part of official work time—others done on a volunteer basis. They belong to unions and professional bodies such as the Ontario Public Health Association (OPHA), Registered Nurses Association of Ontario (RNAO). They advocate across domains of nursing practice, on the front-lines, as educators, administrators and researchers to effect policy change.

Despite the highly politicized nature of their advocacy work, some challenged the term “feminist” or “political” to describe their philosophies. Few subscribed to a specific political party affiliation, opting to support those with a social justice perspective. As Abby,<sup>3</sup> a lesbian, noted, “I’m political in conversations, but I don’t outwardly don’t go on marches, etc. I’m more introspective in that regard.” She consciously addresses lesbian and bisexual health in the nursing classroom, and states, “I think I’m somewhat political when I teach.” Several describe positive connections to women’s groups in community or academic spaces. Chandra explained that she participated in an academic support group for women with families, saying, “I would probably say I am a feminist, but not in any formal way.”

For some, the word “feminist” conjured up such terms as “man-hating” and several nurses challenged and distanced themselves from that stance. Lyn, a

heterosexual, describes how her feminist affiliations have shifted. “Probably when I was in university... more as women’s issues—not in-your-face type of stuff. In more recent years I would defend the term “feminist” to people who put it down...probably ...more as humanist, human rights.” Most emphasized the value of women and men working together on these issues, as they discussed the meanings of feminisms to their advocacy. As Fran, who was very active in building lesbian community over the decades, notes,

*I would say, feminist, but I have a problem with that because of the way feminists are seen as man-haters ...I also have a problem with the word “lesbian” because I don’t mind saying I’m a proud lesbian, but ....I don’t like the assumption that you hate men or that you don’t have room for men in your life, but I’m aware of where that assumption that we hate men comes from. It’s not that we have to sleep with them.*

### **Feminist influences on professional activities**

Most of these nurses implicitly and explicitly addressed women’s issues, the women’s movement, and gender roles in their framing of their everyday work with communities. Some align themselves with feminist or women’s studies. Ginny, a lesbian, connects lesbian and feminist influences in her practice: “There’s no way you can teach women’s health material without becoming quite politicized towards women’s health... I teach a course that was seen as radical in thinking for the 80s.” Adrienne, who self-identifies as questioning, considers herself a women’s health activist, but indicates that she has “a lot of trouble with women’s health being seen as a comparative to men and ...an add on to men.” Some participants use terms such as radical feminism and counter hegemony and most address intersectionalities and/or human rights’ issues.

Several heterosexual allies view feminism as having a major impact on their nursing practice. Julie cites the contributions of the women’s movement as she speaks of mainstream professionals’ current capacity to address violence against women. In her years of working with teens, Sandy incorporates feminist values into health strategies for both females and males to counter the rigidity and narrow-mindedness related to gender roles and sexuality that some rural communities continue to perpetuate and which have negative health consequences. For her, young women need to hear that it’s OK to be “powerful, intelligent women ... ‘stand up for yourself.’”

While many of these LBQ nurses acknowledge the deeply embedded gender dynamics that contribute to lack of political engagement, social conformity, and heterosexism that shut down lesbian visibility in the profession, they stress that nursing has strengths and this facilitates their capacity to advocate. However, while Fran feels accepted as an out lesbian in her workplace, she names patriarchy as relevant to the barriers she encounters as a nurse activist.

*The role of advocacy was never really a viable option within the role of nursing. For me, it was seen as patriarchal, male-dominated, very medical-model hierarchical, whereas I tended to think outside of the box, matriarchal... and so any advocacy work which I've done tended to be outside nursing. So, although I took that nursing part of me with me... I downplayed it, even though I knew that was very much a part of me.*

She and others, some who have encountered job loss or career consequences, are strategic about their lesbian activism inside/outside of the workplace, at times omitting their nursing affiliation as they state their professional credentials.

### **Politicization and mothering**

In contrast to many other aspects of their nursing or advocacy practices, these nurses agree that lesbian health is highly political. However, their politicization varied considerably, especially with respect to a focus on lesbian health. For all LBQ nurses, lived experiences contributed to decisions to avoid or engage publicly with the issues in a particular context. Some, but not all heterosexual nurses described their involvement in political and/or feminist activities before they began working in sexual health programs that responded to gay community's call for youth support.

