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**“It was kind of awkward and kind of special all at once”:
Lesbians’ experiences of conception, maternity and family spaces**

A thesis
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ABSTRACT

This thesis examines the decision making and experiences of lesbians creating families in and through spaces and places where heterosexual relationships are predominant. I explore the conception spaces of homes and fertility clinics, the maternity spaces of ante-natal classes and hospital wards, and the educational, legal and discursive spaces of family in Aotearoa New Zealand. I address how heteronormative understandings of family influence the ways in which lesbians create family and how lesbians disrupt heteronormative assumptions about family.

This research responds to calls for more scholarship on: a broader range of mothers; lesbian mothering; queer family in Aotearoa New Zealand; conception practices; and the normalisation of sexual practices outside of heterosexuality. I draw on feminist and queer geographies to examine how meanings of spaces and bodies are fluid, mutually constituted, and contradictory. Qualitative methods were used to collect empirical evidence. I conducted semi-structured face-to-face interviews with 38 lesbians and developed online surveys to which 240 women responded. I used the concept of hegemonic heteronormativity to examine how normative understandings are expected and performed within conception, maternity, and family spaces. Many aspects of this research were awkward: conversations about insemination; talking with lesbians about sperm; the stories participants told about feeling awkward; and the unease in hearing these stories. The synergistic ways in which conception, maternity and family spaces and lesbian bodies create feelings of awkwardness is analysed through concepts of 'space invaders' (bodies being in the wrong place), the abject (a disgust of something which is considered neither one nor the other), and the act of queering (disturbing normative assumptions of bodies and spaces).

There are three research findings based on the themes of: conception; pregnancy and birth; and being a lesbian mother. The first finding is that spaces of conception - such as homes and fertility clinics - are heteronormative, but these spaces also disturb procreational norms and binary understandings of 'homely' and 'clinical'. Lesbians seeking pregnancy queer assumptions around fertility, conception and gender performance, creating awkward spaces where understandings can be renegotiated. Second, maternal bodies and places are also heteronormative, and there is a strong connection between pregnancy, heterosexuality, and mothering. Expectant lesbian mothers who are not pregnant often feel they do not fit in maternity spaces, as they are not regarded as a mother nor a father. The third finding shows discursive understandings of family consistently exclude lesbian mothers and their children. Deciding whether to come out or not is a normative everyday aspect of parenting, as is the awkwardness that is provoked through exposing heteronormative assumptions. Awkwardness also creates a space of possibility, where understandings of lesbian, mother, and family are expanded, and where laughter can encourage change.

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PREFACE: ONCE UPON A TIME

Once upon a time I met a woman and we fell in love and we had a baby and I started going to playgrounds and I started having playground conversations. These conversations were funny, and I was entertained, and I amused my partner with them.

The sun rose and the sun set, and many days passed.

I stopped amusing my partner with these conversations because they stopped being funny. They stopped being entertaining. The conversations started being repetitive. They started being awkward. They started being hurtful. I couldn't just have our baby. I had to justify our baby, our decisions, our family. I had to justify everything to random people I didn't know in the playground. If I wasn't justifying, I was educating. I was explaining the different ways people can create families. I was explaining how you don't have to have sex to have a baby. I was explaining that babies of queer families are very much planned, and I didn't just go down to the local pub on Friday night and pick up a guy and use him for sex and magically got pregnant the first time. And when people made assumptions, and there was uneasy silence, it was me who laughed to make them feel better. When people asked intrusive questions, and I didn't answer them, it was me who fixed the uncomfortable breach of social etiquette. I was realising I had to challenge and correct, or choose not to challenge and correct, so often it had become a normalised part of everyday parenting.

These repetitive, mundane, awkward, and hurtful experiences, and the ones I continue to have as my children grow older, made me realise that my experiences as a parent to babies with two mothers are different to experiences of many other mothers. These experiences make me realise how heteronormative child and parent-based spaces and places were in Aotearoa New Zealand in 2009 (and 2010 and 2011..., and even now as I write in 2021), places like kindergartens, schools, homes, at the doctors, and on the streets. It made me aware of those awkward times and places where I stumbled on my path to parenthood, where not having a husband (or a male partner, or a partner that looks male) meant that I had to take a detour as others went ahead; times where having a female partner meant I had to pause as others strode by.

I found myself in a similar place to Harlyn Aizley (2006), another lesbian¹ mother:

And so we were off, into the beautiful – though often unexpectedly complex – terrain of two-mommy parenting. To extend the metaphor, we soon learned that this new land that was our home, while frequented by many, remained virtually uncharted. Where were the guidebooks? Where were the stories from other settlers? (pix)

This lack of a guidebook makes it more difficult to negotiate parenthood within a structure that supports and maintains heteronormativity. As Karina Luzia (2013) points out, the challenge of same-sex parenting is not being a family, but “to be recognised and protected as such” (p252).

¹Not all women in same sex relationships identify as lesbian. There are myriads of sexual identities women in relationships with women may identify as, such as lesbian, bisexual and queer. Identities are not stable, and women may choose to identify differently at different times and in different spaces. In this research I begin with the term ‘lesbian’ as this was the terminology I used in recruitment, and I discuss this further in the methodology section. Although, women in my research responded to a call for ‘lesbian’ mothers, they personally identified as ‘lesbian’ ‘gay’ ‘queer’ mostly lesbian’ and ‘queer/lesbian’ further illustrating the fluidity of sexual identification in different times and spaces.

CHAPTER 1:

INTRODUCTION

With 27 lesbian families, there were 17 different ways used to create families, and yet their choices were often overshadowed by hegemonic definitions of family represented through laws, regulations and forms that retain archaic notions of heteronormative and patriarchal power. (Longhurst and Melville 2020 p149)

Lesbians paradoxically live within and disturb heteronormative understandings, places and practices of family. The presence of lesbians in conception, maternity and family spaces often expose the assumption of heterosexuality, demonstrating how lesbians are unexpected in these places. These lesbian bodies, sometimes seeking pregnancy, sometimes not seeking pregnancy, sometimes pregnant, sometimes expectant mothers but not pregnant, expose the heteronormativity of fertility clinics, ante-natal classes, hospitals, pre-schools and schools, and discursive spaces of family. Lesbians' experiences of conceiving, being pregnant and birthing (and often the experiences of not conceiving, not being pregnant and not birthing for one partner) and mothering both reinforce and trouble the normative gendering of bodies and spaces. Often these bodies are absent in literature (for instance, queer bodies that constitute a family), not seen (for instance, an invisible mother) nor imagined (for instance, a father in the lesbian family). The ways in which knowledge about people seeking pregnancy, pregnant bodies and families is constructed through, in the most part, an unacknowledged assumption of hegemonic heteronormative bodies, places and practices.

Lesbian families are diverse, and this research focuses on a specific type of lesbian family. As I examine conception, maternity and family spaces, the focus is therefore on families in which there is or was pregnancy. This includes women couples and women who sought pregnancy by themselves. The many different ways of creating and being a lesbian family mean there may be both similarities and differences with various other lesbian families.

This research troubles heteronormative parenting geographies and contributes to queer parenting geographies. It increases awareness and consideration of other ways of doing and being family. Heteronormativity can be so normalised it becomes invisible, and it is through the movement of lesbian bodies within different spaces or the movement of other bodies in lesbian spaces, that these messages and constructs can be exposed and addressed, and simultaneously room for other possibilities created.

This study contributes to research on lesbian families, particularly in Aotearoa New Zealand. It also contributes to a broader scholarship on mothers, and lesbian mothering. Examining the conception spaces for lesbians will contribute to reproductive geographies, and particularly the consideration of home as a space of conception. Discussing lesbian sexuality within the context of conception also provides understanding of sexuality beyond that of the heterosexual norm.

This research is undertaken in Aotearoa New Zealand. The latest available statistics show there are currently an estimated 1,500 same sex families with a minimum of 2,500 children living in Aotearoa New Zealand (Statistics New Zealand 2014). Of these families there are 1,170 female couples with children, that is 2,340 lesbians who are parents, and this figure does not include sole lesbian parents. Apart from this number, there is very little information or literature about lesbian families in Aotearoa New Zealand, what the formation of these families look like, how they came to be, and what their experiences are.

Information, knowledge and understanding of lesbian families is vital, as parenting by same-sex couples has emerged as an important issue in Aotearoa New Zealand. This is due particularly to the Care of Children Act 2004, the Civil Union and Relationships (Statutory References) bills, and the Marriage (Definition of Marriage) Amendment Act 2013. These legislative changes were made based on little knowledge about rainbow² families in Aotearoa New Zealand. Given these statutory changes and current

² A 'rainbow family' is a family where the parent or parents identify with a non-normative sexuality and/or gender. It includes, but is not limited to, a family with gay, lesbian, bisexual, queer, non-binary, trans, or intersex parents.

considerations about adoption,³ there is a need for more informative research on queer and rainbow families. Alexandra Gunn and Nicola Surtees (2009) acknowledge that “if the government and public are to be educated about lesbians and gay men who parent dependent children, then we need to know who these families are” (p8). In the context of Australia, Francisco Perales, Laura Reeves, Stefanie Plage and Janeen Baxter (2019) recognise that research on queer families “has important implications for developing our knowledge about the changing demography and dynamics of Australian family life, as well as informing policy, practice and public debate” (p43). Information is beneficial and necessary on a number of scales, from the personal to the national.

There is very little literature in Aotearoa New Zealand about queer parenting. Miriam Saphira (1984) examined lesbian parenting in the mid-1980s, seeking to normalise lesbians as mothers. In the last 35 years there has been little else that has addressed lesbian parenting. There has been research from a health perspective, addressing the implications of pregnant lesbians and their partners for midwife care (Bree 2003), and a national quantitative study of lesbian, gay, bisexual and transgender people was undertaken in 2005 which included questions around parenting (Henrickson 2005). More recently, Gunn and Surtees (2009) examine the challenges and successes when lesbians and gay men created families, and Kristal O'Neill (2011) investigates the impact of parenthood on lesbian couples. Hayley Aikman (2019) looks at queer motherhood, focusing on the ways they “subvert, reject, and reproduce, heteronormative understandings of family” (p2). Two articles from this research have been published online on news and social commentary sites: What two mother families are doing about surnames (Melville 2018) and ‘Who’s the dad?’ and other things not to say to lesbian mums (Melville 2017a), and a chapter in an international handbook on gender and feminist geographies (Longhurst and Melville 2020).

These studies demonstrate an increasing academic and public interest in queer parenthood in Aotearoa New Zealand. My thesis builds on this work (and also

³ Adoption is overseen by the Adoption Act 1955. It is regarded as outdated, monocultural, and in some parts has found to breach the Human Rights Act 1993 (which protects from discrimination) and the New Zealand Bill of Rights 1990 (which sets out rights and freedoms of those subjected to laws in Aotearoa New Zealand).

international work), providing further information on the different ways that lesbian families can be created, the decisions made in creating these families, and lesbians' experiences within conception, maternity and family spaces.

OBJECTIVES AND RESEARCH QUESTIONS

This research examines the contested spaces of lesbians through the decision-making and experiences of lesbians choosing to have children. The thesis has two objectives. First: to provide a space for lesbians to talk about their families, and second: to critically analyse lesbian parent stories, paying particular attention to power, bodies, place and awkwardness.

The research seeks to address three questions:

1. How do the decisions and experiences of lesbian women seeking pregnancy highlight heteronormative understandings of fertility, conception, mother and family?
2. Does the presence of lesbian couples within maternity spaces such as antenatal classes and hospital maternity wards, expose and trouble heteronormative assumptions around bodies and mothering? And if so, in what ways?
3. In what ways do lesbian mothers with children support and/or subvert understandings of family?

The two objectives will provide the information to interrogate these questions. The first objective of the research is participant focused: to provide a space for lesbians to talk about their families. I collect their stories, focusing on their decision-making in creating their families and their experiences across a range of pathways to becoming a mother: conceiving, pregnancy and birth, and/or being the female partner of a woman conceiving, being pregnant and giving birth and/or not conceiving, being pregnant or giving birth; and lastly, their stories of life as a family of two mothers and a baby. This data collection process can act as a validation of lesbian families. The interviews and online surveys provide opportunities to share stories of lesbian families with other lesbian families, to decrease isolation, to build community based on similarities and differences, and to normalise the experiences of mothers who do not fit within

heteronormative conventions. Stories also legitimise lesbian relationships, providing a space of support and acceptance within a wider social environment where lesbian families are often called to justify and validate their families, and where lesbian ways of being and creating family are often missed or dismissed. Given my own experience of continual explanation, education and justification, I hope that the context of an academic conversation, and mainstream media publications are further ways to validate these women and their families.

The second objective is to critically analyse the stories of lesbian parents, paying particular attention to power, bodies, place and awkwardness. I map lesbian pathways to parenthood, examining paths they share with other parents, and detours they take, due to their sexuality. It is these intersections that signpost the obstacles to parenthood for lesbians, indicating spaces or places where understandings of family exclude or marginalise lesbian women. By paying particular attention to spaces of exclusion, I examine the mutually reinforcing relationship between bodies and spaces: the ways in which these spaces establish acceptance of particular types of bodies, and the ways in which bodies present and perform to be included in these spaces of family creation. Rather than obstacles, these intersections may instead indicate places of opportunity, where lesbians choose to detour from the path ahead to create an alternative path that better suits the family they desire.

FRAMEWORK

I draw upon the notions of space invaders (Epstein 2018; Massey 1996), queering (Browne 2006; Gorman-Murray 2008a), and abjection (Longhurst 2001) within a relatively new concept of awkward geographies (Luzia 2013) to interrogate the experiences of lesbians in conception, maternity and family spaces. Places and bodies are often considered to be heteronormative, and these assumptions are exposed when lesbian bodies are seen, or when other bodies are in lesbian spaces. Using 'queer' shows lesbians are disturbing understandings of mother and family for example. Lesbians are often space invaders in conception, maternity and family spaces – they are unanticipated and their bodies alien, for instance fertile bodies in a fertility clinic. Abjection is a strong feeling, generally of disgust or fascination, as a result of the Other. It is a useful concept to examine lesbian's reactions and

interactions with sperm, a substance that is neither solid nor liquid, and simultaneously desired for pregnancy and usually the antithesis of lesbian sexuality.

Lesbians, whether visible or invisible, queer presumptions of heteronormative conception, maternities and families. Invisible lesbians, who are read as straight and/or choose not to come out, highlight the potential for disturbing these spaces, and demonstrate how spaces and bodies can become neither one nor the other, or paradoxically both things at once. When lesbians do come out, this can provoke awkwardness as simultaneously the presumptions of heterosexuality and the space invader are exposed. Paying attention to awkwardness exposes how bodies and spaces are co-constitutive, working together to provoke feelings of being in and/or out of place, situating particular bodies in specific places.

This research is framed by queer theory and feminist geography to understand the connections between awkward spaces and lesbian families. A main tenet of queer theory is that identities are fluid and socially constructed and so identities such as mother and father are learned and played out, rather than being inherent and essentialised (Allen and Mendez 2018; Browne and Nash 2010). Queer theory also acknowledges that roles are performed repeatedly within spaces where underlying power structures support and/or seek to change behaviours through a variety of ways, for instance through social norms, expectations within certain settings, and laws (Butler 2002). This focus on inconsistencies, power and place complements geographical approaches.

I draw upon Samuel Allen and Shawn Mendez (2018) and their examination of how hegemonic heteronormativity legitimises and privileges a specific representation of heteronormativity which is based upon performances of gender, sexuality, and family. Heteronormativity supports a male/female binary based on essentialised ideas of sex mapping 'easily' to gender (Johnston 2005; Johnston and Longhurst 2016). Hegemonic heteronormativity also aligns with cisnormative performances of gender, supporting behaviour that matches 'socially read' gendered bodies (Pfeffer 2017), or bodies that can 'pass'. Transgender bodies, therefore, can be read as cisnormative, as long as the body is both read and performed as male or as female. Androgynous and gender-bending bodies, being both male and female or neither male or female,

would not be 'rewarded' within hegemonic heteronormativity. Heteronormativity promotes heterosexuality as the expected norm, while hegemonic heteronormativity specifically privileges the committed, cis-normative married couple – regardless of their sexuality. Single people are therefore marginalised (Wilkinson 2020), as are relationships that go beyond two people. The final aspect of family, under hegemonic heteronormativity, supports the homonormative family, a family that lives together, whose parents are mononormative and cisnormative, who work and who consume, and will reproduce this homonormative family. Allen and Mendez (2018) also acknowledge the privileges obtained or denied through other identities such as ethnicity, race, ability and nationality. The concept of hegemonic heteronormativity demonstrates how the previous boundaries and binaries of heteronormativity have been disrupted and shifted to create spaces of inclusion for some families that were previously marginalised, while excluding families (both queer and straight) who deviate from the cisnormative, coupled, consumerist, White, wealthy, able-bodied ideal, creating awkward spaces for those outside of the performative norm.

This provides a basis for examining expectations of bodies and spaces and how different bodies feel in and/or out of place. This sense of belonging/not belonging can be further explored through emotions, which embody the interactions between bodies and places, highlighting where bodies feel out of place (Johnston 2019). Focusing on where awkwardness is provoked demonstrates the ways in which lesbians are unanticipated in conception, maternity and family spaces.

MULTI-METHODS APPROACH

Qualitative methods fit well within feminist and queer methodology. Qualitative methods, utilising conversations and seeking in-depth explanations, acknowledge the significance of place and supports “a perspective that argues that there are multiple versions of reality – even for the same person – and that these are very closely linked to the context they occur in” (Braun and Clarke 2013 p9). These are appropriate methods to hear the lived experiences of participants and understand the performativity of their roles in particular times and spaces (Browne and Nash 2010). Qualitative data, and the subsequent stories they evoke, lend themselves well to queer theory (Oswald et al. 2009). Feminist research seeks to empower women and give

their stories a voice (Sarantakos2012), and poststructuralist feminism is concerned with understanding the meanings that women construct in different situations (Markula and Silk 2011), both of which are supported within qualitative research methods. It allows for the voices of the respondents, and is an appropriate way to investigate how lesbians understand such constructs as family and mother, their experiences of heteronormative spaces, and both how these spaces affect their bodies and behaviours and also how the presence of lesbian bodies can affect space and place.

Qualitative methods give voice and visibility to the experiences of participants, which is important for lesbian families who are often invisible and have been stigmatised over the years through stereotypes, discrimination and legislation. As well as benefitting the participants, qualitative methods bring the voices of the participants into the research, normalising their voices and stories in other spaces, meaning that lesbian families can be shown to be “extraordinary only in their ordinariness” (Henrickson 2005 p11).

Based on these queer and feminist understandings, I chose to conduct semi-structured in-person face-to-face interviews, which support and are supported by a feminist and queer methodology. There are limitations to in-person face-to-face interviews, and two relevant aspects for this research are firstly, having the time and resources to travel to interested participants, and secondly, the assumption the interviewer and the participant can create an environment suitable for the discussion of personal and intimate details. By also online surveys as part of my data collection I sought to counterbalance these limitations in some way.

Quantitative and qualitative methods are often considered binaries, with quantitative research associated with masculinist, objective, number-rich work, and qualitative research associated with feminist, conversation-rich work where power is paid attention, and generally aligned with feminist and queer methodologies. I also collected quantitative data using an online survey. and this sometimes felt awkward reading queer and feminist methodology that continued to emphasise the importance of nuance and context. Yet, Kath Browne and Catherine Nash (2010) argue that any research method can be queer or queered, as long as there is the potential for disturbing normativities.

Quantitative data is partial, as it cannot collect the nuances that are present in qualitative scholarship around sexuality (Browne 2008; Browne 2010) and is therefore regarded as problematic. Censuses are used to collect country wide data, and these statistics are then used to inform governmental decisions about different populations, which includes allocation of funding. In Aotearoa New Zealand “councils, iwi, businesses, and other organisations also use the data to work out the needs in their area” (Statistics New Zealand 2021). If populations are not counted, then needs cannot be identified or funded (see Doan 2016 for a discussion about counting the transgender population). The New Zealand Census has yet to contain a question about sexual orientation. While creating categories for sexual orientation ignores the reality of complex sexual identification and identities (Browne 2008), this is true for other identities, such as ethnicity and families, which are collected, monitored and consequently have services provided.

In her well-balanced examination of how the British government is developing questions for the Census around sexual identity Browne (2010) discusses the tensions between the two sides of the argument. The side for inclusion, argues for the possibility of services, and the potential for queering the form and its presumed heterosexuality, but also the consequences of a presumed undercount. The side against including sexuality argues that categorising conceals the fluidity and complexity of sexuality, enables state surveillance, and cautions how data may be interpreted within heteronormative environments. Browne (2010) also outlines both concerns and the advantages of using quantitative data to collect statistics about a queer population. She proposes the use of quantitative methods within queer methodologies is “an ambivalent proposition” (p248), but a traditional quantitative approach becomes queered when bought in under queer and feminist methodologies that question the normativities of the method.

A government census, as Browne (2010) suggests, may be representative of quantitative data, but is not the only method of collecting data in a quantitative manner. Focusing on a census maintains a dualistic notion, with face-to-face in-person interviews at the opposing end, while ignoring the variety of quantitative and qualitative data collection methods that lie in-between. Online surveys are considered a quantitative method, and there is also the potential for collecting data more closely

aligned with qualitative methods, such as utilising open text boxes, which can provide rich story telling from participants. I chose to do an online survey to try to broaden the geographical catchment of participants, knowing I wouldn't have the funds to travel to wherever people might be. Additionally, a topic about the creation of lesbian families may potentially involve recounting intimate details, and some people may be more inclined to participate if they are separated by time and space from the interviewer (Adams-Hutcheson and Longhurst 2016).

METHODOLOGIES

I used a qualitative multi-methods approach to data collection, using semi-structured face-to-face in-person interviews, and online surveys. These ways of collecting data support a queer and feminist methodology.

I talked with 38 lesbians during 27 interviews, a mix of 16 individual interviews and 11 interviews with couples. There were two online surveys, one of which was in-line with the interview questions, and had a combination of tick boxes and also text boxes to allow for explanations and stories. The other survey was a shorter tick box style quantitative survey that collected demographic information (and was not utilised in this thesis but used in publications (see Melville 2017b)). There were 240 responses to these surveys. There was some cross-over between surveys and interviews, as some people chose to do both, and so overall the study draws on information collected from 235 lesbian mothers, or lesbians who were trying to become mothers.

MAIN FINDINGS

The journey to be a family involves traversing many heteronormative spaces. These assumptions of heterosexuality can be disturbed by lesbians. As space invaders (Epstein 2018) within fertility clinics, lesbian bodies are unexpected in a variety of ways – women couples are invisible on forms and policies, women's bodies are treated as infertile, and women who are not seeking pregnancy are often treated as invisible. Lesbians expose the heteronormative assumption of fertility clinics while also queering and disturbing these assumptions. Lesbian homes interweave heteronormative ideas of conception and queer practices of insemination. The abject nature of sperm

provokes awkwardness, both in the physical proximity to it, and in the retelling of these experiences. These discussions are often punctuated with laughter, simultaneously indicating and trying to conceal awkwardness.

Within antenatal classes and hospital maternity wards the non-pregnant mother's lesbian body can also create awkwardness as it is unexpected here as well. Expectant mothers who are not pregnant are often categorised in a way that ignores their relationship and supports heteronormative assumptions. They don't fit easily within heteronormative places that align bodies that are not pregnant with fathers and bodies that are pregnant with mothers. Such normative understandings of family in these maternity spaces, deny women and men, and their baby, potential beneficial connections and ways of being family.

In family spaces, lesbian families often do not fit within the mother and father assumption, nor are lesbian created only through a biogenetic connection between two parents and their children. This is particularly apparent through language, which can explain stereotypical heterosexual families consisting of mum, dad, and their children, but is awkward when used to describe lesbian families. Due to the hegemonic heteronormativity of these places, it makes it difficult for lesbians to create alternate family formations, particularly safely and legally. Lesbian families, with the potential to separate out biological and caring aspects of parents and donors, offer new ways in which to examine the effects of genetics, the effects of time and care, the effects of space and place, and also what contributes towards a strong self-identity within children.

Lesbians within fertility clinics, ante-natal classes, hospital wards and education spaces can be regarded as 'space invaders' – their bodies are unexpected. While hegemonic heteronormativity persists, these spaces are prone to invasion at any time by the bodies that exist within in. These surreptitious bodies demonstrate how spaces are paradoxically heteronormative and queer, and neither heteronormative or queer. Lesbian bodies in spaces of conception, maternity and family can provoke awkwardness, as opposing binaries of heterosexuality and queerness are exposed in the same space. While awkward, these spaces also provide opportunities for

understandings of lesbian, mother and family to be expanded and new possibilities to be imagined.

THESIS OUTLINE

In this chapter, Chapter One, I outline the rationale for this research. This research broadens family geographies which have a tendency towards being heterosexual family geographies (see Tarrant and Hall 2020). It also contributes to maternal geographies, discussing expectant non-pregnant lesbian bodies and connections between maternal bodies, gender and sexuality and geographies of reproduction, examining sites of conception and bodies that seek pregnancy. Geographies of awkward spaces combine and extend notions of abjection, queerness and space-invaders to pay attention not only to the Other, or to place and space, but to examine the ways in which the co-constitution of normative bodies, other bodies, and spaces work to evoke bodily responses which include or exclude. Laughter can simultaneously reveal and conceal awkwardness. For lesbian mothers, awkward geographies are spaces of opportunity, where assumptions can be challenged, and understandings and performances of mother, lesbian, and family may be expanded.

In Chapter Two 'Theories of conception spaces, maternal bodies and family' I place this research within the context of current and influential scholars. Queer and feminist geographies are useful to engage critically with heterosexuality, examine the importance of place, and draw attention to the fluidity of social constructs. I look to maternal geographies to explore how particular bodies are regarded as 'good' or 'lacking', and how gender, sexuality, and roles and relationships are tightly woven together. I draw on queer, geographical and feminist work within assisted reproductive technologies (ARTs) to examine the spaces of technology and reproduction. I discuss the theoretical framework of awkward geographies that underpins the empirical collection and analysis. Using the notion of 'awkward geographies' I combine and extend ideas of space-invaders, queerness and abjection. The concept of space invaders tends to use the Other to draw attention to the normativities of the space, while queerness focuses on how bodies and spaces can disturb these normativities. Awkwardness is an embodied reaction to a particular encounter that combines

normative and queer, body and space. The concept of awkward geographies also provides a space for challenging, understanding, broadening and for possibilities.

In Chapter Three 'Gathering stories and organising meaning' I outline the queer and feminist methodologies that underpin the ways in which data was collected and analysed. I used qualitative methods. I undertook face-to-face in-person semi-structured interviews and online surveys. Within the discussion of the recruitment process, I detail how language worked to exclude potential participants in a number of spaces, and the awkward moments this created, and discuss the differences between where individual and couple interviews took place. Lastly, I discuss my positionality. I consider the advantages and disadvantages of my insider status, and my different identities. I also discuss possible reasons for the representation of the homonormative 'lesbian mother' (White, educated, city-based) within this research. I then examine how couple interviews work to support a methodology that enables contradictions and different truths to emerge over time and place.

Chapter Four 'Negotiating heteronormative spaces of conception' is the first of three empirical chapters. This chapter examines two sites of conception which tend to be represented as binaries - homes are intimate spaces and clinics are sterile spaces. I examine how these expectations and procreational norms of the home are disturbed through lesbian conception practices. The site of conception impacts on the relationship with sperm as clinic spaces provide a more distant relationship with sperm. Within the home, lesbians were both disgusted and fascinated by sperm, and also sought closeness between them and the object. Within the interviews laughter often both conceal and reveal awkwardness – discussions of sperm, male masturbation, and foreplay are both taboo topics to be talking about and also narrations of uncomfortable situations. Hegemonic heteronormative ideas of family, mother, lesbian, father and conception influence the ways in which bodies act and react in both homes and clinics. The assumption of heterosexuality within conception spaces is disturbed by lesbian bodies, creating awkward spaces where the possibilities for reinforcing or resisting heteronormativities exist.

Chapter Five 'Heteronormative and queer spaces of pregnancy and birth' examines the body as the site of maternity, looking at both the assumption of heterosexuality for

pregnant women, and the invisibility of expectant lesbian mothers who are not pregnant. Lesbians in maternity spaces create awkwardness, where they must decide whether to maintain heterosexual assumptions or whether to challenge and expand the space of awkwardness to others. Within maternity spaces, I focus on ante-natal classes and maternity wards in hospitals as places of exclusion and examine how this exclusion is created through language as well as underlying assumptions of what a family is. I also look at how a female couple in such spaces expose and confuse the assumptions between gender and gender performances. Lesbian bodies that are not pregnant often feel awkward in maternity spaces – feeling they belong with both the ‘mother’ groups and the ‘father’ groups, and also that they fit within neither of them.

Chapter Six ‘Provoking awkwardness in family spaces’ looks at the different discourses that surround ‘family’. These understandings tend to privilege biogenetic family and epitomise the model of ‘mum and dad’, and often make family a space of exclusion for lesbian families. I examine how language is another means by which hegemonic heteronormative families are supported and legitimised. For lesbian families, heteronormative understandings of family often marginalise their sexuality, refute their family, and incongruously make one of the mothers invisible while also placing her in the role of father. Continually deciding whether to come out or not becomes a part of parenting for lesbian mothers. Whether lesbians expose the heteronormativity of spaces or not, awkward feelings are often produced. When lesbian mothers choose to come out they demonstrate the temporality of heteronormative spaces and also create opportunities where understandings of mother, family, queer and straight can be reconsidered. I also examine the connection between sperm which provokes abject feelings and awkwardness, and laughter which reveals and conceals the awkwardness in discussing, remembering and being close to sperm.

Chapter Seven is the Conclusion and reiterates how hegemonic heteronormativity exists in many family spaces such as homes, work, places of education, and within conception spaces and maternity services. It is very difficult to be a lesbian family if at every point you struggle to be included and in many spaces you have to explain, justify and educate. For lesbian mothers, the performance of family often normalises these repeated acts which seek inclusion into hegemonic heteronormative ways of being

and doing family. The presence of lesbian mothers disturbs these assumptions and creates awkward spaces, for both lesbians and other people. Within these awkward spaces exist the opportunity for both the confirmation of and the challenge to hegemonic heteronormativity and understandings of mother, lesbian, straight, queer and family.

CHAPTER 2:

THEORIES OF CONCEPTION SPACES, MATERNAL BODIES AND FAMILY

Geographers, with a few exceptions (Johnston and Valentine 1995; Luzia 2008 2010 2013; Valentine et al. 2003), have not examined the spaces and places of lesbian families. Within research on family geographies lesbian families tend to remain ignored or unexamined (see Tarrant and Hall 2020) and studies of lesbian geographies tend to focus on places such as the home, virtual spaces, and urban spaces, and ignore mothers (see Valentine 2013). Lesbian mothers occupy spaces of conception, such as fertility clinics and homes; spaces of pregnancy and birth, such as ante-natal classes and hospitals; and spaces of families, such as pre-schools and schools. Examination and discussion of such spaces, however, tend to neglect lesbian mothers and are usually framed within heteronormative understandings of pregnancy, birth and family.

This chapter brings together scholarship from within the fields of reproductive geographies, maternal geographies and family geographies to situate lesbian mothers within these spaces. It also draws on awkward geographies as a concept to explore lesbian's experiences of becoming and being parents.

Lesbian geographies are considered to have developed through a lack of queer voices within feminist geography, and a lack of women's voices within queer geographies (Browne and Ferreira 2016). This genealogy means queer and feminist geographies are powerful ways to examine the experiences and decision-making of lesbians creating families, with the absence of lesbian voices within family geographies and the absence of mother voices within lesbian geographies.

These two approaches – feminist and queer - provide a strong framework from which to examine lesbians and their families as they move through spaces of conception, pregnancy and family. In acknowledging the presence of an underlying power structure, queer and feminist geography each provide a useful lens through which to

examine how, why and where lesbian families are disrupting or maintaining the heteronormative idea of family. These two approaches also provide explicit consideration of some aspects of the intersectionality of being lesbian, that is, of being a woman, a mother, and queer. These geographies also work from a strength rather than a deficiency approach, allowing for the possibility that these families might have much to offer understandings of family.

Within this chapter I first discuss the contribution of feminist geographies and queer geographies when examining lesbians in conception, maternity and family spaces. Second, I look to reproductive geographies and the maternal body. Third I examine the conception spaces of the home and the fertility clinic. I focus on assisted reproductive technologies (ARTs) and the family that is (re)produced within fertility clinics, and how ARTs both reinforce and disturb heteronormative understandings of family. The fourth section focuses on the hegemonic heteronormative family, examining the ways in which queer families can be included and excluded. I also explore other aspects of heteronormativity, including biogenetics and language. Following this I outline the limited research in Aotearoa New Zealand about lesbian families. Sixth, I turn to feminist and queer geographies and their exploration of lesbian families. Finally, I discuss the concepts that I draw upon to interrogate the experiences of lesbians in conception, maternity and family spaces. Space invaders, queering, hegemonic heteronormativity and abject contribute to a relatively new concept of awkward geographies. I explore how hegemonic heteronormativity creates expectations of bodies and places. The concept of space invaders draws attention to the normativities of spaces and bodies, and queering focuses on how these assumptions can be disrupted. I extend these ideas by paying attention to awkwardness and how this connects bodies and places through emotion. I examine how these spaces are simultaneously places of awkwardness and possibilities, where understandings of lesbian, mother and family can be expanded.

THEORETICAL UNDERPINNINGS

I frame my research with queer geographies and feminist geographies. Although I examine them separately here, within the context of my research, queer and feminist

geographies are mutually constitutive. It has been noted by Robyn Longhurst and Lynda Johnston (2014) that the two sub-fields are often combined in Aotearoa.

Queer theory originated from the idea that homosexuality should not be compared (negatively) to heterosexuality, but rather be explored as an alternative sexuality (Bell and Valentine 1995) and therefore supports examination of practices beyond and distinct from heterosexuality. Queer geographies therefore place lesbians as autonomous - their experiences and opinions are valuable not because they are an interesting binary opposition to heterosexuals, but because lesbians are worthy in their own right. Although queer geographies and theories are set apart from heterosexuality, they critically engage with heteronormativity, paying attention to the ways in which heteronormativity restricts the performance of queer sexuality (and gender) (Browne 2007a; Hubbard 2008). Queer geographers also consider how bodies and performances can 'queer', or disturb, normativities. These bodies are not necessarily queer in their sexuality, but their performances disturb heteronormative assumptions (see Longhurst 2008 on how pregnancy queers the workplace).

Queer geographies help to understand the concept of 'hegemonic heteronormativity' (Allen and Mendez 2018). While heteronormativity encapsulates performances of heterosexuality, hegemonic heteronormativity recognises it is not all heterosexual behaviours that are privileged, but instead it is a narrow representation of heterosexuality, based around the ideas of being cisnormative, mononormative, and having normative families. These are based around ideologies of sex, gender and family, which have morphed to allow some queer families to also benefit from heteronormativity, as long as they perform within these understandings. Within this thesis I pay attention to the intersection of heteronormativity and the decision-making and experiences of lesbians in conception, maternity and family spaces and places.

Feminist geographies acknowledge the importance of the 'everyday', spaces and practices that have been ignored with traditional approaches to research. Feminist geographers centre these mundane activities, emphasising their importance in understanding the dogma that underpins the way people live. Richard Phillips (2006) contends that constructions of hegemonic sexuality (that is, performances of sexuality that reoccur and confirm and promote one idea of heterosexuality for instance) occur

in spaces of contestation and in daily mundane spaces. Exploring lesbian motherhood, Luzia (2013) demonstrates that family spaces are heteronormative and that some families must actively negotiate their 'fit' into material and symbolic space, primarily shaped for and by heterosexual parented families.

Feminist geographers brought a focus to bodies, demonstrating the ways in which bodies are also spaces that can expose power relations. Longhurst (2001) argued that bodies, and female bodies in particular, are ignored because they "threaten to spill, soil, and mess up, clean, hard, masculinist geography" (p25). By centering bodies, feminist geographers allow for another way to explore power, and provide legitimacy for the lived experience. Similarly, focusing on motherhood destabilises masculinist geographers and brings from the margins another way to explore spaces and power dynamics. Kate Boyer (2020) describes motherhood as an "intersectional social position", in that the experience of motherhood will depend on proximity and distance to social power and discrimination. Heidi Nast and Steve Pile (1998) comment that "we live our lives – through places, through the body" (p1). They argue a more nuanced understanding of the interconnectedness between bodies and space is needed, because the articulations of the interconnections and relationships are political (Johnston 2005).

REPRODUCTIVE GEOGRAPHIES

Reproduction fits easily within geographies, given the movements of bodies (and gametes) across time and space, and the different scales, spanning from the body to the global (Fannin et al. 2018). Queer and feminist geographies examine how bodies can demonstrate and deconstruct dominant ideologies around concepts such as gender and sex. The material body was initially ignored within geography. Longhurst (1996) was one of the first to draw attention to the absent body and call for research on and around the body (for a review of embodied geographies see Longhurst and Johnston 2014).

Although there was increasing interest in 'the body' by geographers in the 1990s, Longhurst (2001) argued that it was a stereotypical contained male body. This was in contrast to the messy, leaky bodies, such as pregnant bodies, that Longhurst

examined in her seminal work. Nearly 20 years later, Longhurst (2018) claims messy bodies and words that can prompt squeamishness such as gestation, blood stained, and menstruation are still likely to create a reaction within geographical scholarship. Uteruses, gestation and messy bodily processes remain awkward and isolated. Just like the binaries that associate men and masculinity with public spaces and women and femininity with private spaces, bodies were similarly associated with women and private spaces, leaving them unexamined. Replicating these arguments, particular bodies were not regarded as academic enough, they were too subjective, and were too close for the necessary objectivity of masculinist ways of knowing. In this way, bodies, and the lived experience of bodies, are very much political. And in this way the lack of research and knowledge about women who are both lesbian and mothers becomes both political and understandable.

The space of the body is not innately 'female' or 'queer', for example, but these understandings of a body are created. Similarly, binary categories such as man and woman, straight and queer, are not innate, but produced. Trans women's discussions of their lived experiences (Johnston and Longhurst 2016) demonstrate how bodies may be read as paradoxically both male and female and neither male nor female. Binaries are not disparate but overlap and inform each other (Johnston 2019). A body is not static either, as a body can change in different places, or the same place at different times. Through examining gay parades Johnston (2005) sees how interpretation of the same body can change across times and places and shows "bodies to be volatile, mobile and contradictory" (p135). How bodies are decoded and understood is dependent upon context: bodies are read differently in different places and across different times. Two women with a baby might be read as 'friends' on one street, but 'lesbian' in a queer playgroup. Though who is observing can also alter interpretation: a straight person might see two women with a baby in a playgroup and read the women as straight. Bodies are not tidy spaces: "bodies are conundrums, paradoxes" (Longhurst 2005 p337), bodies are messy and contradictory.

Although not without its critiques (see Kincaid and Nelson 2020), Judith Butler's (1990) theory of performativity, where gender is constructed through the repetition of everyday actions, is a useful concept to examine how bodies are produced and understood. Marta Olasik (2015) explains that what "'society' perceives as being a

woman/man is really a doing of a woman/man” (p205), and subjectivities such as gender are not pre-given, but emerge in different places (Bonner-Thompson et al. 2020). Therefore, even the ‘being’ of family, through biology or genetics, is still a ‘performance’ or doing of family. As Julia Cream (1995) explains, the “sexed body is a construction that requires explanation” (p28), and “there is no way that a body can escape its social and cultural setting” (p30). Similarly, Johnston and Longhurst (2010) contend a sexed body can be regarded as an historical space in which cultural meanings of biological sex, social gender, gender identity and sexuality can be seen.

Examining which bodies feel out of place, and which bodies feel in place or comfortable, can demonstrate the dominant ideologies of spaces, the invisible script deciding how bodies should perform. Much research now demonstrates the relevance of the consideration of bodies to places and societies. Nast and Pile (1998) posit: “bodies and place are made up through the production of their spatial registers, through relations of power” (p4). The understandings and interpretations of bodies work to demonstrate different power structures and reinforce or challenge these power dynamics as these structures work to mould bodies or ensure that bodies conform in particular ways. Elizabeth Grosz (1990) emphasises: “what is mapped onto the body is not unaffected by the body on to which it is projected” (p72). Linda McDowell (1995) unpacks this further by adding: “masculine characteristics and attributes have different meanings depending on their embodiment in male or female bodies” (p71). Bodies are imbued with cultural meanings and values (Luzia 2008).

Awkward spaces can be created within maternity spaces with the presence of two mothers, as a participant within Bente Dahl and Kirsti Malterud’s (2015) study found. The participant did not give birth to the baby, but both her and her partner were going to breastfeed:

I did not try until we got home. I did not dare to breastfeed the baby at the hospital. I was afraid that someone would find it awkward. It was like...if we had had a private room, then maybe I would have tried. In hospital, I felt like I would have had to step over a few boundaries. (p171)

Hospitals maintain heterosexual expectation, where only one (biological) mother breastfeeds. If both mothers breastfeed, this would involve crossing boundaries and create awkwardness in the staff. Knowledge of the power within the space, means this mother was 'afraid' to do something that would create a space of potential discomfort.

Heteronormative power structures create spaces where a particular performance of gender is expected and accepted and cisgendered bodies, where gender and behaviour are read as the same, are accorded privilege (Johnston 2016). Maternity spaces such as hospitals are often heterosexual spaces where “many [lesbian] women experienced instances of stigma, overt and hidden as well as real and perceived ... These instances made the process of obtaining care uncomfortable, awkward, and potentially dangerous, because infections were missed, care was lacking in thoroughness, and emotional support was absent” (Gregg 2018 p49).

CONCEPTION SPACES

One space of conception is the home, a place of complex relationships and identity (Gorman-Murray 2008b) and where simplistic binaries are entangled (Johnston and Longhurst 2010). Although the home is regarded as “the primary site of heterosexual reproduction” (Gorman-Murray 2008a p33), it remains under-examined as a place of conception, for both heterosexual and queer people, perhaps due to the association of home with female domesticity and also low tech, cheap technologies (as opposed to highly medicalised (masculine) technologies that are used within fertility clinics) (Longhurst and Melville 2020). Home inseminations may be awkward on a number of fronts, as Caroline Bree's (2003) participant notes: the “[sperm donor] felt quite awkward but his girlfriend assisted him. (Laughs) We had a glass jar and she came screaming through the house with it, saying, ‘Ugh! It’s horrible!’ ... The second time [my partner] felt more comfortable” (p85). This unease may be partly due to home conceptions being unknown and rituals not commonplace. In discussing her own journey to lesbian motherhood, Surtees (2017) asserts “public narratives to help navigate collaborating with a donor, the humour and awkwardness of sperm pick-ups, self-insemination, the pregnancy that followed, my projected self as birth mother and Eva’s projected self as non-birth mother were missing altogether” (piii). While home

inseminations may create awkward spaces, within these spaces are also opportunities for new ways of doing things.

My research follows Andrew Gorman-Murray's (2008a) call for research into domestic spaces of gay men, lesbians and bisexuals to prompt new understandings of how these spaces establish identities. The research examines how lesbians utilise the domestic environment to form family, how conception within the lesbian domestic environment both reinforces and challenges sexual identities, and how the domestic space and lesbian bodies interweave politically. This research also builds on the burgeoning scholarship on the spaces and practices of conception.

As a space the fertility clinic remains largely unexamined by geographers. The sparse research that does pay attention (see England et al. 2018) examines fertility clinics as a space of conception, focusing on the technology, rather than as a space of conception with a body which desires to become pregnant. Fertility clinics are of particular interest when discussing family, as they are places where the primary function is to (re)produce families. Fertility clinics are also spaces where a number of fields intersect with the construction of family: technology, ethics, profit, law, policy, and of course, bodies. Charis Thompson (2005) recognises that neither technologies or bodies are passive, but rather "viewed together, actors and technology ventriloquise and animate each other; patients are not voiced by the technologies, and technologies are not animated by patients" (p17).

As Maria Fannin, Helen Hazen and Marcia England (2018) recognise "reproductive health is an issue of social justice, encompassing not just the effort to exercise sovereignty over one's body but also the broader economic and institutional constraints that limit people's reproductive 'choices'" (p2). Research in Australia (Dempsey 2012) and England and Wales (Nordqvist 2011) shows lesbians were excluded from the services of fertility clinics or believed they would face homophobia within fertility clinics. Due to this, lesbians chose to inseminate at home, demonstrating how personal 'choices' are highly influenced through structural inequities. Clinics are usually regarded as heteronormative and as having traditional ways of operating that exclude lesbians and problematise non-pregnant women (O'Neill 2011). Pregnant lesbians are moving through a system that is structured for heterosexual women and

their male partners, and these traditional heterosexual frameworks do not necessarily fit lesbians.