Mothers were cited in various ways in relation to politicization. These nurses referred to what was, at times, unexpected support from their mothers related to their identities or lesbian-focused work, but images of their mothers are embedded in these critical incidents. Stacey, a heterosexual, attended a panel in which a lesbian spoke of the difficulties growing up in rural Ontario, and this sensitized her to youth issues. Later, Stacey spoke with her mother about her sexual health focus, including her lesbian health activism, and discovered that her mother, a strong Catholic, was okay with this nursing focus and was actually aware before she was that the males in her Catholic high school peer group were gay.

Ginny contextualized her narrative with historical perspective on same-sex issues. She had left her hometown in her country-of-origin in the 60's, at a time in which "you were mentally ill if you were gay or lesbian." When she returned in her 50s, she explained:

*My mother took me for a walk through the town down the one main street, and she said, "Here, you grew up with her, she's a lesbian. You grew up with him, he's gay." She had introduced me to all the gays and lesbians in town. I didn't know a single one of them.*

Tara describes her mother's decision to become a teacher as a critical link in her politicization when she spent a year at an upper class private school in the U.K. at the age of seven while her mother trained.

*I was a very street-smart fighting kind of kid surrounded by people who were used to privilege, and I think that's what politicized me. "Why can't ... the other 55 kids [from my old school] ... be in this class with me and have all the advantages that I got in that one year?" It really grounded me academically.... That one year in my formative years ... really made me think about ideas and it made me think deeply.*

Adrienne's developing sense of injustice emerged around the same age with questions for her mother about women's role in the Catholic Church. She explains, "I actually went up to the priest and asked him why there were no women up there and about being an altar girl and still not understanding why the women were literally and metaphorically off to the side."

### **Nurses' political engagement as mothers**

Social justice themes are woven through Julie's family-of-origin with its Amish roots. Her mother's relatives sought religious freedom in Canada, and a motherline (O'Reilly, 2001) of political activism surfaces as Julie speaks of her mother's advocacy work as a school nurse. While Julie had already been highly politically active in university, she became involved in a volunteer capacity with activism after her children were born. As advocates in their communities, balancing family responsibilities and involved with issues relevant to their local communities, women may have significant professional impact. Their work may be deemed community service. While involved with a group initially formed to address the marginalization of nurses' paid work as prenatal teachers within the profession, Julie and her peers wrote a position paper, developed conferences, and advocated to a variety of lay and professional groups about childbearing and breastfeeding issues, activities which also fall within the realm of public health nursing work.

There are implications for the continued invisibility and legitimacy and scope of women's political contributions in their social environments. Julie's narrative makes visible issues of paid and unpaid work of political activism often by middle-class mothers—activities that she has been paid to do as a public health nurse in other contexts.

Lyn, a heterosexual, also identifies motherhood as a factor that sparked her political action, encouraging her to speak out when some of her colleagues opt to remain quiet. She speaks of having to advocate for herself when she was going through the infertility process and fighting in the school system on behalf of her child with disabilities. She makes connections to understanding how she experiences the system when she does not have the taken-for-granted privilege of motherhood, although acknowledges she has high social privilege as a White, middle-class, English-speaking and heterosexual professional.

### **Nursing profession and motherhood structures**

In the female-dominated profession of nursing, prevailing notions about

practice are equated with an important, but limited view of nursing at the bedside that parallels traditional caretaking functions of motherhood (McPherson, 1996). However, nursing practice also incorporates complex critical analysis. Nurses with an explicitly anti-oppression approach often consider the racialized, classed, gendered and sexualized dynamics of their practices in which mothers are their clients. Adrienne describes the implicit gendered structures that frame child psychiatry and public health parent-child programs, stressing that mother-blaming is rampant. She questions whether nurses can truly advocate on behalf of mothers, given program mandates to find “at-risk” mothers. She explains that when

*something goes wrong for a child or youth, the mothers are blamed....  
[When] young women... are admitted... they're chemically restrained, and  
the mothers are blamed.*

She questions why fathers or other partners are not scrutinized the same way. “What’s wrong with being 17 and having a child? What does age have to do with decisional ... and thinking capacity?” She suggests that nurses often find creative ways to foster material support for mothers.

In a similar vein, Abby questions whether her agency’s focus on producing another pamphlet will actually be relevant for her “HIV-positive client, who’s a woman who just came to Canada as a refugee, who has a husband and four kids, and she’s here with no money, no health care, no job, little language skills.” Julie and colleagues foster culturally-sensitive prenatal programs for the diverse ethnoracial minorities in her community, noting that people attending are mostly White and middle-class.