Fertility clinics are one of the few places where ARTs are available. Thompson (2005) wonders whether ARTs are working to deconstruct or to confirm the normative ideal of family, observing that in ART clinics:

technological innovation and cultural history implicate each other so strongly, it is no wonder that progressive cultural critics cannot decide whether the new reproductive technologies are best judged as innovative ways of breaking free of bondage to old cultural categories of affiliation or whether they are best denounced as part of a hegemonic reification of the same old stultifying ways of classifying and valuing human beings. (p177)

In practice, this question is answered through access to ARTs – it is the ways in which access to ARTs is provided that decides whether ARTs are reproducing either a particular type of family, or whether they are reproducing families. Fertility clinics are spaces that demonstrate what is deemed ‘family’ and create and reinforce family legitimacy. ARTs are embedded within and shaped by the intersections of social, cultural, legal, medical, and political frameworks (Hargreaves 2007; Michelle 2006; Nordqvist 2011; Thompson 2005) and ARTs in turn reproduce and replicate these contexts. Similarly, within an Aotearoa New Zealand context, Carolyn Michelle (2006) also argues that it is not the technologies themselves that challenge traditional understandings of family creation:

the potential of certain uses of ART to transgress and re-inscribe these conventional meanings is determined, not by the technologies themselves, but by various implicit and explicit constraints placed on their use within the broader social, political, medical, legal, and representational realms, which can and do change over time. (p6)

Any potential progressive opportunity of ARTs is therefore tempered by the access to and practice of ARTs.

Since their inception, ARTs have been (and in some countries, or parts of countries, continue to be) available only to married couples due to access to fertility clinics (see Epstein 2018; Mamo and Alston-Stepnitz 2015; Michelle 2006. For access for lesbians specifically, see Luttichau 2004; Milibank 1997; Short 2007; Statham 2000). Discussion may not centre on the regulation of ART, but rather on who will get access (Luttichau 2004). As Merete Lie and Nina Lykke (2016) state: “ARTs are accessible worldwide but in very different ways and definitely not by everyone” (p2). Geography, technology and bodies are linked (Warf 2017).

Sitting behind discussions of access to ARTs are moralistic judgements about lesbian families and their lack of a father. Arguments in Denmark that supported proposed laws that would limit access to ARTs to married, heterosexual couples maintained that lesbians and single women would be denying a father’s right to custody and a child’s right to a father (Luttichau 2004). If this need to ensure the donor is included in the life of ‘his’ child is applied consistently, then neither single women, lesbians *nor* straight couples would be allowed to be able to use ART, as there is no evidence that straight married couples using ART involve the sperm donor in their families. The concern is not that ‘the man’ would be excluded (that is the sperm donor), but rather, that ‘no man’ would be included in lesbian families and single mother families.

For heteronormative families, ART is generally regarded as an opportunity where “the family can ‘pass’ as a conventional one” (Nordqvist 2014 p326) and with this understanding ART contributes to supporting the traditional ideology of family. Assisted reproductive technologies could be considered to have originated to enable the traditional ideas of family through biology to be maintained, by assisting a straight couple to create, birth and parent children who were a genetic and biological mix of the two of them (Thompson 2005). Katrina Hargreaves (2007) emphasises that ART sits within “a cultural context that, in spite of the apparent diversity in family forms, continues to privilege biological ties, to uphold the ‘ideal’ of the biological nuclear family and conceptualise biological parents as the ‘real’ parents” (p280). Hargreaves talked with heterosexual couples in Aotearoa New Zealand who used donor gametes to create their families. These families observed that other people assume that biological ties fostered closer social ties, that is a mother who has both biological and adopted children, will feel closer to her biological children than her other children. Petra

Nordqvist (2017) also comments on the automatic ties that biology is seen to provide: “genetic kinship is culturally understood as a relationship that is ‘given’ as opposed to an affinity that is ‘made’” (p873). Yet as Hargreaves notes: “most social relationships, including relationships between parents, however, do not have ‘biology’ as their basis” (p270).

Fertility clinics therefore both serve and reproduce a particular type of ‘family’ and provide “a framework of cultural legitimacy” (Nordqvist 2011 p127). Access based on legal marital status supports reproduction within state sanctioned relationships, and also demonstrates the ways in which different subjectivities are connected.

ARTs demonstrate the ways in which boundaries of what creates and defines a family are porous and changeable. Rachel Epstein (2018) outlines how a technically identical procedure (a woman carrying a baby made from a donated egg and the sperm of the intended father) can have different kinship outcomes. In one scenario, the pregnant woman is the intended mother and carrying an embryo made from a donated egg and her partner’s sperm. In another scenario, the pregnant woman is a surrogate carrying the embryo created from the egg and sperm of the intended mother and father. Epstein (2018) points out in the first case, ‘motherhood’ is determined based on gestation; in the second case, ‘motherhood’ is determined based on intention, social/legal grounds and/or genetics. What is ‘family’ is therefore contextual and certain aspects of biology, genetics, or gestation are foregrounded or ignored in different situations. Family and mother are not essential categories but fluid and unstable, depending on bodies and context.

There are tensions when examining the discourses around egg and sperm donation and surrogacy. Due to the binary that connects men with the mind and women with the body, men donating sperm is unproblematic and easily paid for (Almeling 2011). In comparison, women’s labour (the growing of eggs and the growing of a baby) is complicated and open to public debate and scrutiny (Fannin 2020). When contributing gametes, men are disconnected and women are connected, but this is reversed when it comes to the meaning of the gametes and the body for surrogacy: men are connected (sperm carries the means to know yourself) and women are disconnected

(eggs and bodies are insignificant contributors), or at least these are discussions yet to be had.

What is interesting is the discussion and debates that are raised: children need to know their genetic heritage, this is necessary for identity development, and that children need a father. What is absent are discussions around the effect of separating gestational and social motherhood and/or separating genetic and social motherhood. It is the lack of father, not the lack of mother, that is of concern and focus. The underlying meaning is that women's contribution to children (for instance, the carrying of the baby) does not contribute meaningfully to the development and identity of a baby:

On the one hand, blood ties are meant to imply genetic ties, connections made by seeds, semen or men. On the other hand, maternal ties, based on wombs and the growing of already born children play a less important role in genetic progress. (Ettorre 2002 p79)

This is another privileging of male genetics (what is) above female body (what is done). This is not to argue that gestating a baby creates a bond or that a gestational bond is sacred or that the only way to be a mother is to gestate and birth a baby, but rather pointing out the absence of these questions and discussions.

When ARTs can be accessed by queer families, they can be regarded as both normative and transgressive. Caroline Jones (2005) contends that access to ARTs ensures gay and lesbian families reproduce dominant behaviours of heteronormative families (such as having two parents – and no more), and this reduces their ability to deconstruct or broaden notions of family. Laws and policies can also act as a barrier to access ARTs, only allowing families that replicate heteronormative ideals (through ethnicity, ability, class etc) within the space of ART, and excluding others. ART is therefore reduced to a normalising process. In this way, lesbian families may become “families in drag” (Malone and Cleary 2002 p274). This performance actively “serves to both reinforce familial ideology and further marginalise those unable or unwilling to conform so successfully due to their socio-economic class, ethnicity, lifestyle choices, or political beliefs” (Michelle 2006 pp28-29).

Similarly, by choosing to inseminate through a fertility clinic, one consequence is conforming to heterosexual norms by only allowing two parent families (even though they might be the same sex). While supporting hegemonic discourses, at the same time this disrupts the hegemonic idea of the heterosexual family by protecting both lesbian mothers and their family unit. It protects them by removing the threat of the donor demanding parental rights and potentially getting awarded legal rights.

ART can also be regarded as transgressive for lesbian families:

As a route to conception, donor insemination transgresses conventional discourses concerning conception, and also those concerning parenthood, family structure and kinship connectedness. Moreover, it enables reproduction beyond conventional gendered and heterosexualised reproductive regimes. (Norqvist 2011 p115)

As well as disrupting heteronormative understandings of family, lesbian families also disrupt gender roles and performances within families. Laura Mamo and Eli Alston-Stepnitz (2015) recognise how ART can provide the potential for gender queer and trans people to interweave new connections between bodies, roles, and understandings of family.

Knowledge of family and maternal bodies has been derived mainly through explicit or assumed focus on bodies that are heterosexual. As a result, queer ways of conception and family creation are marginalised. Lesbian, family and queer geographies illustrate, in a variety of ways, how spaces and bodies co-constitute each other to reproduce heteronormative ways of understanding, being and doing family. Lesbians' experiences of conception and maternity spaces can therefore expose contemporary understandings of woman, lesbian, mother and family. Paying attention not only to the spaces of conception but also to the bodies involved in conception may reveal new ways of knowing and understanding, as well as problematising boundaries and binaries.

Yvonne Underhill-Sem (2001) discusses "the epistemological importance of interrogating the unproblematic view of embodiment, and of motherhood as a natural given" (p447). This research looks to interrogate the unproblematic view of

embodiment, and of motherhood as a natural given only for heterosexual bodies. It also works to “disrupt the naturalisation of the body. Geographies of the bodies that received sperm show how the ‘natural’ process of conception is manipulated by many seeking pregnancy” (England 2018 p62). Lesbian mothers highlight the ways in which conception practices can disturb procreational norms.

Examining lesbians’ experiences within fertility clinics, developed to recreate the normative heterosexual family, may expose underlying assumptions about family, about mother, and about bodies. Examining the experiences of lesbians conceiving outside of clinic spaces, perhaps in bedrooms may also show heteronormative assumptions and practices around conceiving as well as alternative ways to approach conception.

FAMILY AS HETERONORMATIVE

Families are created in innumerable ways. Literature on family, however, tends to conceptualise it in heteronormative terms (Luzia 2013). Heteronormativity is an assumption that heterosexuality is the only ‘natural’ sexuality, and it involves a system of regulation that normalises heterosexual ways of doing things as the correct way. Heteronormative understandings of family interweave binaries of gender and sexuality. These binaries juxtapose ‘normal’ men and women, with their ‘normal’ sexuality, who create ‘normal’ families, with ‘unnatural’ others – lesbians, gays, bisexuals, non-binary and trans people, and the ways in which they create their ‘unnatural’ families (for example Oswald, Blume and Marks 2005). As with any binaries, one group is afforded privilege and the other is marginalised (Allen and Mendez 2018).

Heteronormativity is not only an organisation of sexuality and gender norms specific to times and places (Oswin 2010) but also involves other subjectivities such as race and class (Dahl 2018), ability, ethnicity and nationality (Allen and Mendez 2018), and regulates who can have children (Wilkinson 2020). Heteronormativity therefore not only marginalises all sexualities outside of heterosexuality, but also provides a specific heterosexual norm, which contributes to excluding many heterosexual identities and practices as well (Allen and Mendez 2018; Oswin 2010). For instance, it imposes

specific gendered identities and practices, and these notions of 'femininity' and 'masculinity' marginalise many heterosexual women who do not subscribe to these ideas of femininity (Rich 1980) and also marginalise men who do not subscribe to a narrow notion of masculinity. Cheshire Calhoun (1997) contends that as well as ignoring families that are not heterosexual, heteronormative spaces of family also hide the "queerness" (p109) of heterosexual families. Family "is a culturally dominant idea or world-view that bestows legitimacy, privileges, and resources on some family arrangements, *whilst withholding them from other family-making choices*" (Brown and Perlesz 2008 p287 italics added) so heteronormativity functions to include a specific construction of family, while marginalising others.

Allen and Mendez (2018) use the concept of hegemonic heteronormativity to examine the ways in which understandings of sex, gender and family have morphed, to now allow some queer people to enjoy privileges previously experienced only by heterosexuals. Rather than being excluded outright from the benefits of being heterosexual, Allen and Mendez (2018) contend that queer people who are cisnormative, mononormative and have normative families benefit from heteronormativity (which continues to marginalise people of any sexuality who do not fit).

Cisnormativity is when behaviour matches socially read gendered bodies, that is bodies that look male act in male ways, and bodies that look female, act in female ways. Mononormativity is monogamy within the pair relationship; and family normativity is reproduction of the privileged heteronormative family – two married parents living together with their children. This demonstrates the fluidity of boundaries – what was previously 'heteronormative' has changed, and a lesbian couple may benefit from the homonormative privileging of family. For instance, in Aotearoa New Zealand a lesbian couple can both go on the birth certificate and therefore be granted the privileges of their heterosexual counterparts. (If the sperm donor is also a parent, the three-parent family remains marginalised.) Similarly, trans individuals may benefit from hegemonic heteronormativity, as long as they can be 'socially read' as either 'men' or 'women'.

Though there is the possibility for more people to fit within these frameworks, the categories of 'male' and 'female' still exist, and people must adhere to hegemonic representation and performance. Hegemonic heteronormativity removes sexuality as the barrier to privilege, and instead focuses on the ways in which sex, gender and family are performed. A queer family that performs sex, gender and family in specific and approved ways therefore can fit within both hegemonic heteronormative and homonormative understandings and gain the benefits of such inclusion.

Just as heteronormativity privileges a particular type of heterosexuality over other types, homonormativity privileges "the gay or lesbian, cisgender, middle-class, white, western, able-bodied, monogamous, family oriented, married couple" (Garwood 2016 p9). Homonormativity supports heteronormative ideas and institutions and absorbs the queer community into consumerism and capitalism (Bonner-Thompson et al. 2020; Duggan 2003). Simultaneously, there is normalisation of (approved) queer ways of doing things, which Shirlena Huang and Qian Hui Tan (2020) explain using the term 'pinkwashing'. Normalisation and pinkwashing can be viewed as assimilation. While recognising the benefits of assimilation for individuals, Allen and Mendez (2018) and Nordqvist (2010) warn that it does not challenge assumptions and continues to marginalise queer communities and alternative ways of being and doing family.

That a particular type of family is privileged is often discussed, but perhaps best summarised by Liz Short (2007):

A family 'hierarchy' is constructed, perpetuated by and perpetuating a set of laws, policies, practices and assumptions that attribute different levels of respect, privilege and recognition to different family types. The two major assumptions structuring and expressed in this hierarchy are heteronormativity – that it is 'normal' to be heterosexual, and that it is 'right' or best to be in a family with heterosexual parents – and what might be termed 'biologism' – that the most primary, important and 'real' family relationships are based on biology, and, hence, that a child's biological parents are his or her 'real' parents. (p59)

Lesbian families are affected by heteronormativity and are also affected by biologism, given they are creating a family where biological and genetic connections to both parents are generally not possible. When biological families are assumed and privileged, this understanding that biological connectedness creates and legitimises family means one of the mothers is often ignored or situated outside of the family, and the other mother is often privileged. In a compilation of stories from lesbian mothers Aizley (2006) reports there is an ongoing interest in knowing which woman gave birth and which one did not, in order to identify which mother is the 'real' mother, and the other mother is relegated to the margins of the family. In a review of literature about lesbian, gay and bisexual (LGB) families in Australia, Perales et al. (2019) state: "the most prominent challenge reported by lesbian mothers was a lack of legal and social recognition of their status as a family, particularly the status of the non-birth mother" (p50).

A biological understanding of family hurts more than just lesbian families and also impacts straight couples who use intrauterine insemination (IUI). Hargreaves (2007) mentions the hurt a father felt when a friend asked if his baby looked like her 'real father'. This emphasis on biological connection means for lesbian couples "it is the view that biology is important that is the obstacle to equality, not the embodied experience of pregnancy itself that sets parents apart" (Dahl 2018 p1028). Although Short (2007) separates biologism from heteronormativity, biologism can also be regarded as an often ignored but integral part of the complexity of heteronormativity. Heteronormativity also frames the biological mother as the real mother, and leaves the other mother marginalised with an identity that is unclear and difficult to articulate (Gunn and Surtees 2009).

Pervasive heteronormative assumptions of family are queered by a variety of family types, not only queer families: one parent families challenge the idea that a child has two parents; whāngai⁴ families and families who adopt and foster challenge the idea that families are related by blood, that a family is similar in looks, and that a child has

⁴ Whāngai is a customary Māori practice where a child is raised by someone other than their birth parents – usually a relative (Keane 2017).

only two parents. Heterosexual families involving surrogacy or gamete donation (egg or sperm) also challenge dominant discourses.

Lesbian families can disturb the hegemonic discourse of family. For lesbian families, family is not based within biology, there are two mothers, often there is no father, there is a donor, children are not created through sex, and there may be a lack of common physical features between parents and children. Signe Howell and Marit Melhuus (2007) argue that donor conception transgresses conventional kinship understandings based on blood and therefore it is culturally regarded as 'unnatural' procreation, which works to further stigmatise lesbian families who often use donors to create their families (though some also involve fathers). While many heterosexual families create their families outside these hegemonic discourses, they can often perform family in ways that fit in the expected mould. Lesbian families cannot do this. Lesbian families challenge dominant ideas and understanding of family often visibly and without choice.

Lesbian mothers are regarded as 'lacking' in a variety of ways (Longhurst 2008): lacking a male partner, lacking a proper family, and lacking proper morals. Only if lesbians are similar enough to the dominant discourse, or 'good' enough, to follow Longhurst's terminology, can they be regarded as 'family'. The lesbian family is also regarded as lacking in two ways, both of which are considered problematic: some lesbian mothers lack a biological connection to their children, and lesbian families lack a father. Claims of legitimacy for a lesbian family are often contested in terms of being similar to an idealised notion of families (Hayden 1995). Lesbian often means cis-lesbians in Western culture, which privileges particular (White, monogamous, middle class) lesbians who are homonormative (Brown and Ferreira 2016).

The concern over a lack of a father in lesbian families can be seen within laws and regulations. Michelle (2006) contends that social regulation of ARTs is not only to maintain the traditional family structure, but to also maintain the status of fathers within the family. Women's claim to children is done through birth. Denied this obvious connection to children, men's status of fathers has been established through law and naming, asserting a social and cultural link to their children, in the absence of an undeniable genetic link. Michelle maintains "it is no coincidence that just as those institutions and traditional social linkages are fading in significance, we see a renewed

cultural emphasis on the centrality of fathers to the identities of their children” (pp22-23). The unease around ART “neatly articulates with the discourses of children’s rights and genetic essentialism, as with taken-for-granted assumptions regarding the desirability of a paternal influence” (Michelle 2006 p21). Identity, genetic inheritance and fathering are all tied up together.

In a compilation of stories from non-biological lesbian mothers, Heather De-Rosier (2006) talks about how she felt after someone enquired what is it like when the ‘real’ mum went away:

The presumption that I am a ‘lesser mom’ hurts on a level only someone in a similar situation can understand. If I hadn’t been so preoccupied with Lucia’s health and happiness at that moment I would have probably shrieked, “Who do you think has been up since 5:00 AM changing poopy diapers and soiled onesies, comforting her when she cries and warming her bottle? (pp73-74)

De-Rosier reframes family in terms of shared physical space (instead of genetics), and actions and roles (rather than the inert ‘being’ of biological inheritance). Examining how lesbians ‘do’ family can therefore contribute to further understandings of family practices.

Lesbian mothers often occupy awkward spaces. Heteronormative family spaces mean that lesbians continually have to mediate their way around these places and assumptions, and “such negotiations can be complex, even awkward” (Luzia 2013 p243). It is not only lesbian mothers that occupy spaces of awkwardness. The heteronormativity of family spaces means that others in these spaces also feel uncomfortable. Discussing experience within maternity spaces Dahl and Malterud (2015) note: “co-mothers understood that the encounter with lesbian families sometimes created awkward feelings for staff” (p170).

LOOKING FOR LESBIAN FAMILIES IN AOTEAROA

The first significant text in Aotearoa New Zealand concerned with queer parenting was written by Saphira (1984) with the aim of helping to inform the Aotearoa New Zealand

family court at a time when lesbian mothers were leaving heterosexual relationships. In custody disputes the Court generally gave custody to the father if it was mentioned that the mother was a lesbian. A lesbian was considered to be “a gruff voiced, pseudo man who molests children, has hormonal problems and hates men” (p5). This also happened in the UK in the 1980s and 90s, where around 90% of lesbians lost custody in the courts (Gabb 2018). With *Amazon Mothers*, Saphira (1984) examined lesbian parenting, relaying vignettes and seeking to normalise lesbians as mothers.

In Aotearoa New Zealand in the last 20 years there has been little else that has addressed lesbian parenting. There has been some research from a health perspective, addressing the implications of pregnant lesbians and their partners for midwife care (Bree 2003), and a country-wide quantitative study of lesbian, gay, bisexual and transgender people was undertaken in 2005 which included questions around parenting (Henrickson 2005). More recently, Kristal O'Neill, Helen Hamer and Robyn Dixon (2012) investigated the impact of parenthood on lesbian couples and Gunn and Surtees (2009) examined the challenges and successes of how lesbians and gay men created families. Surtees (2017) then went on to explore how these families, co-created by lesbians and gay men, experienced and explained their families, connectedness and relationships. Talking with a variety of men and women across the rainbow spectrum, Aikman (2019) explored queer experiences of motherhood “highlighting the ways queer people engage with family narratives that explicitly exclude them” (p2). Rather than justifying lesbians as parents, these later studies operated on the assumption of acceptability of queer parenting and focused on the experiences of seeking or undertaking queer parenthood, within heteronormative environment of postcolonial Aotearoa New Zealand. This move from validation to lived experience can be seen as a microcosm for research on lesbian families internationally. In comparison, a review of literature undertaken by Perales et. al (2019) found 99 outputs about LGB people within Australia.

Aikman (2019) notes: “kinship norms in Aotearoa New Zealand are inherently heteronormative, constructed out of the settler colonial ideal that a heterosexual couple with children in a nuclear family are the ultimate social unit” (p2). This assertion is supported by earlier research, which shows a common theme of research on lesbians on Aotearoa has been the experiences of heteronormativity. This included

the assumption that they were married to a man, only fathers being allowed into the theatre for caesarean sections (Bree 2003), imposing dominant gender models of heterosexuality by asking which was the husband and which was the wife (O'Neill et al. 2012) and continually being asked who the 'real' mother was (Gunn and Surtees 2009). Aikman (2019) also notes: "the strength of gender essentialism and heteronormativity present in kinship narratives in Aotearoa New Zealand" (p39).

One story within Gunn and Surtees' research (2009) indicates how the assumptions of heteronormativity can work: "[the social worker] said to me at one point, 'Do you not think it would be better to go over to the West Coast and sleep with someone, and at least then your child would have a father?'" (p19). Complicated weavings of sex, gender, and gender roles create heteronormativity assumptions that all women want to sleep with men, a desire to have a child can override sexuality, heterosexual sex is necessary for pregnancy, sperm imparts fatherhood, and men have no objections to being used as a conduit for sperm.

FINDING FAMILY IN QUEER AND FEMINIST GEOGRAPHIES

Special edition journals dedicated to family have been a long time coming (Tarrant and Hall 2020). Luzia (2010) and Anna Tarrant (2010) argue that human geography has approached family from a variety of perspectives, but Luzia (2010) also supports Gill Valentine's (2008) claim that family has been "largely neglected" (p2101). Feminist geographers believe this to be partly because intimate relations "are assumed to be 'private' and informal and thus not worthy of attention" (Valentine 2008 p2105). While sociologists debate whether family is something that 'is' or something that is 'done' (see for example Edwards and Gillies 2012a 2012b; Finch 2007; May 2012), Gorman-Murray (2008a) contends that geographers who do work in the space of family challenge binaries by doing work that regard families as both. Certainly, geographers are moving away from static understandings of family "to focus instead on ...[family] as process, as movement, as action and activity" (Luzia 2013 p246), that is, a move from what families are, to what families do. Referring to activities such as eating together, Valentine (2008) comments that these "practices are increasingly not just regarded as part of family life but also to actually constitute 'family'" (p2104). Luzia

(2010) argues that geography is key to examining families given families are spatial, that is “people ‘do family’ and they do it *somewhere*” (p360 italics in original).