### **The invisibility of lesbian motherhood**

These nurses are very much aware of the heteronormativity of their professional practice settings and seek windows of opportunity to challenge institutional norms. For the most part, lesbian health is equated with sexual health in professional programming if it is visible at all. These nurses find more agency support for sexual minority youth than other groups, such as lesbian mothers, who are often invisible despite the media hoopla. Discourses of compulsory heterosexuality and compulsory motherhood frame the nuclear family and many nursing programs.

Some nurses find ways to challenge these. One nurse recently obtained public health support for the development of a LGBT parenting group in her community. A lesbian couple disclosed in another nurse’s prenatal classes. Assuming colleagues might also want information, she played a tape on lesbian parenting from a conference at a prenatal teachers’ meeting, “but they really didn’t know quite what to do with it...Most prenatal teachers still have a nuclear families approach.” Chandra explains that at some point during the year, she discloses that she has a female partner to her nursing students, who

are invariably taken aback because she has often talked about her children.

### **Queering motherhood**

There are specific challenges to advocating for lesbians, however. Julie contrasts how breastfeeding and same-sex issues, both of which she identifies have political overtones, are viewed in her agency: “But you’re talking about motherhood and apple pie. You’re talking about breastfeeding, right? It’s different when you’re talking about homophobia and sexual orientation issues...[because of] the ingrained homophobia throughout society.”

Political allies, even those who reap heterosexual privilege by their visibility as mothers in nuclear family relationships, can encounter negative workplace dynamics related to this focus. As Lyn remarks, colleagues and social contacts respond differently to her now that she works with sexual minorities and HIV/AIDS programs than they did when she focused on (assumed to be heterosexual) pregnant and childbearing families. She indicates that “If you say, ‘I work with ... the gay community’... the conversation shuts down...There isn’t that validation of you as a nurse socially because nobody wants to hear about what you do.”

In fact, these “straight” nurses working explicitly with lesbian motherhood at times find themselves somewhat alienated from both heterosexual and same-sex communities. As Adrienne notes, questions arise about why nurses who do not explicitly claim a same-sex identity would be involved as political activists. She finds that making links between nurses’ experiences with sexual minorities in a health context can provide insight into the advocacy role that nurses of all sexual orientations have in preventing negative health consequences, although in her experience, heterosexual and queer communities still question whether these nurses are “in the closet.”

### **Weighing career decisions**

Although some wonder whether younger lesbians may disclose with more confidence than those who are older, career impacts potentially await those who are open about their same-sex identity. One lesbian mother was outed publicly during a media event related to same-sex parenting. Despite positive comments from patients in her health agency in a large city, Tara was fired from her non-unionized nursing position. The organization negotiated a hush-hush settlement, however, the incident was not only emotionally devastating, but sent her back into the closet. There are economic and unspoken career risks to becoming visible. LBQ nurses raising families or those who are considering motherhood weigh verbal disclosure or affiliations that would link them to sexual minority issues that could have workplace costs.

### **Mothering figures providing safe havens**

These nurses contend with social and material consequences as they seek affirmation for their lives as sexual minorities and/or activists who challenge



existing systems. While mothers and mother figures, such as aunts, both supported and discouraged these women's choices to become nurses, they also provided safe environments during young adulthood. Tara, living in an abusive family, found a safe haven moving to her aunt's home overseas in her mid-teens.

Abby was raised in a family with an authoritarian father. When she began dating, she encountered resistance from both parents who expected her to marry within her cultural community. She found an ally in her mother when she disclosed as a lesbian, but together they made a family decision not to inform her father, who "has a certain understanding of who a woman is, roles ... gender, sexuality, race, position in life, power.. There was speculation that I would be thrown out of the house if he found out." When this did happen several years later, her mother put pressure on her father so that she could return home to a fragile safety. However, her lesbian self remains virtually unacknowledged, even by her mother, to this day. As Abby notes,

*[She] is always interested in what's happening with my sibs...Are they going to have a baby?...But when it comes to me and my partner... no questions,... It was arranged [that] I have a place outside of my home, so that if I had any guests, it would not be [at my parents'] ... So my mother helped me get this place...getting me on my own two feet, because my father didn't want to see any of this.*

Abby's mother is a cultural mediator, providing caring and acceptance to some degree, although still protecting the grandmother and extended family from the knowledge her daughter is a lesbian. However, the contradictory mothering support she offers is evident to Abby. Political activism in relation to lesbian health for Abby is informed by embodied experiences of marginalization related to sexuality, gender, race/ethnicity and class both within the family and in the larger community context.

### **Nurses as mothers: Effect of politicization on children**

Participants also spoke of certain lesbian and religious communities as validating for lesbian mothers. Chandra connected with other lesbians raising children when she became a single parent. Fran was active in providing community support for lesbians raising children at a time when those raising sons often encountered limited validation from other lesbians. Both speak of their religious communities as offering crucial nonjudgmental affirmation of LBQ families, as well as sites of political activism and suggest that their children potentially benefit. Chandra's son is open about his mother's politics as an educator and how it influences his LGBT activism in an urban environment. "My kid is political, in part, because I am political. Whether I do it or don't do it, it is infused into his life." In fact, Chandra, who is part of several minority communities, considers mothering her primary identity.

Sandy, a heterosexual ally working in a rural area, has a highly visible political profile having “taken on everything political...woman abuse, reproductive choice, you name it.” She spoke with her children when they were young about her work. “What I do, that is my career and I believe in it wholeheartedly, but you don’t have to believe in it. You should have the right to make up your own mind.”

### **Lesbian mothers: Godmothers, co-parents, and biological moms**

These lesbian mothers described a variety of ways their mothering influences children in their lives. Fran, who is active in suicide prevention, including that focused on sexual minorities, has a close relationship with her goddaughter. “When she was about 11 she wanted to talk about suicide at school.” However, she notes that there were concerns from the school about why she was doing that. “Teacher called mom. Mom called me.” Fran explained how her goddaughter “couldn’t understand why no one wanted to talk about this topic.” Not only did the school discourage her goddaughter from raising the issues, but “they don’t talk about it in that high school to this day.”

Ginny, long-time co-parent to her partner’s biological daughter, speaks of her nursing colleagues’ acceptance of their daughter when she visited the workplace. Ginny recalls that as a much younger girl, her daughter became quite aware of some of the political repercussions of her work. Shortly after having come out as a lesbian at work, she discovered that a male was stalking her. Along with security, her partner and daughter attended her workplace, watching for any signs of trouble.

On the one hand, Tara stresses that sexual minorities need to see healthy lesbian families such as hers, in which her children consider their “step mother, their other mother, their best parent they ever had who’s been in their life for [many years].” On the other, she realizes that even now, she is reluctant to be so publicly out, even in a lesbian-affirmative workplace. “I’d rather be hiding and do what I do from the periphery. It’s safer...[Disclosing] is not something that is easy to do and it’s not something that’s comfortable. This is 2004! And you’d think we were in the dark ages sometimes!”

### **Conclusion: Mothering discourses and practices**

As these female nurses create meaning in their lives, they articulate a range of mothering and feminist discourses framing their personal and professional selves, their families, and their communities. They refer to diversely situated mothers as clients and communities and work to enhance the provision of supportive services. They acknowledge how mother figures are intimately associated with critical incidents and influences in their politicization and identity processes. They are mothers who are political actors, embodying resistance and accommodation to dominant discourses of heteronormativity. Through their individual and collaborative activism, they challenge queer and

dominant motherhood discourses and effect policy change. They create meaning and politics through their families, communities, and nursing practice. They challenge their peers to facilitate collegial and workplace support for LBQ nurses and their allies. Their everyday politics bridges personal and professional domains.

These nurses' actions to advance social change in relation to mothering discourses and practices are consistent with feminist mothering practices that make visible and act to shift the dominant ideology of motherhood that is embedded in all social institutions. Feminist mothering practices foreground how patriarchal authority is implicated in the regulation of gender and sexuality and influence the capacity of women to achieve self determination. With its focus on gender and other relations of power, this critical feminist analysis of female nurses' career histories illustrates the complexity of contemporary mothering in which dominant and counter mothering discourses and practices coexist in women's lives, whether or not they are mothers (O'Reilly, 2004). Integral to these understandings are issues such as race/ethnicity, religion, age, sexual identity and social privilege that shape these nurses' lived experiences of gender (MacDonnell, 2005; O'Reilly, 2001).