Geographers highlight that spaces are not inert, but produce and maintain cultural norms, for instance the assumption of heterosexuality (Hubbard 2008). Butler’s (1990) notion of performativity unsettles assumptions around men and women (Bonner-Thompson et al. 2020) and can be extended to other dualisms. Drawing on Butler’s concept, David Bell and Gill Valentine (1995) contend: “only through the repetition of hegemonic heterosexual scripts...does space (become and) remain straight” (p17). Pregnant lesbians occupy material and discursive spaces that are structured for heterosexual women and their male partners, and these traditional heterosexual frameworks do not necessarily fit lesbians. Literature on family tends to conceptualise it in heteronormative ways (Luzia 2013) and therefore family spaces may not be regarded as spaces of lesbian and/or gay sexuality (Gabb 2005a).

Heterosexuality of space is normalised and invisible, so it is often only through disruption of this space (such as gay pride parades or two women holding hands) that the heterosexism of space is exposed (Browne and Nash 2010). Spaces are not inert but are produced and maintain cultural norms, with many geographers focusing particularly on the assumption of heterosexuality (Bell and Valentine 1995; Browne and Nash 2010; Butler 1990; Hubbard 2008).

Spaces of the marginalised tend to be named: ‘a gay parade’ ‘a lesbian festival’ ‘a queer bar’. Otherwise, undesignated public spaces tend to belong to the privileged which Michael Brown (2000) regards as an exercise of heteronormative power. Within undesignated, unnamed spaces bodies are presumed and expected to be heterosexual. In study on queer motherhood, Aikman (2019) notes that for a woman who came out at work: “her workmates primarily reacted with awkwardness, and while she was sure conversations still happened behind her back, they treated her with a distant politeness from then on” (p92). When assumptions are exposed this can prompt a bodily reaction. Paying attention to bodily reactions, such as awkwardness, when a place is queered is one way of identifying heteronormativity of different places.

This idea that space is heterosexual has been troubled, for instance Gorman-Murray (2008a) questions the assumption of heterosexuality of home spaces through examining the support of queer sexuality within those walls. The focus is also on “the importance of context to performativity” (Brown 2000 p28), that is, where the performances are enacted. Although there may be a focus on the heteronormativity of space, Valentine (2000) reminds us that spaces are produced in a variety of ways and “the identity of spaces, like the identities of individuals, are always cross-cut with multiple contradictions and tensions” (p5). A space is not just ‘heteronormative’ or ‘queer’, just as “masculinities are culturally constructed in relation to femininities and other social identities (class, race, sexualities)” (Gorman-Murray 2008b p368).

Queer and feminist geographers pay attention to the importance of language beyond that of communicating and understanding. Language is another space of contestation, where meaning is created and reproduced (Butler 1990; Luzia 2008) and exposes underlying social assumptions and beliefs. It is contextual – people use different language in different spaces. This understanding of language supports ideas of multiple truths and complexities of life. Language can be regarded as a space of struggle, as it has meanings that are specific to time and place. Within discussions of motherhood Underhill-Sem (2001 p451) states: a “politics of knowledge becomes clear with the privileging of particular discourses over others” and furthermore knowing is difficult without a discourse. This becomes pertinent for lesbian mothers who lack the words to describe their families, and therefore lack the ability to talk easily and share their lives. Surtees (2017) notes the limitations of language currently available, finding “the words to write about these new possibilities [of family] without adequate language to do so was a significant dilemma for me” (p94). This restraint is recognised by Butler’s (1990) proposal that language itself builds in constraint as it allows for what is imaginable.

The issue of terminology that best describes lesbians who mother their children is taken up by researchers including Rhonda Brown and Amaryll Perlesz (2008) who argue that the “lack of a widely accepted language to describe the lesbian co-mother’s roles and relationships with her children can render her invisible” (p268). The mother who is not pregnant is often referred to as the Other mother and is denied any socially sanctioned parental category (Gabb 2005b). It is hard to gain rights if there is no word

or language to describe you. The lack of a common label or name for the non-biological mother to provide an understanding of the family leads to distress, frustration and continued invisibility (Brown and Perlesz 2008; Gabb 2005b). The language that is available pulls lesbians into heteronormative ways of being mothers, parents and families.

Queer and feminist geographies work to destabilise binaries and understand identities as fluid and as social constructs. Rather than being inherent or essential, they are learned and played out repeatedly within power structures which support (or seek to change) behaviours through a variety of ways, such as through social norms, expectations within certain settings, and laws. In their excellent discussion of the meaning of 'lesbian' Kath Browne and Eduarda Ferreira (2016) demonstrate how definitions are dependent upon time and place. Connected to time and place being relevant to meaning, meaning can also be contradictory (Nash 2015). Gilly Hartal (2018) examines how a gay community centre can be a space of both inclusion (a LGBT place) and exclusion (a particular image of LGBT that is politically unthreatening). This focus on, and acknowledgement of, inconsistencies, power and place are themes of both feminist and queer geographies.

Geographers recognise that sexualities and other identities are complex and fluid. Intersectionality acknowledges that unique oppressions exist but is also dedicated to understanding how they change in combination. Geographer Peter Hopkins (2019) explains that intersectionality "is an approach to research that focuses upon mutually constitutive forms of oppression ... [it] is not only about multiple identities but is about relationality, social context, power relations, complexity, social justice and inequalities" (p937). Within her intersectional discussion of gender and sexuality, Johnston (2019) examines these structural imbalances, paying attention to place and post-colonial Aotearoa New Zealand, and the impact this has on the interweaving of sex, gender, ethnicity, and economics within subjectivities. The complexity of intersectionality is also discussed by Brown (2012), who examines the inequity of different subjectivities within intersectional approaches of geographies of sexualities, and also how outside of these geographies, sexualities are rarely considered within an intersectional framework. In their review of literature about LGB families within Australia, Perales et al. (2019) remark that the reviewed studies "remain largely silent about the role of

intersectionality” (p56). Jacqui Gabb (2004) champions for more research to look at the effect of ethnicity, socio-economics and geographical location, and the ways in which these factors interact with other subjectivities and affect the choices of women couples wanting to have children.

Lesbians are a ‘double subject’ (Johnston 2005; Probyn 2005) in that they are both a woman and a lesbian - through both gender and sexuality they are positioned as Other. Lesbian geographies provide “an important critique of the intersections of patriarchy, sexism, homophobia and heterosexism, as well as ensuring that lesbians and queer women’s spatialities are made visible” (Browne and Ferreira 2016 p1). Lesbians who are also mothers offer further ways to examine intersectionalities and their complexities, given that in their review of pathways to parenthood in Australia, Perales et al. (2019) found that this journey was “complicated by heteronormativity and homophobia” (p50).

Luzia (2013) points out the focus in lesbian family research is often on parental interpretations of space, not on how these spaces might be affected by factors such as sexual identity. This examination of the iterative symbiosis - not only of the space on tempting the body to behave in particular ways, but also how the presence of particular bodies (for instance the lesbian body) affects the space - brings in theories of embodied geographies. These pay attention to how the realities of bodies demonstrate the gendering and heteronormativity of spaces (Grosz 1992; Johnston 1996 2015; Longhurst 2001; Watson 2005).

Family spaces are regarded as being void of sexuality, but Luzia (2103) demonstrates that these places are not devoid of sexuality, they are places of hegemonic heteronormativity, and the sexuality within these spaces remain unnoticed. Similarly, lesbians who undertake ordinary heterosexual expressions of partnership are regarded as being exhibitionists in public spaces, because the space is not neutral but heteronormative. As Lynda Johnston and Gill Valentine (1995) comment: for “many lesbian couples, the expression of anything beyond ‘friendship’ is tantamount to ‘flaunting it’ and so they modify their behaviour to such an extent that their relationship is virtually invisible” (pp90-91).

Luzia (2008) discusses how there was public outrage and 'moral panic' around the book *Koalas on Parade* being in a preschool in Sydney, Australia. The book's blurb states: 'Brenna's two Mums have made her a fabulous koala costume for the school costume parade. Will it be good enough for her to win a prize?' Luzia (2008) highlights how this 'moral panic' draws attention to how certain families are excluded from 'family' space. The letters to the editor and demand for the removal of the book indicates, Luzia says, that not all types of family are included in 'family', specifically in spaces of parenting such as day care centres.

This moral panic also demonstrates the invisibility of heterosexuality as a sexuality (Luzia 2008). Heterosexuality remains unnoticed (by straight people) because of its ubiquitous presence in family space. Luzia (2008) recognises these family spaces as "the sites of the 'everyday' battles over family, sexuality and childhood" (p316), also noting the battles are not only about what and where family, sexuality and children "currently 'are', but also where they 'should be'" (p316). Doreen Massey (1996) coined the phrase 'space invaders' to indicate unexpected bodies in places and Nirmal Puwar (2004) draws on this concept. Puwar contends people "are worried about what will happen to the space if a large number of these 'different' bodies are allowed in. This fear can at times amount to a moral panic" (p72). Puwar also discusses the notion of 'double exposure', where bodies out of place are noticed because they are different, and then the body is amplified within the imagination of the worried, and one body becomes representative of the possible invasion by many bodies. These bodies that are out of place create moral panic, a lesbian body becomes an exponentially imagined body.

Luzia (2013) examines the discursive spaces of forms associated with parenting, those "representing (same-sex) family connections – the donor registry, the birth certificate, the joint-named gas bill" (p252). These forms are examples of what Elizabeth Peel (2001) calls 'mundane heterosexisms', the everyday tasks that provide literal and symbolic recognition and naming of legitimacy. These forms highlight how same sex parents "regularly need to muster resources – financial, time, energy – to counteract the inequalities and discrimination" (Luzia 2013 p252). Luzia (2013) found that lesbian families had to work harder, not to be a family, but to be recognised and protected as one, which is recognised in other areas such as health (Brown and

Perlesz 2008; Hayman and Wilkes 2017). Family spaces are not regarded as spaces of lesbian and/or gay sexuality (Gabb 2005a). Gabb contends lesbian mothers are displaying their “homosexual identities in the wrong *place* at the wrong *time*” (p424, italics in original). Spaces of conception and of legislation are heteronormative and make it difficult, and sometimes impossible, to fit as a lesbian family.

As Luzia (2013) recognises, because geographical analysis of family has mainly centred around heterosexual families, there is space:

first to broaden this relatively limited understanding of contemporary geographies of family and, second, to recognise how some families must actively negotiate their ‘fit’ into material and symbolic space, primarily shaped for and by heterosexual parented families. (p243)

Examining the experiences of lesbians in family spaces may provide further information about the ways in which family spaces may be presumed to be neutral but expose assumptions of heterosexuality.

Stuart Aitken (2004) examines the spaces of fathering, naming them ‘awkward’: “the awkwardness stems, in part, from unclear models on how men should be fathers as well as a lack of recognition of what constitutes the work of fathering” (p2). Aitken is promoting fathering as needing its own space, a space without comparison to mothering and not as a lesser version of mothering. With sex, gender, and gender performativity so tightly interwoven, ways of performing father are limited. Notions of mothering are linked so strongly with women, that the possibilities of men mothering seem unimaginable. These too are the awkward spaces for lesbian mothers – where protocols around and recognition of two mother families are lacking.

Early studies on lesbian families often used a dualistic framework where lesbians were either radical pioneers in family creation or assimilating themselves within heteronormative ideals. While acknowledging these contributions, more contemporary research regards this as a simplistic approach, which may unconsciously reaffirm heterosexual ways of being a family as the norm (Ahmed 2004), and instead takes an approach which recognises the complexity of family creation that can both replicate and radicalise heterosexual ways of making family (Almack 2005; Donovan 2000;

Mamo 2007; Nordqvist 2010 2012). Within a framework of heteronormative hegemony questions are asked such as: “how might these participants be queering family? How might they be upholding hegemonic heteronormativity?” (Allen and Mendez 2018 p78). An act can simultaneously both queer family and uphold hegemonic heteronormativity. Similarly, Rosalind Edwards and Val Gillies (2012a) recognise that family can be used for “challenging oppression and tradition, as [well as] to shore up stultifying and repressive norms” (p65). Similarly, Christopher Schroeder (2015) recognises with queer youth in home spaces, acts and experiences are not necessarily negative or positive: “queer youths’ experiences in the home are not a simple binary, nor are they linear. Instead, they can be, of course, neither or both” (p785).

Decisions around family creation are spaces where lesbian parents can replicate and/or resist hegemonic heteronormativity. Lesbian parents can place an emphasis on matching donor characteristics with their own, particularly with the skin colour, hair colour and eye colour of the mother who will not carry the baby. The lesbian couple is trying to mimic the heterosexual family by trying to create a child that is a physical combination of both of them (Nordqvist 2010). This supports the hegemonic notion of ‘sameness’ within a family. Many lesbians seem to consciously support these hegemonic discourses, explaining that if their children look like them, it can potentially protect their children from unwanted comments (Nordqvist 2012). By recognising heterosexual norms, lesbians choose to adopt them to make things easier, given being a lesbian parent or the children of lesbian parents presents enough challenges. Fitting within heterosexual norms also reduces discomfort:

As discussions went on, Sacha began to feel uncomfortable about Miriam using a donor who would not only be known but involved as a parent. I think Sacha thought it would be awkward to have the three parents . . . I think she felt like if he’s the father and I’m the mother, who would she be. (Donovan 2000 p158)

Although awkward spaces create opportunities – in this case for re-imagining family – having two parents means negotiating spaces is clearer regarding roles.

Examining how decisions and families can represent not just one side of a binary demonstrates the porous nature of definitions and understandings and represents

more accurately the complexity of family. Geographers are interested particularly in examining the spaces in which these boundaries seep and where the lines of family are drawn. Calling for research into everyday spaces, Melissa Wright (2010) highlights how people and space do not operate in a simplistic binary relationship but in a much more complicated way, commenting how researchers “interrogate the mundane experience of space, place and identity as people navigate the tricky terrain of daily living and illustrate how this living does not fall neatly into either/or categories” (p64).

AWKWARD GEOGRAPHIES OF ABJECTION AND SPACE INVASION

Awkward geographies provide a useful framework from which to examine heteronormativities within particular places. In this section I explore the notion of awkwardness – as a place of theoretical discomfort where opposing binaries are present, and also a bodily reaction to someone or something being out of place. I also discuss abjection, a type of awkwardness that is often felt in an extreme way by the body – a disgust or revulsion, again of someone or something that seems out of place. Lastly, I discuss space invaders, a concept which demonstrates how places are not neutral spaces but created for particular bodies and particular behaviours. When the norm is not performed within that place, the place and bodies can become awkward.

The concept of awkward spaces is touched on across the discipline of geography. Predominantly it is used to examine the tensions within knowledge production: friction between cultural and economic approaches to examining inequity (McDowell 2000); the responsibility of post-colonial knowledge production in Sri Lanka (Jazeel 2007); recognising the importance of pluralism, and therefore context, to geography (Howitt 2011); and investigating how topics and people are in and/or out of place (Norcup 2015). Awkward spaces are used within discussions of Australian and Canadian children meeting untamed animals (Taylor and Pacini-Ketchabaw 2017), men who father (Aitken 2004) and female same-sex parenting in Australia (Luzia 2013).

Although these topics vary, within these studies the production of awkward spaces remains constant – they are created when both sides of opposing binaries exist in the same spaces. Affrica Taylor and Veronica Pacini-Ketchabaw (2017) discuss children and animals, who embody binaries of wild and domestic. Furthermore, they discuss

how kangaroos in Canberra present an 'awkward dilemma' as they represent cultural status as national icons, and are also a road hazard and an ecological threat to native grasses. In his examination of fathers, Aitken (2004) proposes that fathers exist in awkward spaces, as they trouble the boundaries between men and women, public and private, and the understandings of mothering as physically and emotionally close and fathering as distant. McDowell (2000) discusses culture and economics, while more recently Tariq Jazeel (2007), Richard Howitt (2011) and Joanne Norcup (2015) all examine a multitude of binaries, including rural and urban, colonised and coloniser, the researcher and the researched, within their discussions on the messiness of knowledge production within geography.

Binaries are not simplistic nor isolated, as indicated by Aitken (2004). Aitken examines the disparity for fathers who, surrounded by a masculinity that situates fathering as absent, want to father from close-in:

As a consequence, and as part of a seeming private sphere, fathers confront an identity predicament that is often hidden, and is always awkward. The awkwardness stems, in part, from unclear models on how men should be fathers as well as a lack of recognition of what constitutes the work of fathering. (p207)

Aitken's notion of 'awkward fathering' and contention there are 'unclear models', and no examples of how to perform this version of fathering, also demonstrates the gendered and sexed interweaving of mothering with women and fathering with men.

When culturally constructed opposites encounter each other within specific spaces and places, these entrenched binaries can be challenged, the boundary between them disturbed, and things become neither one nor the other, or paradoxically both things at once. One aspect of an awkward space is that it is hard to define (Norcup 2015), not being one or the other. Fathers are not men in public roles absent from children, nor women in private roles with children, but are a complex mix of things, or alternatively none of these things. Animals are both familiar and abject, or possibly neither familiar nor abject.

When binaries co-exist within awkward spaces, the potential for more complex understandings and readings within the space is created. Taylor and Pacini-Ketchabaw (2017) discuss the 'double role' of the window at a playcentre (a parent-led pre-school organisation), where it acts both as a safety barrier that separates children and animals and simultaneously allows for the observation of raccoons by children and children by raccoons. Within this awkward space the boundary between one binary and the other is disturbed, allowing for a more nuanced understanding of how binaries are both separate and connected and interwoven with one another.

What these studies of awkward geographies also share is the understanding that these spaces of awkwardness are similarly spaces of opportunity. Taylor and Pacini-Ketchabaw (2017) discuss how through sharing awkward space, children establish affinity with the animals. "Thinking through awkwardness has given us a new way of pursuing deeper understandings, reparative possibilities, and alternative futures" (p142), and "how awkward encounters work against indifference. They compel to seek new ways of responding, thinking and acting" (p241). Jazeel (2007) recognises that there is the possibility "to turn that awkward encounter into a productive engagement" (p288). Spaces of awkwardness, where the binary other is met, need not always remain spaces of awkwardness. There is the potential to engage, learn, and connect.

Geographers also recognise that awkward spaces expose the power relations within those spaces (Norcup 2015), disturbing boundaries and providing new ways of understanding and knowing, and such "margins often challenge claims to certainty, privilege, and superiority" (Howitt 2011 p132). These awkward moments exist in a space that is embedded within power structures and contain injustices and privileges that are culturally and historically specific to that particular time and place. Norcup (2015) proposes that examining awkward spaces "is arguably vital in order to open up space for reflection, discussion and debate" (p36). In his discussion of how colonialism shapes societies, Jazeel (2007) goes further to argue that there is opportunity to examine how awkward spaces are dispersed with power, and "there is a responsibility to productively engage the political potential of such awkward moments" (p289).

Abjection is a helpful concept to draw upon when considering space as it directly situates the body in place through emotion, and therefore fits easily within awkward

geographies. Abjection “is the affect or feeling of anxiety, loathing and disgust that the subject has in encountering certain matter” (Longhurst 2001 p29), and therefore abjection both works and is worked upon the body. Emotions shape places and places shape emotions (Davidson and Milligan 2004). As Gorman-Murray (2013) reminds us, emotions are “the connective tissue between bodies and spaces” (p139).

Like these critical geographies and others (see Longhurst 2008) I use abjection as understood through the lens of feminist psychoanalysis and Object Relations Theory (see Doane and Hodges 1992; Bondi 2003). With their focus on interrelationships, abjection is the fear of the disintegration of the border between self and others. Pride parades can be spaces of abjection (Johnston 2002), as spectators can be both fascinated and revolted by the display of queer bodies. People can therefore also be abject due to their marginal state outside the order of society (Douglas 1984). The feelings of abjection, of threat and fear, contribute to feelings of homophobia (as well as racism, sexism, transphobia and so on) (Young 1990).

Disgust of matter that disintegrates boundaries between binaries is another aspect of abjection. Bodily fluids such as snot and vomit (Kristeva 1982) are regarded as abject, a state that is neither solid nor liquid, but a visceral mix of both. They are also considered to be ‘leaking’ and out of place, outside when they should be inside, or sometimes both inside and outside the body. These abject states disintegrate boundaries, challenging the presumed demarcation between binaries such as solid and liquid, public and private, representing a threat to what was known or presumed.

Mary Douglas’ (1984) work examines dirt as ‘matter out of place’, challenging the idea that dirt is innately dirty, but instead its definition depends on where it is. Geographers are influenced by this theorising of something deemed to be ‘out of place’, and make links with abjection, where boundaries are disturbed. Longhurst (2004) examines ‘manbreasts’ as something that evokes abjection, a feminine expectation on a male body, which disrupts understandings of sex, gender, body and roles. Longhurst (2008) also uses abjection within her book *Maternities: Gender, bodies and space* to support discussions around what are considered appropriate performances of mothering and where these should be performed. Discussing home geographies of toilets and sex

noises, Paul Beere (2014) states “abjection is visceral, and in most cases affects a multi-sensory response” (p313).

Abject matter creates bodily responses of disgust and fascination, so abject is both defined, and embodied, by ideas that are contrary and conflicting. The fascination part of abject involves the taboo – that which is off limits or out of bounds, an interest in something which is usually kept at a distance. Sperm is awkward on many levels, but also goes beyond awkward to abject, from provoking feelings of discomfort to outright disgust. Sperm is often and widely considered to be abject on many interwoven levels. Its form is liminal, being neither solid nor liquid, yet both solid and liquid. Its production is associated with masturbation or sex, both of which can be regarded as taboo and off limits for general discussion. It is produced within the body and yet expelled outside of the body, thereby crossing a bodily border. If it is expelled during sex it may end up in a vagina, mouth or anus, crossing from one body into another. Sperm is expelled from the body using words such as ejaculated or shot. These words which imply force and energy connect it with the masculine body, as opposed to menstrual blood or cervical mucus, which oozes or seeps, passive words which connect with the feminine.

Jennifer Burr (2009) examines heterosexual couples’ reaction to successfully using donor sperm to create their families, and her application could similarly be applied to lesbians and donor sperm. Drawing upon Douglas (1984), Burr regards donated sperm as an extended form of marginalisation, as it comes from another body. If straight couples trying to get pregnant consider sperm to be not just marginal, but “more so” (p713), how might lesbians feel? For straight couples, sperm is considered transgressive because it came from another body, but for lesbians this feeling of abjection may be magnified, as sperm is both from another body and from a man’s body. There may be a squeamishness because sperm is unfamiliar, and also because pregnancy is closely woven with, and therefore a reminder of, sperm and heterosexual sex or male masturbation. In this way sperm has the potential to transgress many of the boundaries surrounding sexuality.

The concept of ‘space invaders’ complements the notion of abject in examining awkward spaces. With abjection, there is a strong emotional reaction to the Other. In contrast, geographers have utilised the notion of space invaders from the point of view

of the marginalised, or Other. The connotation of being an alien in a foreign land allows for the examination of how particular bodies are expected in specific space, and therefore bodies feel in and/or out of place.

The phrase 'space invader' – as a geographical concept – originally comes from Massey (1996), when she talked about huge fields in Manchester, England where boys played rugby and football: "I did not go to those playing fields – they seem barred, another world (though today, with more nerve and some consciousness of being a space-invader, I do stand on football terraces- and love it)" (p185). This phrase cleverly works on both a geographical scale of being in place and out of place, and also a visual scale, evoking the imagery of aliens, of bodily difference. This notion of 'alien' and the other in turn brings in the notion of the abject. In Massey's story it also links across time, her childhood and her adulthood, a space which requires bravery, where she still remains (and is made to feel) conscious of her bodily differences, and where she still remains on the sideline.

Puwar (2004) adopts the phrase 'space invaders' to examine spaces where particular bodies are not expected, focusing on women, Black, and Asian bodies in the space of the British parliament. Puwar (2004) observes:

there is still a level of surprise attached to their presence, as they are still not the norm. People may be 'thrown' or there might do a 'double take'. This disorientation occurs because authority is sedimented and naturalised in white, usually male, bodies. (pp71-72)

These bodily reactions occur because bodies are out of place, due to what is expected and imagined within a particular space. Women's bodies, Black bodies, and Asian bodies are visible and noticeable because of their difference to the normalised White, male body (Puwar 2004). 'Space invaders' have bodies that can't, don't or won't fit the expected and accepted representation within that particular place. If the body seems male, and seems White, then the spaces of childhood football fields and British parliament may be comfortable, regardless of gender and ethnicity. Space invaders help expose the expectation of spaces, where those with power passed unnoticed, but othered bodies create surprise or awkwardness. Within the concept of space invaders, attention is often drawn to the normative space.

Epstein (2018) also uses the concept of space invaders, to examine how lesbian, gay, bisexual, queer and transgender (LGBTQ) bodies are unrecognised and 'unintelligible' in fertility clinics. These spaces expect men to have male bodies and to father, and women to have female bodies and to mother - imagined bodies align unproblematically to widely accepted gender roles. She extends this idea of alien to also examine how existing language does not map onto LGBTQ bodies, creating foreign bodies and a foreign language. Sexualities other than heterosexuality are out of place, creating "awkward encounters" (Dahl and Malterud 2015 p169). Nida Ahmad and Holly Thorpe (2020) position Muslim women as 'digital space invaders', examining how they utilise social media platforms to challenge Western stereotypes. Through photographs and hashtags (for example #forgottobeoppressed) Muslim women present their multi-faceted complexity that challenges simplistic binaries associated with the imagined Muslim woman as "voiceless victims of their 'backward' cultures" (Ahmad and Thorpe 2020 p669).

While the presence of 'space-invaders' highlights the underlying power structures, Puwar (2004) argues it is unrealistic to expect minorities to affect change. She argues:

more than the existence of these bodies in predominantly white and male spaces is required if we are to reverse the institutionally embedded white masculine advantage. It entails an overhaul of the political imagination, especially the unspoken representation of the white male body as the 'universal' body. (p77)

The imagined body is a powerful force, creating bodily reactions such as surprise, shock or disgust, when the reality differs. Puwar contends change requires not only the presence of different bodies in physical spaces, but also in the mind.

Gail Adams-Hutcheson and Paula Smith (2020) observe "public spaces can be problematic for some bodies (frequently marginalized through different forms of oppression) and not others" (p84). Making connections between abjection and shame, they draw attention to how both evoke bodily responses, and how these emotions can indicate spaces which expose dominant discourses of acceptability and otherness. Which bodies feel comfortably in place and which bodies feel awkwardly out of place can indicate the dominant discourses in different places. Sara Ahmed (2010) notes

that within public spaces, specific bodies need to fit in, to maintain the comfort of the space. Fat bodies (Longhurst 2005) and breastfeeding bodies (Boyer 2012) are out of place, just as lesbian bodies which do not fit dominant ideals of feminine and Woman, are out of place, creating awkwardness and discomfort.

Spaces can be problematic for marginalised bodies, however, the feelings of discomfort and awkwardness are not confined to the body out of place. The body out of place - by being lesbian, by breastfeeding, by being male and female - can create awkwardness in others.

Awkward geographies extend these ideas. I use the concept of 'awkward' geographies throughout, drawing on and including similar feelings such as weird, strange, sensitive, embarrassing, difficult, unease and uncomfortable. I also examine how laughter and awkwardness interact in a variety of ways. Hegemonic heteronormativity and homonormativity provide ways to understand expectations of spaces and bodies. The concept of space invaders connects bodies and spaces, focusing on the normative expectations that the space invader exposes through being unexpected. Queering looks at how normative bodies and spaces can be disturbed, focusing on the bodies and spaces which disrupt them. Awkwardness emphasises the connections of bodies and spaces, it is an embodied reaction to feeling out of place. Awkwardness is both revealed and concealed through laughter in a variety of ways. Laughter can be used to mask discomfort, when discussing something taboo, or recounting awkward moments. Awkwardness can be provoked through assumptions and realities existing in the same space, and also create spaces of reflection, and opportunities for new understandings.

CONCLUSION

This research makes a unique contribution to the burgeoning international literature, and emerging Aotearoa New Zealand literature, about queer families through providing original research about the spaces and places of lesbian families in Aotearoa New Zealand. Nationally and internationally, this research contributes to feminist and queer geographies and initiates a new field of awkward geographies. While there is increasing work on maternal bodies, the lesbian maternal body (and the lesbian un-

maternal body) remains largely unexamined. For the most part, geographers have yet to examine sites of reproduction and ways in which power and norms may themselves be reproduced and performed in these spaces, particularly with regard to lesbians and sites of conception. Similarly, spaces of conception are an emerging geographical focus and disciplines have, until recently, focused on donor eggs, donor sperm and surrogacy within heterosexual relationships. Literature on family tends to conceptualise family in heteronormative ways (Luzia 2013) and therefore family spaces may not be regarded as spaces of lesbian or gay sexuality (Gabb 2005a). Lesbians, therefore, tend to be excluded from the heteronormative spaces of conception, pregnancy and family.

The lack of research into lesbian families, maternal bodies, and conception spaces, is representative of the historical masculinist and heteronormative approach to research, which prioritised and privileged the public, the national, and the masculine. This has slowed the investigation into the intersections of gender, sexuality and family within domestic, maternity, family and private realms. This research adds to considerations of motherhood across different geographies, building on (and differentiating from) those in the United Kingdom (Gabb 2004 2005a 2005b 2018) and Australia (Luzia 2008 2010 2013) (see Boyer 2020 for a summary of feminist geography on motherhood), and examining motherhood outside these countries. This research will argue for the creation of inclusive places and spaces (such as fertility clinics) for all who use them. This proposed research, then, is significant across a number of scales - from the body, to everyday family spaces and clinic spaces, and to national spaces of legislation and policy.

CHAPTER 3:

GATHERING STORIES AND ORGANISING MEANING

I used a qualitative multi-method approach to collect the empirical evidence presented in this thesis. Qualitative methods are commonly used in feminist and queer geographical research (Braun and Clarke 2013) as they encourage validation of the participants and their thoughts and experiences, through participant driven conversations and positioning them as experts. Within the research process I also collected quantitative data, which is published elsewhere. The use of quantitative data sits more uneasily within queer methodologies (Browne 2010) but simultaneously works within a queer methodology to further destabilise ideas around appropriate methods. Collecting quantitative data allows for a larger number of people to participate in this research, which is particularly important within Aotearoa New Zealand where information on sexuality is not collected on a population level by the New Zealand Census.

I collected data through face-to-face in-person interviews and online surveys. I undertook face-to-face in-person interviews with 38 women (11 couple interviews and 16 individual interviews), and 240 women responded to the online surveys. Participants were recruited through a queer Facebook page, which prompted more participation through queer networking. This produced a normative representation of lesbian mothers – White (mainly Pākehā⁵), educated, urban, coupled.

In this chapter, I first discuss queer, feminist and awkward methodologies (Browne 2008) and the ways in which they acknowledge and pay attention to power, and also provide a strengths-based approach that influence the methods that I chose to collect and analyse the information. Second, I explain the two qualitative methods that I used: face-to-face interviews and online surveys. Although I present little quantitative data within this thesis, I briefly discuss the how the collection of quantitative data sat awkwardly beside the collection of qualitative research. I note two aspects of data

⁵Within Aotearoa New Zealand the generic understanding of 'Pākehā' is an ethnicity that links to settlers of White European heritage. It is an identity of privilege, as the dominant laws, language and customs derive from White European settlers.

collection when spaces made a difference: how abject topics such as sperm were discussed depending on whether it was face-to-face in-person or online; and how individual interviews and couple interviews were often in specific (and different) spaces. I then discuss how I recruited participants, highlighting the awkward spaces where language worked to exclude, and provide an overview of who these women are. In the fourth and fifth sections I outline the interview process and the process of the online surveys. I cover the data analysis through discourse analysis and thematic analysis and lastly, outline my positionality in the research. Throughout I point to the numerous occasions of awkwardness along my research journey, examining how opposites in the same space can disturb expectations.

QUEER, FEMINIST AND AWKWARD METHODOLOGIES

The topic of this research fits comfortably within feminist and queer geographical methodologies. These methodologies support subject matter, data collection and analysis which explore heteronormativity, provide spaces for marginalised voices, and allow for the fluidity of subjectivities and contradictions across different times and places. Queer methodologies are influenced by queer and feminist scholars and seek to deconstruct hegemonic understandings and promote plurality in understanding and explanation (Browne and Nash 2010).

Feminist geography methodologies are important to my research processes as they pay attention to power relations. These methodologies allow a focus on the deliberate action of situating oneself in the research, rather than presuming an 'objective' distance. When conducting research feminist geography and queer methodologies recognise the imbalance of power between the researcher and the researched and seek to reduce the difference (for example di Feliciano et al. 2017; England 2010) whereas masculinist positivist methodologies tend to ignore power discrepancies. Speaking from a queer perspective, Joanna Mizelińska, Jacqui Gabb and Agata Stasińska (2018) assert:

key components ... are the development of embodied, situated and 'insider knowledge'; the questions that we ask are knowing and this can generate telling research. Intersectionality, sensitivity to exclusions and privileges, open-mindedness, and an acceptance of

the messiness of findings are often crucial, alongside researcher reflexivity. (p978)

Another consideration of power is reflexivity, which acknowledges that knowledge is influenced by who and where the knowledge is produced.

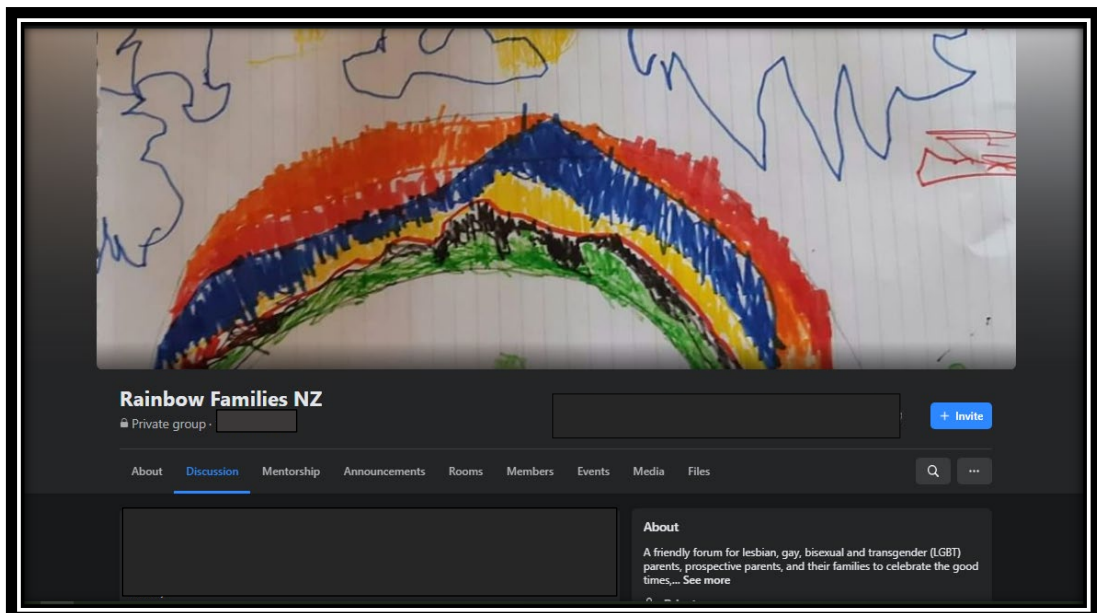
This attention to power creates a situational understanding of the results, which become identifiable as knowledge. Lesbian research (and mine is no exception) mostly focuses on White, middle-class, educated, urban women (see Lucia 2013; Nordqvist 2012; Surtees 2017). Acknowledging the intersectionality and methodological ways power work provides a foundation to identify that this is not necessarily the demographics of all lesbians, but instead the representation of these particular identities (White, educated, urban) within lesbian research highlights the privileges of these identities that enable women in these positions to be visibility queer, and have the time, energy, knowledge and pride to participate in research where their sexuality is the main focus. Geographies of coming out (Brown 2012; Valentine et al. 2003) have identified that working class, rural, queer people of colour, that is, those with marginalised identities, tend to remain closeted in more spaces. Those who are marginalised also tend to have less confidence in power structures that exclude them (for example academia) and therefore are less likely to trust or engage with such research. This demonstrates how power reproduces itself through gaining information through those whose identities are supported, and then that information becoming knowledge.

There was much in the undertaking of this research that was awkward and throughout this section I draw on these uncomfortable moments. This includes the language used for recruitment; erroneous assumptions I made, after the survey had started, which meant I had to create another survey; the methods used for data collection due to my awkwardness with synchronous audio-video programmes and old technology; how to position myself in the analysis; and being confronted with people who felt excluded from my research. Throughout my research I was encountered these moments where I was caught between several ideas and had to address my assumptions or the tensions between ideas.

RECRUITMENT AND PARTICIPANT PROFILES

I applied for, and received, ethical approval to conduct the research (see Appendix 1 for the letter from the University of Waikato Ethics Committee). I used Facebook as the first space for recruiting participants. Anna De Jong (2015) examines online spaces as potential sites for storytelling in research for geographers and argues Facebook can offer different ways of knowing and understanding. Utilising Facebook incorporates the pros and cons of the internet. It accesses a wide audience, but the audience is limited in social class and geographical location (Surtees 2017). Given this was exploratory research, where I was not seeking a particular diversity amongst my respondents, Facebook provided an easy way of targeting potential respondents. Social media is increasingly being utilised for research (see Ahmad and Thorpe 2020).

Rainbow Families NZ is a closed Facebook group, created in 2012, with the description “A friendly forum for lesbian, gay, bisexual and transgender (LGBT) parents, prospective parents, and their families to celebrate the good times, offer support in the not so good times and getting advice on everyday issues facing our special families” (see Figure 3.1). I am a member of this group and it was here that I first posted a request for participation in the research.



**Figure 3.1. Rainbow Families NZ Facebook page
(source: screenshot by author)**

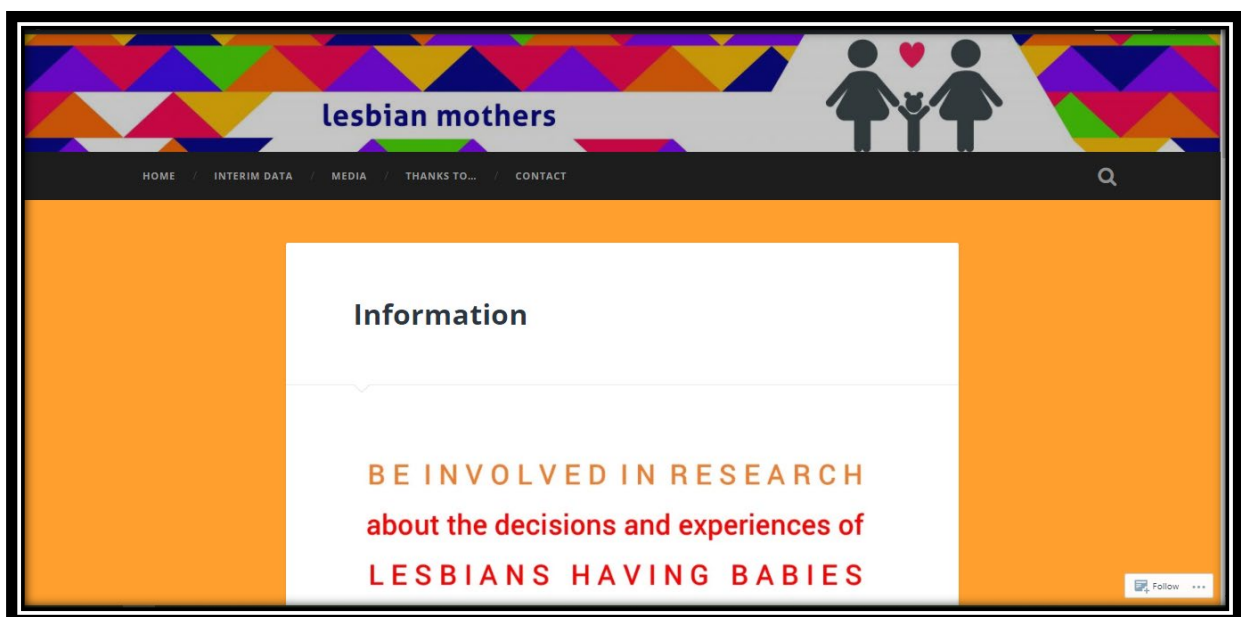
When recruiting, one consideration was the type of family I was going to appeal to. There are many different types of lesbian families. Gabb (2004) criticises the narrowing of the lesbian family by researchers who focus on only one type of lesbian family, those families created through donors – which was the type of lesbian families that I engaged with. However, this subset of lesbian families was pertinent to my research. I acknowledge both that the type of lesbian family I sought for the purposes of my research is one of many types of possible lesbian families, and also that within this ‘type’ of lesbian family are still more variations and constellations. Furthermore, there are a variety of ways in which families can be demarcated, and the ‘definition’ of a lesbian family type that I worked from is, again, just one of many ways to organise family.

I struggled with what language to use in the recruitment. Identity labels such as ‘lesbian’ are critiqued within academic and queer circles. Browne (2007b) troubles the use of ‘lesbian’ research, noting how this could include lesbians writing about lesbians, a researcher who was lesbian, or someone studying lesbians, and this is additionally complicated, as meanings of labels change over time and place. Surtees (2017) recognises this dilemma of labels within her research with lesbian and gay parents in Aotearoa New Zealand: “I was mindful that sampling on the basis of lesbian or gay identity is problematic, because of the queer theory critique of identity categories as stable and coherent” (p74). The labels of ‘queer mothers’ and ‘rainbow families’ can also at times feel awkward, as they can incorporate not only those with Othered sexualities, but also those with Othered genders. ‘Queer’ and ‘rainbow’ tend to come under the LGBTIQ acronym, which includes issues around sexuality, but also those relevant to intersex, transgender and gender non-conforming people. As Perales et al. (2019) comment “sexual orientation is distinct from gender identity and gender characteristics” (p46) and therefore wider labelling is not always appropriate.

After much consideration, I decided to use the label ‘lesbian’ mothers. I had considered ‘queer mothers’, ‘queer families’, and ‘rainbow families’ which are terms that are more encompassing in both fluidity and range of identity. However, one concern was that I would then have to ask further questions to ascertain which families ‘fitted’ within the type of family I sought, potentially alienating people at this stage, implying their families were not authentic. This process and decision-making was difficult, and though I made

a decision, I remained apprehensive. Academically, I considered the terminology to be appropriate, and target the correct audience. There was also an aspect of convenience and ease to have a two-word phrase 'lesbian mothers' as a target audience when developing the website or recruiting. More specific and inclusive phrases were long and cumbersome – the antithesis of social media. Personally it was an uncomfortable fit, but the best balance I could produce.

The Facebook post directed people towards a webpage where they could express interest in the interview, the surveys, or both (see Figure 3.2).



**Figure 3.2. Lesbian Mothers website
(source: screenshot by author)**

Within six weeks I had 38 participants scheduled for interviews. Participants came forward not only from the Rainbow Families NZ contact, but also as a result of people telling friends. Naomi Simmonds (2014), undertaking Māori mana wahine research, had this to say about recruiting through relationships: “Women were recruited using existing networks, often referred to in hegemonic techniques as snowballing. From a mana wahine perspective it is about drawing on whakapapa connectedness (of both family and friends)” (p70). Similarly, connectedness based in queer sexuality was utilised. Marginalised identities can provide networks, through both the marginalised identity (for example queer sexuality) and subsequent identities (such as queer

sexuality and mother). With the commonality of a queer sexuality, information on research can get passed across a variety of intersectionalities.

Throughout the recruitment period the importance of language was highlighted. One woman who identified as bisexual emailed one of my supervisors contesting the language, claiming that the research was exclusionary, and explaining her feelings of marginalisation within a group that is already marginalised. Another woman, who also identified as bisexual, contacted me via Facebook and mentioned her sadness, as once again she was 'too queer for the straight crowd, and too straight for the queer crowd'. Even though these were people I sought to include, the terminology I used excluded them (Gabb 2004). I felt uncomfortable hearing their emotional and principled responses to my research and decision-making. On the Facebook page I changed the language to be more inclusive and, rather than lesbians, I invited women who had created a family with other women to participate.

Using the term 'lesbian' also directly impacted on who volunteered. It is difficult to know why people do not participate (Gabb 2004) but in the case of my research a few people did make contact, making it clear why they were not participating, and this was due to feeling alienated by my use of the term 'lesbian'. More specifically, two people got in touch to say they did not identify as 'lesbian', and so felt excluded from the research. They had created their families, however, in a way that mirrored the type of family I was interested in. No doubt there would have been others who felt similarly excluded and therefore did not participate.

The ways in which participants identified their sexuality also indicates the potential impact of using the term 'lesbian' in recruiting. For those who were interviewed, the demographic form (see Appendix 2) had a blank box for sexuality. Of the 38 respondents, 20 of them (53%) identified as 'lesbian' and nearly a quarter identified as 'gay' (nine people). Six wrote in 'queer', two 'mostly lesbian' and the other person identified as 'queer/lesbian'. For the online surveys there were tick-boxes and an 'other' option. Combining the information from the three online surveys: 78% ticked 'lesbian' and 14% ticked bisexual. Another 2% indicated 'wahine takatāpui'⁶ or

⁶ 'Wahine takatāpui' is a Māori phrase that is similar to the concept of 'lesbian' (Aspin 2019).