As a group, these women represent a spectrum of family configurations that both converge and diverge from the prevailing White, middle-class, North American nuclear family reference point. As lesbian, bisexual, questioning women, heterosexual biological and adoptive mothers, coparents, and god-mothers who are often raising politically active sons and daughters, they challenge the rigid gender boundaries of dominant motherhood structures that define and constrain gender roles and mothering possibilities (O'Reilly, 2001). As they grapple with dynamics of support and safety, their identities and social privilege have implications for their capacity to claim all of their identities or advocate at particular historical moments (O'Reilly, 2004).

Gendered social and material influences shape their lives as diversely situated mothers, mothering activists and politically active nurses across their public and private communities. Patriarchal authority underpins the construct of the "good mother" (O'Reilly, 2001), as well as the practice norms within this female-dominated health service profession. Collectively, their everyday politics within and outside of professional roles creates counter discourses to the dominant gendered, sexualized, and racialized discourses of nursing that shape professional activities with mothers as clients in which mothering identities and practices are regulated. As professionals, these activists accommodate and resist dominant gendered practices through practices of surveillance, as well as empowerment and transformation with goals of enhancing positive relationships that enhance growth. Their gender non-conforming practices<sup>4</sup> within the nursing profession are consistent with feminist mothering goals of care, connection and social change (MacDonnell, 2001, 2005; O'Reilly, 2004).

These narratives reflect a spectrum of feminist mothering practices: strong women who are involved in nurturing individuals and building healthy com-

munities with a view to promoting relationships that challenge patriarchal norms. Yet, their lives are fraught as they demonstrate the embodied effects of challenging the prevailing heterosexual nuclear model script of motherhood. Along with their significant political contributions—validation, increased visibility and material support for diversely situated mothers and incremental system-level change that enhances women’s lives—come emotional upheaval, risk of professional marginalization, silencing and threats to personal safety (MacDonnell, in press).

As they talk feminisms and mothering, these nurses illustrate the contradictory tensions in their lives as politically active women. Gender dynamics and mothering, in its multiple iterations, shape their understandings and lived experiences as women, female nurses, and mothers and daughters as they act purposefully to “meet the demands...for preservation, growth, and social acceptance...that define maternal work” (Ruddick as cited in O’Reilly, 2004). There are implications for understanding the interface of mothering and feminisms through lenses of sexual identity and political activism as they pertain to women’s lives in the female-dominated health professions.

<sup>1</sup>Pseudonyms are used for all participants.

<sup>2</sup>Although godparents are not usually included in family constellations, even in lesbian family research, this godparent relationship was highly significant to this participant’s life history in terms of her capacity to find supportive community as a lesbian.

<sup>3</sup>Pseudonyms used.

<sup>4</sup>Gender nonconformity of appearance and behaviour is embedded in the lives of nurses who are involved in lesbian health advocacy. See MacDonnell (2005) for in-depth discussion.

## References

- Casey, K. 1993. *I Answer With My life: Life Histories of Women Teachers Working for Social Change*. NY: Routledge.
- Jakobsen, J. R. 1998. *Working Alliances and the Politics of Difference: Diversity and Feminist Ethics*. Bloomington: Indiana University Press.
- MacDonnell, J. 2001. “Facilitating Support for Expectant Lesbians in a Public Health Context: Encountering Resistance in the Research Process.” *Journal of the Association for Research on Mothering* 3 (1): 109-120.
- MacDonnell, J.A. 2005. “Situating the Political in Nurses’ Lives: The Intersection of Policy, Practice and Career for Lesbian Health Advocates.” Unpublished dissertation. University of Toronto, Canada.
- MacDonnell, J. A. in press. “Comparative Life Histories of Lesbian Health Advocates in a Canadian Context: Sexual Orientation Discrimination as a Factor in Career and Workplace Dynamics.” *Bias Without Borders: Inter-*

- national Evidence of Sexual Orientation Discrimination*. Eds. J. Frank and M. V. L. Badgett. New York: Routledge.
- McPherson, K. 1996. *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990*. NY: Oxford University Press.
- O'Reilly, A. 2001. "Introduction." *Mothers and Sons: Feminism, Masculinity, and the Struggle to Raise Our Sons*. Ed. A. O'Reilly. NY: Routledge. 1-21.
- O'Reilly, A. Ed. 2004. "Introduction." *Mother Matters: Motherhood as Discourse and Practice*. Toronto: Association for Research on Mothering. 11-26.
- Vickers, J. 1997. *Reinventing Political Science: A Feminist Approach*. Halifax, Canada: Fernwood Publishing.