'heterosexual or straight' in the tick boxes. Seven percent of responses were written under 'other', and these included: queer; gay; pansexual; woman; queer woman; and homosexual panromantic. While some of the survey participants did identify as 'bisexual' it must be presumed, based on the feedback, that this is an underrepresented group in my research. The research was aimed at 'lesbians', and this is how the majority of people identified, which potentially illustrates how the language used in recruitment impacts who participates.

This importance of language was again emphasised in an interview. At the end of our interview, I asked Noni (queer, Pākehā) if there was anything she wanted to add. Noni replied: "I guess one thing is the terminology". Explaining this, she said:

I'm sort of aware that we, Monica and I, don't see ourselves as lesbian parents which is pretty much why it's just me being interviewed. (laughter) She's more, 'oh no, I, that doesn't include me'. She's, I guess more, oh I won't try and interpret, but she sees herself as bi and queer and doesn't really identify and didn't want to go 'oh yeah'. Whereas I'm like, I think I want to be part of this.

There would be many factors that influence involvement in research, and they intersect in complex ways. Monica did not become involved because she felt excluded, as she is not a lesbian, demonstrating that some people need to be able to see themselves in the research. This inclusiveness may be particularly pertinent for minority groups. For others, such as Noni, the interest or belief in the topic is one of their priority considerations when deciding whether to be involved, even if she doesn't personally identify with the label 'lesbian'.

The difficulties of targeting research at 'lesbian' women is therefore problematic on many levels. 'Lesbian' is generally a label about sexual identification, and there are other aspects of sexuality (such as sexual attraction and sexual behaviour) that may also have been relevant for sampling. Whether people identify as 'lesbian' can change both over time (as they move between different sexual identities) and place (people might identify as lesbian for the purposes of the survey but not in other places). Membership of the group 'lesbian' can also vary depending on such aspects as when people come out, social politics, and personal politics. Lastly, definitions and

understandings of 'lesbian' are fluid between time, place and people (Browne and Ferreira 2016; Nash 2015; Olasik 2015). In retrospect I would have used a broader label, such as queer families, or rainbow families, in the heading, and then allowed potential participants to read further and decide whether the research applied to them. Reflectively, research that seeks to be inclusive should be broadened by the researcher and narrowed by the participants.

These experiences necessitated consideration around the terminology I was going to use in my work. There is a diverse range of terms used in research around lesbian parenting (see Brown and Perlsez 2007). Kira Abelsohn, Rachel Epstein and Lori Ross (2013) used the preference of the participants in order to decide on terminology (choosing 'expecting LBQ nonbirth parent'). When terminology is contested or not consistent, or there are many ways, Diane Beeson, Marcy Darnovsky and Abby Lippman (2015) suggest one tactic is to use more than one term. I thought to adhere to this idea, and I choose to use the terms the participants of this study wrote down and identified with. Unlike Abelsohn et al. (2013), I thought not to use one consistent term, but to use all the terms intermittently and non-consistently. This would help trouble categories and identities as stable and unchanging across time and place. It would also to respect those who took place in the research and the language they use to describe themselves. However, when I went to implement this idea, it was awkward and unwieldy. Using different terminology made it difficult to follow the idea, as the change in terms was distracting. I worried that readers would seek to understand the nuances between the different terms, and to add meaning to reconcile all these descriptors. In the context of this research, these labels of sexuality are paradoxically both extremely meaningful in their differences and blandly generalised under an umbrella label. I decided that my thesis was not the space to adopt a new approach to contested terminology.

I also use the phrase 'lesbian' family as a descriptor throughout this thesis. Once again, this is an awkward solution. It is both consistent with language used in recruitment and not representative of the variety of women I talked to. I thought to use 'two mother', as used on my Facebook page, and which allows for a wide variety of sexual identities. However, this maybe more understandable within queer spaces, and

less clear in academic situations where ‘two mother’ families can invoke ideas of sisters parenting together, or birth mothers and step mothers across households.

Brown and Perlesz (2008) remind us:

We still need to understand what role language plays in constructing these narratives of self and relationship. When we use phrases like, “I am a co-mother,” “I am a step-mother,” or “I am a co-parent,” this language constructs our sense of self, our identity, and our actions in these roles—just as language emerges from and is constituted by ourselves in context. However, the language available to us within heteronormative, dominant discourses simply does not match lesbian-parented family experience. (p271)

Ultimately what is contained within this thesis is incomplete, fragmented, a partial glimpse or understanding. It is a map exploring the decision-making and experiences of lesbians having children, but the lines are blurred and inexact, the tools not precise enough to trace the exact journeys.

Participant demographics are recorded in the tables below. Table 3.1 provides information about the women I interviewed. I did not use quotes from all of the women who submitted surveys, but the details for the women I did cite are listed in Table 3.2.

Table 3.1. Interviews - participant demographics

Pseudonym/s ⁷	Sexuality (self-defined)	Ethnicity (self-defined)	Paid work ⁸	Age group	Number of children ⁹	Where they live ¹⁰	Partner's name ¹¹
Anna	Lesbian	Pākehā	Manager	Late 40s	One	City or town	Lillian
Belinda	Lesbian	Pākehā	Professional	Late 50s	One	City or town	n/a
Catherine	Gay	Pākehā	Manager	Early 30s	Two	City or town	-
Margaret	Gay	Māori	Manager	Early 30s			
Danielle	Lesbian	New Zealand/ European	Professional	Early 40s	One	Main city	-
Nicola	Queer	Pākehā	Professional	Late 40s			
Donna	Gay	New Zealand European	Professional	Early 40s	Two	City or town	-
Janice	Gay	New Zealand European	Technician and trade	Early 30s			
Elizabeth	Lesbian	Pākehā	[unstated]	Early 30s	One	Main city	Lucy
Emma	Mostly lesbian	European	Professional	Early 40s	One	Main city	-
Lily	Lesbian	New Zealander	Manager	Early 40s			
Fiona	Lesbian	Caucasian	Manager	Late 30s	Two	City or town	Maeve
Hayley	Lesbian	Pākehā	Manager	Early 40s	One	Main city	Kelsey

⁷Two names indicate a couple interview; one name indicates an interview with one person.

⁸Paid jobs have been categorised into three types of employment: professional (an occupation that requires specific training such as a doctor); manager (more general jobs such as government workers); and technician and trade (such as a electrician). 'Unstated' means the participant did not list a paid job.

⁹Number of children is divided into three categories: one; two; three or more. This is because families commonly have one or two children, and naming the number of children when there is three or more can enable easier identification of lesbian families.

¹⁰'Main city' means living in Auckland, Wellington or Christchurch (populations over 200 000); 'City or town' means living in a city outside of the three main centres, or in a town (populations between 2 000 and 200 000).

¹¹Partner's name (also a pseudonym). If it was an individual interview and the participant had a partner, their partner's name is listed here. If there was no partner this is indicated by 'n/a'. If it was a couple interview this is indicated by '-' as both names are already listed in the first column.

Pseudonym/s ⁷	Sexuality (self-defined)	Ethnicity (self-defined)	Paid work ⁸	Age group	Number of children ⁹	Where they live ¹⁰	Partner's name ¹¹
Heather	Queer	NZ European	Professional	Late 30s	Three or more	Main city	-
Melissa	Queer	Pākehā	Professional	Early 50s			
Helen	Lesbian	Pākehā	Professional	Early 40s	One	Main city	-
Ruth	Gay	White European	Professional	Early 30s			
Isabella	Gay	Pākehā	Manager	Early 40s	One	Main city	-
Olivia	Lesbian	NZ European	Manager	Early 30s			
Joanne	Gay	European	[unstated]	Late 30s	One	City or town	n/a
Julie	Gay	White New Zealand European	Manager	Late 40s	One	Main city	-
Wendy	Lesbian	Pākehā	Manager	Early 40s			
Kelly	Lesbian	Pākehā	Professional	Late 30s	One	Main city	Shannon
Kerry	Lesbian	New Zealand European	Professional	Early 30s	One	Main city	-
Stacey	Lesbian	Australian	Professional	Early 30s			
Kitty	Lesbian	[European ethnicity]/ Pākehā New Zealander	Manager	Late 30s	One	Main city	Polly
Louise	Lesbian	New Zealand Pākehā	Manager	Late 30s	Two	City or town	-
Sandra	Gay	White	Manager	Early 40s			
Michelle	Lesbian	NZ European	Professional	Early 40s	Two	Main city	Kimberly
Noni	Queer	Pākehā	Manager	Late 30s	Two	Main city	Monica
Paula	Queer	Pākehā	Professional	Late 30s	One	Main city	Susan

Pseudonym/s ⁷	Sexuality (self-defined)	Ethnicity (self-defined)	Paid work ⁸	Age group	Number of children ⁹	Where they live ¹⁰	Partner's name ¹¹
Philippa	Queer	Pākehā	Manager	Late 50s	Three or more	Main city	Gemma
Rachel	Queer/lesbian	New Zealand European	Professional	Late 40s	Two	City or town	Lee
Rebecca	Lesbian	NZ European	Manager	Early 40s	Two	Main city	Christina
Shawna	Lesbian	Pākehā	Professional	Early 40s	Two	Main city	-
Tania	Lesbian	Australian European	Professional	Early 40s			
Tracey	Mostly lesbian	New Zealander	Manager	Early 40s	One	City or town	n/a
Vanessa	Lesbian	NZ European	Manager	Early 30s	One	City or town	Cassandra

Table 3.2. Surveys - participant demographics

Pseudonym	Ethnicity (tick-box)	Age group	Number of children ¹²	Where they live ¹³
Amanda	New Zealand European	Late 40s	Two	Main city
Amy	Māori New Zealand European	Early 40s	One	Main city
Andrea	Pākehā	Late 50s	Three or more	Main city
Angela	Pākehā New Zealand European	Late 30s	One	Main city
Anita	New Zealand European	Mid 50s	Two	Main city
Bridget	New Zealand European	Early 40s	Two	Main city
Carla	New Zealand European	Mid 30s	One	Main city
Charlotte	Middle Eastern	Mid 20s	Two	Main city
Claire	Pākehā	Late 40s	Two	Main city
Deborah	New Zealand European	Mid 30s	One	Main city
Emily	New Zealand European	Late 50s	Two	City or town
Erin	New Zealand European	Mid 30s	One	Main city
Jane	New Zealand European	Mid 30s	One	Main city

¹²Number of children is divided into three categories: one; two; three or more. This is because families commonly have one or two children, and naming the number of children when there is three or more can enable easier identification of lesbian families.

¹³'Main city' means living in Auckland, Wellington or Christchurch (populations over 200 000); 'City or town' means living in a city outside of the three main centres, or in a town (populations between 2 000 and 200 000).

Pseudonym	Ethnicity (tick-box)	Age group	Number of children ¹²	Where they live ¹³
Jennifer	New Zealander	Mid 40s	Two	Main city
Jolene	New Zealand European	Mid 40s	Two	City or town
Karen	Pākehā New Zealander	Mid 30s	Two	City or town
Katrina	New Zealand European	Early 30s	Two	Main city
Kirsty	New Zealand European	Mid 30s	Two	City or town
Leanne	Pākehā	Mid 40s	One	City or town
Maria	Pākehā New Zealand European New Zealander	Late 30s	One	Main city
Mary	New Zealand European	Mid 30s	One	City or town
Megan	Pākehā New Zealand European New Zealander	Mid 40s	One	City or town
Nadine	New Zealand European	Late 40s	One	Main city
Natalie	[not stated]	[not stated]	Two	[not stated]
Natasha	Māori Pākehā	Late 30s	One	Main city
Renee	New Zealand European New Zealander	Late 30s	Two	Main city
Rochelle	New Zealand European	Early 30s	Two	Main city
Sally	New Zealand European	Mid 40s	Two	City or town
Sarah	New Zealand European	Early 40s	Two	Main city
Sharon	Pākehā	Mid 40s	Pregnant	Main city
Shelley	New Zealand European	Late 20s	Pregnant	Main city
Sheree	British	Mid 40s	One	Main city
Sonia	New Zealand European	Early 50s	Two	Main city
Stephanie	Pākehā	Late 40s	One	Main city
Teresa	Eastern European Western European English	Early 50s	One	City or town
Tina	New Zealand European	Early 30s	One	Main city
Victoria	Pākehā New Zealand European New Zealander	Late 30s	One	Main city

INTERVIEWS

Semi-structured in-depth interviews, as their name suggests, gather detailed and comprehensive data. Interviews allow for the sharing of stories, experiences and understandings and are regarded as an appropriate method to gather intimate information (Braun and Clarke 2013), particularly if there is interest in “*how people talk*”

about what they think, know or feel" (Secor 2010 195, italics in original). As the interviews are not structured it can allow the participants to lead the discussion and direction of the conversation, providing them a place of control and power (Longhurst 2009a). Face-to-face semi-structured interviews can support feminist approaches to research (England 2010). The interviews were either with one person (16 interviews) or a couple (11 interviews), depending on the circumstances and the preferences of the participants. Questions were based around creation of the family, experiences in different settings, and the different roles within their family (see Appendix 3 for the Interview Guide).

As Simmonds (2017) mentions, relationships begin to be established before the formality of interviews, for her mostly *kanohi ki e kanohi* (face-to-face) but for me it was via emails and Facebook messaging. Tina Miller (2017) also discusses how pre-interview interactions can set the stage for the interview. As we negotiated times and places, we also negotiated the beginnings of a connection. Prior to each interview, participants were sent and asked to read the Information Sheet (see Appendix 4) and asked whether they had any questions.

There were 27 interviews - 11 couple interviews and 16 individual interviews - involving 38 interviewees in total. The couple interviews were longer, with an average recording time (excluding interruptions of children or changing nappies etc) of 75 minutes. Individual interviews on average were around 50 minutes.

Part of the interview preamble included reinforcing the participant's right to not answer any questions and providing examples of how to redirect the conversation (see Appendix 4 for the Information Sheet). I also mentioned they could stop the interview at any time and provided an opportunity for participants to ask any questions. I explained the consent form: reminding participants they could choose their own pseudonyms if they wanted, and they could choose to receive a transcript of the interview, which further meant they could ask for any part of the interview to be removed and not included in the analysis. Everyone involved then signed a consent form (see Appendix 5). I also filled out my part of the form at the same time, so we were all involved in paperwork.

Seventeen out of the 27 interviews requested transcripts. Some participants had mentioned the transcript would be a valuable document for their family, documenting the family's creation story and an important time in their family history, to be kept for when their children were literate, to provide another way for their children to hear their beginnings. One participant requested changes to the interview transcript: there were several changes, and these were to remove disfluencies in the conversation.

Each interview began with an open-ended invitation similar to "so tell me about your family". Generally, what followed was a re-mapping of a journey, organically focusing on cross-roads and decisions, outlining the smooth paths and the rocky roads. Most participants tended to talk eloquently and emotionally about their choices and their experiences, often with little input from me. I was surprised by these monologues. While I was expecting the willingness of these women to share their stories, it was the accompanying analysis they provided often unprompted - the depth and the emotion they shared. I felt privileged to hear them. It emphasised to me how the decision to have children was not undertaken lightly, and that women thought through consequences and pathways, and were deliberate in their choices. It also illustrated the rare spaces where such stories have been told or can be told and highlighted my responsibility to share these stories. People tended to stay focused on relevant issues. Maybe this was due to people reading the information sheet that I provided, maybe it was made clear through the emails or the discussion beforehand what the research was focusing on, or maybe the research questions mapped the common journey to parenthood for these lesbian mothers.

All interviews took place in a mutually agreed space, and these spaces were often the participants' houses (19 out of 27 interviews), but also included the public spaces of a private room in a library (four interviews), workspaces (three interviews), and the lesbian space of the Charlotte Museum in Auckland (one interview). Except for one interview, all of the couple interviews took place in the couple's home, about half during the day and half in the evening. In contrast, most of the individual interviews were during the day (16 out of 18) and half at home and half in public spaces.

The places in which interviews take place can influence the discussion (Evans and Jones 2011). The interviews conducted in public spaces were more straightforward in

comparison with interviews within participant's homes, which were more 'messy'. Within home spaces there is the chatter of hospitality (offering of hot or cold drinks, milk or sugar, of food), the informal chit-chat during the making of drinks, chatting about their physical home, the colours and knick-knacks, disruption of children or knocks on the door, the sounds of workers and drills outside. When the interviews were conducted in the participants' homes, babies were sometimes present, and children sometimes moved in and out of the space during the interview. What happened in these circumstances was guided by the parent or parents. Sometimes children were included in the interview ("I'm just talking about your surname and how special it is"), sometimes they were directed back out of the space, sometimes the interview was subsumed by family life for a while. Other times (with new-born babies) women continued breastfeeding and burping babies as they talked.

The public spaces of office rooms and library rooms tended to be painted white, unadorned or with bookshelves, and subdued. There was not a correlation, however, between subdued spaces creating subdued interviews, or people being less open in these spaces. A story about a miscarriage and a story about their baby dying were both shared in public spaces, as was one highly entertaining interview where stories were told with great humour.

Couple interviews provided insights and justification for the theoretical underpinnings of my research, demonstrating the fallibility of thinking an interview will produce the one truth. A snippet of conversation between Emma (mostly lesbian, European) and Lily (lesbian, New Zealander) shows that each of them have their own story for the same experience:

Emma At that point we hadn't decided on a clinic though.

Lily Hadn't we? Well I had decided (laughs).

Emma We have different memories of this obviously.

Similarly, in Catherine (gay, Pākehā) and Margaret's (gay, Māori) conversation, Catherine omits part of the story that Margaret regarded as important:

Catherine 'Cause we'd started to get back together. She was overseas at the time, so we'd started to take steps to

get back together, and so then you came back from overseas.

Margaret You cut a massive section. I'll fill that bit in.

(laughter)

Again, this exemplifies how couples demonstrate the complications in telling 'the truth'. As Surtees (2017) maintains "stories are not unproblematic accounts of 'real' selves, identities and experiences – they do not reveal an essential, fixed truth" (p93). An interview can only ever provoke a partial story and people will tell different parts.

Within interviews, there is often the performance of 'good' coupledness (Morrison 2010), where couples represent their relationship in a positive way. While there were no overt arguments within the interviews, couples did point out differences in their recollections (as shown by Emma and Lily above), and provide instances where they weren't a 'good' couple (when Catherine and Margaret had separated above) and discussed situations which were difficult for them on their journey to be parents. There were also frequent check-ins with each other ("are you okay that I'm telling this story?"). A concern with fitting lesbian families under the framework of heterosexual families is the same pressures are put upon them. In her critique of how lesbian research often presents the heterosexual normative family (only there are two women) Gabb (2004) cautions about presenting only the happy stories of lesbian families. Kelly (a lesbian, Pākehā) recognised this too: "There's still that old-fashioned view of you have to get together with the one person, the right person right from the start and be with them forever." Discussing disruptions to the heteronormative 'happily ever after' queers the perfect couple narrative.

ONLINE SURVEYS

I initially developed two surveys, each with a different purpose to try to capture the voices of lesbian mothers who had different interests and time availability. There was a shorter demographic survey, and a longer survey about the journey to become a lesbian mother. The demographic survey, *Lesbian Mothers: All About You*, was a more traditional quantitative survey: a quick tick-box survey, based on New Zealand Census questions, to provide data about (some of) the lesbian mother population (see

Appendix 6 for a summary of the questions). *The Lesbian Mothers in Aotearoa New Zealand* survey contained more open-ended questions, for women to describe their journey in their own words (see Appendix 7 for a summary of content). When these surveys went live, in response to feedback from women who were starting the journey and wanted to be heard, I developed a third online survey *Lesbian Mothers: Trying To Be One* (see Appendix 8).

I developed the *Lesbian Mothers in Aotearoa New Zealand* survey for several reasons (see Figure 3.3 for one of the questions in both mobile and computer view).

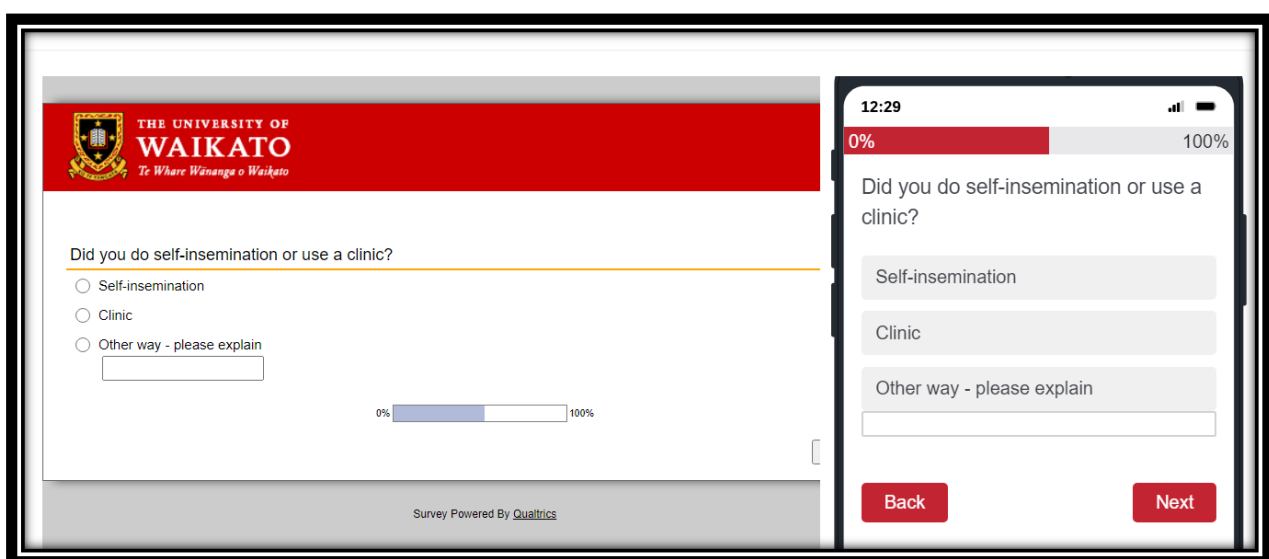
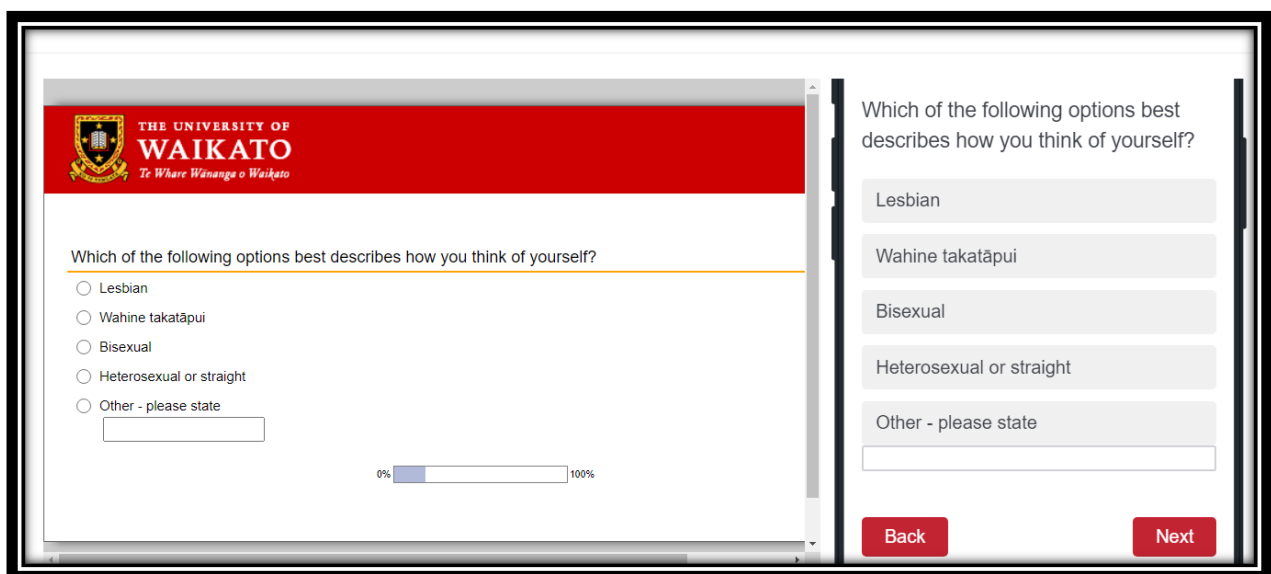


Figure 3.3. Example of *Lesbian Mothers in Aotearoa New Zealand* survey (source: screenshot by author)

One reason was appreciating that some people may be interested in participating but not feel comfortable about being interviewed, particularly when the topic can involve very personal decisions and experiences. I also recognised my own financial constraints meant I would be unable to travel to interview every person who expressed an interest. Having the *Lesbian Mothers in Aotearoa New Zealand* survey online provided an alternative I could offer to those interested in participating, but whom I was unable to travel to. This research was conducted prior to the outbreak of the Covid-19 pandemic, when Zoom or Skype, though present, was not an automatic consideration for me as I had not utilised it previously. *Lesbian Mothers in Aotearoa New Zealand* was a structured written replica of the semi-structured interviews, derived from the interview questions, and took people an average of 20 minutes to

complete. It contained open ended questions and provided text boxes for participants to write as little or as much as they wanted. The questions required thought and reasons, and were based around decisions about the donor, method of insemination, and experiences in different places such as hospitals and ante natal classes.

Given the dearth of information about queer families in Aotearoa New Zealand I used the opportunity of awareness of *Lesbian Mothers in Aotearoa New Zealand* to promote the demographic survey *Lesbian Mothers: All About You* (see Figure 3.4 for one of the questions in both mobile and computer view).



**Figure 3.4. Example of *Lesbian Mothers: All About You* survey
(source: screenshot by author)**

This could provide a snapshot demographic profile of some lesbian mothers within Aotearoa New Zealand at a particular time. The survey took approximately four minutes to complete and consisted mainly of tick box answers based on demographic information such as region of residence, ethnicity, age, gender, sexuality and also included questions from the New Zealand Census, to provide a baseline from which to compare lesbian mothers who answered the survey with other populations, for example: the general population of New Zealand; the female population of New Zealand; or the family population of New Zealand.

From the outset I had planned *Lesbian Mothers in Aotearoa New Zealand* and *Lesbian Mothers: All About You*. The survey *Lesbian Mothers: Trying To Be One* was created

as I underestimated the desire of some lesbians to be heard. When developing *Lesbian Mothers in Aotearoa New Zealand* I had presumed that lesbians who were trying to get pregnant or who were pregnant (but did not yet have children) would not participate. At the beginning of the survey I routed out, or screened out, couples or individuals who were trying to get pregnant, or couples or individuals who were pregnant. This was a technical design aspect to ensure my survey was collecting data on the same population (lesbians who already had children) and also based on the (erroneous as it turned out) idea that lesbians who were not yet mothers, would not be interested in filling out the survey.

Two women contacted me, querying why they had been kicked to the end of the survey without answering any questions, and these were women who were pregnant or intended to be. As *Lesbian Mothers in Aotearoa New Zealand* had already been completed by a number of participants, it was methodologically unwise and difficult to alter it, so I created the third survey: *Lesbian Mothers: Trying To Be One*. This survey was a replica of *Lesbian Mothers in Aotearoa New Zealand* with the questions focused on questions around fertility remaining (for example decisions around the donor, insemination method/s used or planned), and with the questions about maternity and parenting (for example birth experience, experience within educational settings) removed. In retrospect with *Lesbian Mothers in Aotearoa New Zealand* I would not have routed women who were not yet mothers to the end of the survey, but instead routed them only past the questions about experiences with maternity and educational spaces. I would operate on the assumption of interest rather than disinterest.

There was a range in responses for the three online surveys: *Lesbian Mothers in Aotearoa New Zealand* had 84 responses; *Lesbian Mothers: All About You* had 152 responses, and *Lesbian Mothers: Trying To Be One* had four responses. This is an overall total of 240 responses. However, 36 people did two surveys (one of the Lesbian Mother surveys and the demographic survey) so 204 people participated through the online surveys.

There are a number of possible explanations regarding the difference in responses between the surveys. Primarily the difference could be attributed within the difference of the quantitative versus qualitative nature of the survey. This simplistic difference

covers scenarios such as the difference in time, and the difference between providing easily knowable demographic data or reasons and stories. The demographic survey was quantitative, shorter (four minutes) and required tick box answers to questions that were specific (where do you live? What is your highest qualification?). The target population was also broader, and so a wider range of lesbian mothers could also answer these questions. In comparison the Lesbian Mother Survey was qualitative, took longer (20 minutes), the questions required more thought and detail about family creation with two women (why did you choose a known donor?), and so these questions were only applicable to a subset of lesbian mothers. Some participants (36) did two surveys: the demographic survey and then either the survey about being a mother, or the survey about wanting to be a mother. This was identifiable through the same email addresses being used on both surveys.

Submission of the survey constituted consent. Participants could request the deletion of any, or all, of their information up until a month after they submitted their survey, though nobody took up this option.

ANALYSIS

Queer geographers argue for unstable and fluid identities, spaces, places and truths. Browne and Nash (2010) question “What meanings can we draw from, and what use can we make of, ... data when it is only momentarily fixed and certain?” (p1). Rather than try to fix meaning, my analysis supports feminist and queer methodologies by challenging the need for data (and therefore truth) to be static and contained.

Discourse analysis and thematic analysis are not about uncovering ‘the truth’ but rather they are about the way participants construct their own realities and identities. Discourse analysis and thematic analysis were used to analyse the interviews. Discourse analysis is regarded as an intuitive method (Waitt 2010) specific to the content and context of each research. It tends to highlight discussions around power, social construction of concepts, and notions of truth, all of which are relevant to queer and feminist geography theoretical frameworks. Tenets include considering what is not said and considering the social context in which things happen (Berg 2009). What

language is used to describe, and what language is not, is also important to such theoretical approaches.

Before undertaking the interviews or analysing the online surveys, I created a number of thematic documents. These themes were literature driven (pervading ideas identified by research and theories), based on scholarship of lesbian mothers, family geographies, reproductive geographies, and maternal bodies. I also added documents for themes derived from the interview and online survey questions. After I had transcribed each interview, I would go through the transcript and cut and paste sections of the conversation into relevant documents. Some conversational extracts were pasted into more than one document, as they encompassed more than one theme. During the data collection process, I added folders with themes that were data driven (emergent themes that arose across discussions with participants), based on commonalities and repeated stories. As a result, I returned to previous interviews, and re-read them, to extract quotes relevant to these new themes (see Table 3.3).

Literature-based themes	Emergent themes	Question-based themes
Experience of non-pregnant mother	Continual coming out	Ante-natal classes
Deciding on a donor	Sperm	Hospital
Biology vs social	Assumptions of 'mother'	Inseminating at a clinic
Who is included in family	Awkward	Inseminating at home

Table 3.3. Examples of titles of thematic documents

I acknowledge the wisdom of Underhill-Sem (2001), drawing on Elspeth Graham and Allan Hill, who states: “empirical evidence is in the eye of the beholder” (p.448), that is, my analysis was also researcher driven, and based on my particular interests, the connections that I noticed across interviews, and how I read and interpreted other research.

While transcribing is often regarded as unproblematic, putting nonverbal communications such as postures, tones, and unease into written text requires a substantive syntax that will invariably lose context (Poland 1995). Transcribing creates a familiarity with data (Tilley 2003) and so I chose to undertake the transcribing myself

to reengage with the material. Transcribers can also be reflected in their work through their interpretations and biases (Jaffe 2000) and so by doing the transcribing I was working only through my own biases. Transcribing soon after an interview (and before the next one) cemented particular discussions with a particular interview, allowing for better re-call of who said what. I used particular notation throughout (see Table 3.4).

Notation	Description	Example	Actual conversation or explanation
[]	Replacing conversation	“And [my child] said”	“And Sophie said”
...	Removing conversation	“We met him ... four times”	“We met him, um, it must have been around, maybe four times”
—	Leaving sentence hanging <i>Or</i> Pause	“It was quite —”	Didn’t finish the sentence and pausing for long enough that someone else began to speak <i>Or</i> Pausing whilst talking
()	Noises or non-verbal communication	(laughs)	Speaker laughing
		(laughter)	Speaker and others laughing
//	Talking at the same time	Xenia: It was crazy// Gabrielle: //Really strange	Two or more people talking at the same time

Table 3.4. Notation used in transcription

Verbatim transcription is the most complex method of transcribing. It tries to capture all sounds, that is, what was said word for word, including repetition, stutters, tripping over words and meanings, as well as disfluencies such as ‘um’ ‘like’ (and I was surprised to discover) ‘kind of’. As well as sounds verbatim transcriptions also try to capture laughter, silences and body language. This type of transcription supports methodologies that are at ease with awkwardness and are not seeking ‘the’ truth (Davidson 2009). For the interviews where transcripts were requested (17 of the 27 interviews), I transcribed the complete interview verbatim. This was in recognition of the participant’s contribution to the project, and also due to the transcript being an important creation-story document.

For the interviews where transcripts were not requested, I chose not to transcribe the complete interview, and the parts that I did, I transcribed verbatim. The parts of the conversation I did not transcribe were the parts that I regarded as irrelevant to the

themes of the research, and the times throughout the interview when the conversation digressed. I tended to transcribe around 90% of each interview in these circumstances. The notion of 'irrelevant' was problematic, of course, and I found myself going back to earlier interviews, to transcribe sections that I had previously left out, because the conversation was relevant, in the context of further interviews and what other lesbian mothers had said. After the interviews were completed and transcribed, I put all the transcripts into one document to allow for searches across all interviews for themes and words (equivalent to 815 pages in this thesis layout).

The online surveys were done through the platform Qualtrics, which allows for systematic analysing of data for closed-ended questions. I created reports containing graphs and statistics. I produced individual reports for the answers to the open-ended questions, and also one report which combined all of the answers to these questions, again to allow for thematic and word searches.

For assigning pseudonyms I originally used names from Aotearoa New Zealand's Top 100 children's names latest list (Department of Internal Affairs 2021). However, as I wrote and incorporated quotes into text, it was awkward to have Ruby, Harper, Sienna and Madison representing the lesbian mothers that I talked to (it was less concerning for those that submitted answers through the online survey). There was a disconnect between the names and the experiences they were discussing – which were in some way the experiences of their mothers. I decided to change the names, and averaged the birth year of the women I interviewed and used the Top 100 list from that year (1974). For me, these names sat more comfortably within the conversations of this thesis. It also meant that for several women I interviewed who had popular names, their name was assigned as a pseudonym to another participant. I checked with them, explaining the process and the consequence, but no one had any objections, and many found it amusing.

Dissemination of this research has occurred throughout the process of undertaking, analysing and writing of this work, and has included a mixture of academic and mainstream work. Before starting data collection, I presented at the FASSGRAD conference (an Aotearoa New Zealand conference for graduate and post-graduate students in the fields of Arts and Social Sciences). An article, 'Lesbians Making

Babies: The Matter of Sperm', was subsequently published in the University of Waikato online journal *Te Kura Kete Aronui* (a peer-reviewed journal) (Melville 2016).

Since data collection, I have written two articles aimed at a general audience that were published by *The Spinoff* (an online commentary and opinion magazine) and *The New Zealand Herald* (a print and online daily newspaper), one entitled: "Who's the dad?' and other things not to say to lesbian mums" (Melville 2017a) and the other 'What two mother families are doing about surnames' (Melville 2018). Based on the data from the surveys and online interviews, I developed an online pick-a-path adventure: 'Choose your own (lesbian) adventure: having a baby!' (Melville 2017b). The introduction states:

Remember those "Choose Your Own Adventure" books? Well at long last here is an adventure where you are a lesbian who's decided to have a baby! Will you choose your friend from high school as the donor, or someone on the internet who wants a photo of you naked? Will you put the sperm in a sanitised container or a marmite jar? The choice is yours...

These publications help to normalise and legitimise queer families in media spaces and can educate interested people on the ways in which queer families are created, as well as on how to talk with queer parents without inadvertently insulting them. It also shares stories of queer families with other queer families. I co-wrote with Longhurst, one of my supervisors, an academic chapter 'Embodiment: lesbians, space, sperm, and reproductive technologies' which was published in *The Routledge Handbook of Gender and Feminist Geographies* (Longhurst and Melville 2020).

Throughout the research process I have emailed the participants with updates on my publications. As mentioned earlier, I also maintain contact with some participants, and other lesbian mothers, through a private Facebook page, which discusses both my research and other research about lesbian families.

POSITIONALITY

The positionality of the researcher, and their proximity to various intersections of power is important as this helps to provide context for the information, rather than essentializing knowledge (though positionality is not without its critique - see Rose 1997). I am a Pākehā, middle-class, urban, educated, able-bodied, queer, ciswoman, older mother of two children. I am the stereotypical lesbian mother talked to and about in much academic research and it is these privileges that provide me opportunities to undertake a PhD on lesbian mothers. I have other subjectivities too (for example New Zealand resident, secular) which tend to be less discussed but nevertheless impact on the way I negotiate, and am negotiated by others in, my day to day living.

My position as a lesbian parent helped generate productive research relationships based on a sharing of marginalised status (Gorman-Murray et al. 2010). My status as an insider, however, is fluid. People have many identities, and though being a lesbian may create connections with respondents, other aspects of identity such as ethnicity, class, ability, wealth and age, may be more prominent in the telling of some stories, rendering me an outsider at those times (Browne and Nash 2010). Within an Aotearoa New Zealand context, as Pākehā, and therefore occupying a position of privilege, lesbians of other ethnicities may feel that my ethnic identity overrides a connection through sexual identity, and therefore chose not to talk to me. Participants in my research were predominantly White and presumably this was due, in part, to my own Pākehā identity, and also not considering Māori methodologies. For the interviews, my concern was getting enough participants, and I did not consider screening on the basis of ethnicity, nor specifically seeking Māori respondents at the outset. For the survey, I did contact people working with or connected with lesbian mothers who were Māori, making them aware of the survey and if they thought it appropriate, to let people know.

The characteristics of my participants were not dissimilar to other research in Aotearoa New Zealand with lesbians. Surtees (2017) looks at the experience of lesbians with known donors, and notes:

The participants were (disproportionately) Pākehā or of European descent. In conjunction with their relative socio-economic privilege and urban habits, this suggests that the study does not sufficiently

reflect the experience of lesbian known donor reproduction among Māori, other ethnic and cultural minorities in New Zealand or those in lower income brackets or rural areas. (p82)

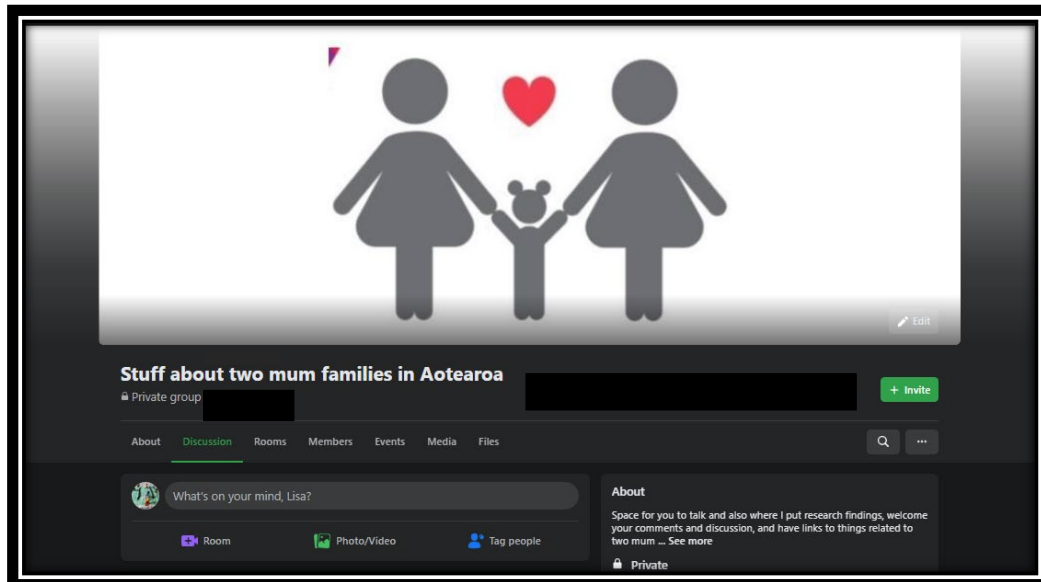
Surtees (2017) notes further that many other studies (Donovan and Wilson 2008; Goldberg et al. 2012; Goldberg and Scheib 2015; Hayman and Wilkes 2017; McNair et al. 2002; Silverstein and Auerbach 1999; Wojnar and Katzenmeyer 2014) “that explore planned parenthood in the lesbian and gay population note similar participant characteristics” (p82). The women in my study continue the trend of presenting lesbians as Pākehā or European, educated, and urban. This perhaps says more about women who have the time, trust, energy and inclination to participate in research, than necessarily defining the lesbian mother population in Aotearoa New Zealand. However, while women with these characteristics seem to be the majority of lesbian mothers, these characteristics themselves carry privilege which can help counteract the stigmatism and negativity of being queer. Sexuality and gender maybe the only facets of their identities which prompt marginalisation, which creates a focus on these aspects. Intersectionality of these characteristics (see Hopkins 2019; Johnston 2018; Simmonds 2014) may work to provide less time, less opportunity, less safety or less inclination to participate in research, or even prevent them from becoming mothers in the first place.

There was more scope for queerness within this work. It could have addressed the invisible lesbian mothers in this research – both the real and imagined ones. That is both the other lesbian mothers who didn’t participate, and lesbians who will never be mothers due to the power relations and intersectionality of subjectivities such as ethnicity, geographical location, and wealth.

I may, or may not, be noticed by my absence in the pages ahead. The lack of information and knowledge when my partner and I made our ways along the path to parenthood, and the subsequent continued silence afterwards, was the reason I returned to study and the reason I chose this topic. The stories I heard were familiar, and while I did not walk the same paths as everyone I talked with, it certainly seemed we arrived at similar intersections, at different times and places, even if the subsequent paths to the next intersection were diverse. So, while I had my own experiences to

contribute, I chose not to for two main reasons. Firstly, I did not want my experiences to be considered to be 'more' than the experiences of other lesbian mothers. As the writer and producer of knowledge within this work, it may be easy for my experiences to be read and understood as the 'right' decision, or the 'real' way. Secondly, my experiences are not my own. My story also provides the story of my children and their two mothers, and I respect they have their right to privacy, and the ability to decide when, what and where parts of their stories get told, and I lose, we all lose, hold of that when I publish our stories with my name.

I worked in particular ways when interviewing. Given the lack of lesbian family creation stories in Aotearoa New Zealand, when people expressed uncertainty about their views or what they did, I replied, with theory or anecdotes, with similar stories to demonstrate their experience was not an anomaly, or their worries about the choices they made were similar to the worries of other queer mothers. I also had a private Facebook page where I would share quotes from the interviews or mention a finding from another piece of research and ask what people's experiences were or what they thought (Figure 3.5).



**Figure 3.5. Stuff About Two Mum Families Facebook page
(source: screenshot by author)**

Again, I did this to share the quotes and experiences in an environment where little is available, to sometimes normalise aspects of the journey to lesbian motherhood, and to create the potential to connect with others who had experienced similar situations. The members of this page were initially people from the interviews who opted in, but

membership grew wider over time, and were linked through friendships or other queer Facebook pages.

There is a lot at stake for lesbian parents in not presenting a positive account of their family life and the way it came into existence. The strength of the couple relationship can be particularly important. The choice of most respondents to take part in the study in joint interviews may reflect the importance of co-constructed accounts of families to their endurance as a couple and a family; and it may be that the accounts are of the most positive kind whether given jointly or separately (see Heaphy et al. 1998). Respondents are not providing dishonest accounts but, inevitably in the selection of what examples are chosen to illustrate their particular account, stories are told that show their family decisions and relationships in the best light, even when talking about problems, conflict and/or fears (Donovan and Wilson 2008). However, these accounts have a narrative truth through which I explore the living experiments these families constitute (Parke 2004; Weeks et al. 2001).

Mizielińska et al. (2018) raise one of the issues of being an insider, explaining: “Being part of a ‘community’ can sometimes raise situated ethical dilemmas, with a sense of burden and responsibility to ‘get it right’” (p978). Gabb (2004) identifies this issue with regard to research in lesbian communities, which often presents lesbian families as flawless. Gabb calls for more realistic portrayals, contending lesbian families struggle not only with homophobia and hatred, but also with having to maintain a perfect image. Participants themselves may feel this pressure to present an idealised family (Donovan and Wilson 2008). When talking with participants I paid attention to these imperfect, and often uncomfortable, glimpses, and while I did not necessarily explore them, I provided space for them, and made comments where relevant, to normalise these relationship breakups or arguments. Browne and Nash (2010) urge:

We ask you to think about what feels ‘comfortable’ in the chapters that appeal to you (and what does not), why that might be, and then to dwell on other ways of knowing, doing and using the permanently flexible concepts of queer and social (science) and research. (p20)

We feel safe and comfortable with what we know, and uncomfortable in spaces which are challenging. It is these spaces where we feel awkward and uncomfortable, these 'other ways of knowing' where potential, opportunity and transformation exist.

CONCLUSION

I used queer and feminist methodologies which support research where considerations of power, gender and sexuality are fundamental. I also paid attention to where there were moments of awkwardness through the research process.

The topic of lesbian motherhood fits easily within feminist and queer scholarship, and yet given attention to lesbian conception and sperm, it also sits awkwardly on the edges. I used qualitative and quantitative data methods, face-to-face in-person interviews and online surveys. Facebook was utilised for recruitment, and I discuss how language created distance between myself and others and affected who participated. I also discuss awkward moments during interviews, and again the contribution language, or lack of language, makes to this unease.

These methodologies that allow for different positions and interpretations complemented couple interviews, where couples would relate different stories of what would otherwise be presumed to be the same experience. I also examine the ways in which place did and did not make a difference with individual and couple interviews. Similarly, my positionality impacted in different and inconsistent ways through the research. The inconsistencies and attention to context – time and place – are fundamental to queer and feminist methodologies, and these were brought into focus by examining awkwardness throughout the research process.

CHAPTER 4:

NEGOTIATING HETERONORMATIVE SPACES OF CONCEPTION

In this first of three empirical chapters I examine places of conception, focusing on the home and the fertility clinic. I examine the embodied and spatial experiences of lesbians within these spaces, paying attention to heteronormative discourses around getting pregnant and meanings of family and mother. When lesbians attempt to create their families within either homes or fertility clinics, there are often awkward moments, as they expose unstated procreational norms (Wilkinson 2020). These assumptions can be reworked, creating complex spaces where straight and queer ways of inseminating interweave, allowing for new possibilities when creating families. I use the concept of abjection to explore the conflicting notions of how sperm challenges lesbian bodily boundaries and identities, and simultaneously reaffirms sexual and gender identities of lesbian and woman.

Identifying gaps within reproductive geographies, Helen Hazen, Marcia England and Maria Fannin (2018) state: “queer geographies of reproduction also remain underexplored in the geographical literature” (p223) and calls for more diverse accounts to be examined, as well as the reproductive experiences of partners. Geographies of conception similarly remain untouched, though “where people choose to inseminate and why they choose to inseminate in that place can produce new geographies of reproduction” (England 2018 p60). This work therefore extends queer, reproductive and conception geographies.

David Bell (2007) encourages more discussion of sexual acts within geography, to both underpin the heteronormativity of sex and to engage with the feelings that often arise within such discussions. Browne (2007b) notes: “discussions of lesbian sex (or any women’s sexual practices) has been notably absent” (p3).

Fannin et al. (2018) state “intimate geographies of reproduction suggest that places of insemination or conception are equally meaningful and place-specific” (p1).

Geographers' exploration of how the different spaces of birth are associated with different experiences and expectations (Fannin 2003; Longhurst 2008 2009b), similarly map onto how different spaces of conception may also contribute to different understandings (Fannin et al. 2018). Just as home and hospital are dichotomized within discussions of childbirth (Fannin 2003) the home and fertility clinic are also placed as opposing sites of conception. Clinics, with professional staff and often austere interiors are polarised with the warm, personal spaces of home: "Place is critical to women's experience of artificial insemination in terms of the location at which the procedure is performed, with some preferring the intimate, private space of the home and others a more 'clinical' experience" (Fannin et al. 2018 p9). Similarly, Marcia England (2018) proposes that "instead of an intimate or private act, it can become very public in a clinical environment with a doctor/nurse and a catheter" (p60) and that those "who choose to inseminate at home usually do so to have a more intimate environment for conception (p61)". Maria Fannin (2003) ascertains that:

Much of the early scholarship around childbirth thus explicitly reproduced a dualism: home is positive; hospital is negative. This binary mode of thinking forecloses the possibility of other understandings of these spaces, plotting a potentially rigid framework onto historically and geographically contingent spaces. (p519)

In examining the home and fertility clinic as spaces of conception I disturb these binaries of 'intimate' and 'austere' and seek wider understandings of these places.

Allen and Mendez's (2018) ideas of hegemonic heteronormativity are apparent in the spaces and places of conception, that is, rewarding those that are cisnormative, mononormative and have normative families. Bodies, homes and fertility clinics are imbued with understandings of sexuality, gender and family that reinforce narrow notions of cisnormativity, mononormativity and homonormativity while also privileging specific ethnicities, abilities and classes. When lesbians interact with hegemonic heteronormative spaces of conception, they may queer the space, making the heterosexual assumptions visible. This creates awkwardness on a number of fronts – most particularly the body, and the interaction between bodies.

In this chapter I look at how lesbians create families and the preferred places of conception. I examine the home as a conception space, how lesbians work to maintain a queer space of conception, and the ways in which they disturb procreational norms to create conception practises that contradict notions of home as an amorous space of conception. I then turn to fertility clinics, and explore the ways in which families are reproduced, and the ways in which understandings of family and mother play out.

CHOOSING THE PLACE OF CONCEPTION

Lesbian couples have to go outside their relationship (Luzia 2013) to make their family and this creates numerous possibilities around how they might construct their family. Amongst the 27 families I talked to, there were 17 different ways that families were made. Paradoxically, due to the lack of information available about lesbian families, the ways in which lesbians do create their families in Aotearoa New Zealand is relatively unknown. As Catherine (gay, Pākehā) says: “Margaret gets a lot of text messages ... they’re always like ‘hi. How you been? Haven’t heard from you in a long time. By the way I see you’ve got children. How did you get those?’ (Laughter).” Tracey (mostly lesbian, New Zealander) also comments on the difficulty people can have, connecting her sexuality and motherhood together: “I think that sometimes people get confused that I actually have got a kid. (Laughter). Like ‘how does that work?’ Lots of people still think the only way to have babies is the classic way”. Even when people are aware of different sexualities, it seems it is difficult to think beyond hegemonic heteronormative ways of creating a family and being a family.

Current research has not paid much attention to the places of conception for lesbians (Fannin et al. 2018). Within their research, Gunn and Surtees (2009) found that just over half of lesbians in Aotearoa New Zealand who used donor sperm to conceive used fertility clinics. While clinics are regarded as being a more successful site of conception (England 2018 p61), this may be true for heterosexual couples experiencing infertility, but the issue remains relatively unexamined with lesbian couples who often do not have infertility issues. Success rates within clinics for social infertility is unknown in Aotearoa, as outputs do not differentiate based on sexuality of the clientele (see ACART 2020). Brenda Hayman, Lesley Wilkes, Elizabeth Halcomb and Debra Jackson (2015) report that of the 12 study participants in Australia who

inseminated at home, 50% became pregnant. Of the 50 lesbian families that initiated insemination at home within this study, 61% were successful. Participants who got pregnant attributed their success to the availability of low-cost technologies, such as apps and ovulation monitoring kits.

Aotearoa currently has two fertility organisations (one in Christchurch closed at the end of 2020). One fertility organisation has one clinic in Auckland, and the other fertility organisation has five clinics around the country (three in the North Island and two in the South Island) with other satellite consulting clinics. Seven official insemination spaces is comparatively limited. Ireland, for instance, has a very similar population to New Zealand (5 million to Aotearoa's 5.1 million) and has six clinics in the capital Dublin and another ten clinics elsewhere (www.ivfnme.com/irish-clinics-listings). Fertility clinics provide a strong legal framework for creating families, positioning lesbians as the legal parents. If in a couple, both women are automatically assigned as parents within the clinic setting. In comparison, conceiving outside the clinic creates potential space for lesbian mothers to worry that the sperm donor (whether they are involved in the family or not) may seek legal recognition as a parent.

Lesbian families in Aotearoa New Zealand in my research show a preference to 'DIY' (Do-It-Yourself) when it comes to conception (55%), that is to use a known or sought donor, and do it at home (or in other places such as a hotel room), rather than go through a fertility clinic (45%). While this was the initial preference, some couples (13%) who initially tried DIY conception move to clinics and so over half of the inseminations ended up occurring at a fertility clinic (58%). This move from the home to the clinic was for several reasons, including: time (that is, trying at home for a year); the increasing inconvenience over time and place (having to travel to another town to get the sperm from the donor each time); or the donor not working out (for example the donor getting a new partner, or the donor changing their mind and deciding they wanted a more involved role with the potential child).

The conception stories of subsequent children were also told during the interviews, and these stories very clearly demonstrate that families tend to conceive second children in the same place (clinic or home) as their first children. Nearly half of the families I talked to had more than one child (48%). Every family chose the same place

of successful conception for second and consecutive children. Conception spaces maybe strongly associated with success and failure.

HOME AS A CONCEPTION SPACE

In this section I examine how the heteronormativity of conception prevails within the homes of lesbian couples. This extends Luzia's (2013) idea that parenting outside heterosexual norms are "un-easy" (p244) to include how the path to becoming parents also require awkward negotiations for lesbians. At the same time, confronting these norms allows for new ways of undertaking inseminations, queering how families are created. With the presence of lesbian bodies, and sometimes gay male bodies, and the exclusion of straight bodies, bodies and bodily fluids intermingle in ways that queer conception. Lesbians had to get close to sperm which created abject feelings of both fascination and revulsion, and they engaged in specific acts to encourage pregnancy. To the best of my knowledge there is currently no research that examines the different spaces of home conception for lesbians. I draw on the work of feminist geographer Fannin (2003) and the notions of awkwardness and abjection to examine how sperm reinforces and refutes understandings of bodies and sexualities.

Lesbians who inseminate at home queer hegemonic understandings that connect pregnancy with sex. Within the process of insemination, they maintain the queerness of home by permitting queer male bodies inside to masturbate but not straight male bodies, and distance themselves from masturbating bodies by noise and assigning different spaces. Sperm is constructed as abject and works to both reinforce notions of queer sexuality, and trouble understandings, and this contradiction demonstrates the fluid boundaries of lesbianism. Throughout the stories there is laughter, as participants negotiate the various spaces of awkwardness: discussing conception practises, generally kept private, with an outsider; re-telling the uncomfortable negotiations of procreational norms within lesbian relationships; breaking taboos through talking of sperm, vaginas and foreplay. Laughter both indicates awkwardness and provides a mechanism to move through and explore ideas and reactions.

**“THE FIRST TIME WE TRIED TO MAKE IT ALL ROMANTIC”:
HETERONORMATIVE CONCEPTION**

Homes are often regarded as a space of freedom and autonomy, but this reiterates a particular type of home, and many homes are the site of violence and control (Fannin 2003; Johnston and Longhurst 2010). I noted earlier in this chapter that home spaces are often regarded as intimate spaces of conception (in comparison to the presumed clinical space of a fertility clinic). Jennifer Chabot and Barbara Ames (2004) relate how “stories were shared about how the nonbiological mother participated in this process [of insemination], and how this became an intimate, personal ritual for couples” (p352). This was not the case for many of the women I talked with.

Janice (gay, New Zealand European) talks about conceiving at home as a typical way of getting pregnant, in comparison to the space of the fertility clinic:

Not having to have gone through a clinic and all the testing and all the, you know, like we could do it as naturally as possible. Mentally for us, for me, that’s quite a cool thing.

Janice regards their conception as ‘natural’ and yet her experience does not align with the romantic, intimate images this may invoke. There was a lot of laughter as her partner Donna (gay, New Zealand European) told me about their experiences of trying to get pregnant at home:

The first time we tried, we tried to make it all romantic and it just was an absolutely waste, it was a fiasco and it was just like argh (revolted noise) yuck. But then the second time it was just clinical as, right let’s do this.

The space of the home does not always presuppose amorous feelings when it comes to attempted inseminations. Inseminations within the home may instead take on a functionality more expected within a fertility clinic. This functional approach which marginalises emotions of desire and romance, is common with inseminations inside the home.

The first time Vanessa (lesbian, NZ European) and her partner Cassandra tried to get pregnant they approached it from an amorous perspective, but they too ended up taking a functional approach:

We waited till I'd put my kids to bed about seven and he [the sperm donor] just came [a]round, straight to the bathroom, snap lock bag, there you go, see ya. And then I would go down to the room and we tried to do it all romantically and lovingly. It just doesn't work like that. (Laughter) It's just the most unromantic, gross (laughs) ... and arguing "oh it's fallen out" "it's this and that" and she's going "you've got to be higher up" and I'm like "piss off, get out of the room, you're bloody annoying me".

This is one way in which we can see that "binary categories are not discreet nor bounded, rather, they inform each other" (Johnston 2019 p217). Homes and clinics may be set up as binaries but setting up domestic and clinical as opposites is simplistic, as Fannin (2003) observes when examining hospital birthing suites: "the room described is a kind of doubled space, bearing signs of both the domestic and the highly technological" (p517). This 'doubled space' of the hospital birthing unit, an economic investment to reduce movement to home births, contains elements of both binaries, and exists as a contradictory space. Similarly, clinical procedures and attitudes are not restricted only to the clinic space, but also occur with the intimate and warm space of homes.

Anna (lesbian, Pākehā) had a similar story, discussing how her and her partner tried to be romantic at first:

So we tried that first of all, and tried to be all lovey dovey, and oh my god! It just so didn't work. (Laughter) It was like introducing sperm into a lesbian, just wrong, felt really wrong. And so, then after a while we decided to kind of make it our own ... we did things like drank milkshakes and got little chocolate fish and, you know, talked.

Within the domestic space of the home, all three of these stories show that acts of conception seem powerfully connected to intimacy, at least initially, displaying the unconscious prevalence of heteronormative ideas of conception. Conception based in

the home is romantic, sensual and involves the couple. For lesbians this generally unchallenged approach to conception quickly gives way to more functional approaches to conception. Lesbians in this study separated sex and their physical relationship from the act of conception. Given the opportunity to remove the functional act of conceiving from the emotional and physical act of sex, it seems lesbians often choose to do so, and made the decision after one romantic attempt, thereby replacing the heteronormativity of conception with lesbian alternatives.

Rachel (queer/lesbian, New Zealand European) and Lee didn't try to make conception romantic and also wanted a ritual that included the donor and his partner, as they both were to be fathers and involved in the child's life. Rachel and Lee did not seek a physical involvement of the donors in conception, but a relational one. As Rachel said "we had this image of what it would be like. We were all very excited, all four of us." She then talks about the first time:

Rowan and Connor were downstairs in a bedroom and they then delivered the syringe to me and Lee upstairs, we did what we had to do, and then we all went downstairs and had dinner together.

There was a desire to include the fathers in the events surrounding the potential conception of their future child - if not the physical action of the future parents through sex, then the physical presence of the future parents at the time of conception – or the time after insemination. The physical presence of the future family is regarded as an important part of conception for Rachel, Lee, Rowan, and Connor. Lesbian spaces of conception concurrently replicate heterosexual conception practices, with the presence of future parents, while exploring ways that fit in with alternative sexualities.

Or at least, having all the parental figures together in the same space of the home was the initial plan. After talking about how they all had dinner together after the first conception attempt, Rachel bursts out laughing. "It was the most awkward meal. It was crazy." When distancing themselves from hegemonic heteronormative ways of conceiving, it created an 'awkward' space, an indication that people don't fit. When creating queer protocols or ways of doing things, having been surrounded by heteronormative practices, the new spaces are not automatically easy to inhabit, as demonstrated by the unease of Rachel and the other parents, and the laughter from

other stories. In the process of creating new spaces of lesbian conception, the next time Rachel arranged for Rowan and Connor to deliver the sperm and then leave, without joining them for dinner.

Similarly, Joanne (gay, European) and the sperm donor wanted their partners included and present in some manner, but after the first time Joanne and the donor decided “we were just going to do it by ourselves in future because having the partners helping out was all kind of weird and awkward and unsexy”. Within the home, having four people present within conception spaces, creates ‘awkward’ spaces and ‘awkward’ people, illustrating how heterosexual ways of getting pregnant, with two people present, do not map easily onto queer home spaces. Feelings of weirdness and awkwardness - feelings of being out of place - can only be experienced when there is a presumed ‘natural’ way of doing things. This is further demonstrated, as with Rachel, Lee, Rowan and Connor above, how Joanne, the sperm donor and their partners reverted to two people for subsequent conception attempts, replicating a type of mononormativity. As Allen and Mendez (2018) explain, within hegemonic heteronormativity, it is necessary that only two people are in a relationship, regardless of their sexuality or gender. Within home conception spaces, this mononormativity is being played out, as only two people are being involved in the insemination practice – Rachel and Lee, and Joanne and her sperm donor.

Sandra (gay, White) mentioned the necessity of negotiating a lot of relationships in order to facilitate home conception. There is the connection of awkwardness and laughter and taboo bodily matter. Louise (lesbian, New Zealand Pākehā) adds to the conversation the differences between their conception practices and those typically associated with trying to get pregnant:

- | | |
|--------|---|
| Sandra | It’s quite tetchy stuff and awkward you know and has to do with bodily fluid (laughs). |
| Louise | And it’s uncharted too. It’s not like regular relations between a man and a woman where there’s all this tradition and ____ |
| Lisa | History. |

Louise Yeah, and that's freeing as well.

Sandra and Louise are not a man and a woman, and the practices of lesbians conceiving at home are generally unknown, and Louise recognises the opportunities that therefore exist to map their own ways through the processes.

“HE WAS IN THE BATHROOM ... WE WAITED NERVOUSLY AND EMBARRASSED IN THE LOUNGE”: SPERM IN THE HOUSE

While home can be both a space to express queer sexuality and also porous to heterosexual norms when it comes to lesbian conception the home is a place of queerness, as informed by the bodies and practices that are permitted through the door.

While no one spoke specifically as to why they did or didn't invite the sperm donors into their home, the interviews showed that lesbians acted to keep their home spaces queer for the purposes of conception attempts. With 14 conversations on home conceptions, ten involved straight men (71%), and four (29%) involved gay men, and mostly these men were in partnerships, rather than single men (nine or 90% of the straight men, and three or 75% of the gay men, were partnered). If the sperm donor had a female partner, masturbation was never done in the home space of the lesbian couple. The sperm was either dropped off at the house or the lesbian couple picked it up from his house. If the sperm donor was gay and partnered, sometimes both men entered the house in order to produce the sperm donation on site. In this way the space of the home is reinforced as queer, with orgasms confined to gay and lesbian bodies.

Not all rooms in the house, however, were spaces of conception. Particular acts were also confined to certain spaces. There were separate areas for the sperm donor to produce the sperm, and for the women to inseminate the sperm. Masturbation occurred in the spaces of bathrooms and spare bedrooms, while insemination occurred in the space of the lesbians' shared bedroom.

Queering hegemonic norms of conception creates people and spaces of discomfort and awkwardness. Philippa (queer, Pākehā) recalls “He [the sperm donor] came

[a]round one night and went into the bathroom and we were exceedingly embarrassed, both me and my partner”. Noni (queer, Pākehā) remembers when the donor and his partner arrived, and they “went downstairs and (laughs) we were like ‘ummm this is weird. We’ll just turn the music up’”. Just as dirt is matter out of place, noise is sound that is out of place (Beere 2014). In order to block out the unwanted potential sound of male masturbation, Noni turns up the music. Noni uses more noise to distance herself and her partner from the abject noise of male masturbation or sex within their home:

Commanding attention, whether heard as annoying, immoral, humorous, or even arousing, the taboo of sex noises serves as a reminder to just how porous and unstable domicile and corporeal boundaries are. Through its demanding expectation that we listen, awareness of coital noises erodes distance and disrupts the ‘comfortable’ notion that bodies are distinct from other bodies, and from the spaces that they occupy. (Beere 2014 p198)

The noises of male masturbation work to erode the distance between the lesbian couple and the masturbating man or men, so Noni works to reinforce their home space by silencing gay male sex within their house.

Participants often retold stories of the awkwardness of bodies and spaces interspersed with laughter, as Noni did above. This laughter can relieve discomfort, either of the remembered experience, or the discomfort of talking to me about such taboo topics as masturbation. These topics which are usually kept at a distance, become recognisable as abject through laughter, used to make something that is uncomfortable more comfortable. Similarly, men with abject bodies also use laughter: “men who have breasts often use humor as a way of coming to terms with their corporeality” (Longhurst 2004 p153). Stacey (lesbian, Australian) laughs when she uses euphemisms to recount what had happened:

He came over to our place and we put him into the spare room and he did his thing (laughter) and then knocked on the door while Kerry and I were sort of, I was warming Kerry up, you could say (laughter).

It was common in the interviews for the women to use euphemisms for sexual acts like masturbation and foreplay, and for there to be a lot of laughter while talking about attempting conception. Words for male genitalia were used rarely throughout the interviews. There were four slang uses of the word 'dick' (for example "he was being a dick") and 'penis' was used by one participant, when discussing the benefits of the queer parents play group she attended ("I got to ask this lesbian about all the - she was Māori - all these words for like penis and stuff [in Māori] because I wouldn't be able to ask anybody else that (laughs). I was just like 'what do you call a penis?"). This is also another example of where laughter is used when discussing something taboo in the interview, and also indicating retelling something that would be awkward. There was only one occasion when male genitalia were mentioned within context, and that was when discussing a donor: "he didn't like having his penis swabbed". This awkwardness and laughter and lack of discussion indicates another level of abjection.

There is a sense of discomfort, which is no doubt partly to do with talking about generally taboo subjects, but also perhaps because there is not yet a common language suitable for talking about lesbian conception, and no protocols for donating sperm within a home space (unlike the protocols of a clinic). Anita (New Zealand European, mid 50s) relates a story about her donor arriving late, and the excuse he provided: "He was late as he 'didn't know what to wear to an insemination'". While demonstrating that the spaces of awkwardness in insemination are not just around lesbians, this also shows the lack of protocol or awareness of a protocol around lesbians inseminating at home. There is not enough accessible information or conversations happening about the process of home inseminations to create a map for those who want some guidance.

"ICK ICK": SPERM

The place of conception constructs particular relationships with sperm. Compared to a fertility clinic, conceptions at home require a closer proximity to the sperm donor and the sperm. Generally, this involves receiving the sperm in a container (sometimes still warm), moving the sperm from a container into a syringe, then into a vagina, and sometimes needing to clean up sperm later.

Nordqvist (2011) mentions that sperm was generally regarded as “repulsive” to lesbians doing self-inseminations, and such feelings were also mentioned by my participants. Natalie (no details) said online: “My partner handled the sperm and we both were not too thrilled. Pretty gross.” Claire (Pākehā, late 40s), also online, commented: “the sperm was pretty yukky”. Body fluids (snot, blood, puss, semen, menstruation blood, cervical mucus etc) in general are abject, neither solid nor liquid, escaping from the confines of the body. These words describe the abject nature of sperm. As well as provoking disgust, another aspect of abjection is that it shows how the border between Self and Other is fragile, which provokes fear (Kristeva 1982).

The abject nature of sperm, both the disgust and the fear, seems to be intensified when sperm came from a family member. Vanessa (lesbian, NZ European) and her partner Cassandra used the sperm of Cassandra’s brother, which enhanced the gross-factor, as Vanessa explained: “[Cassandra] didn’t want touch it. She was ‘oh it’s my brother ick ick’ (laughter)”. This may indicate a distaste of connecting her brother with masturbation or sex, or a distaste of introducing her brother into her partner’s body, or having her brother present in what was meant to be a romantic and loving conception.

Tina (New Zealand European, early 30s) mentions awkwardness and bodily reaction when talking about organising the delivery of the sperm with the straight donor and his wife: “We made an effort not to be squeamish or awkward when communicating too!” This implies the emotions of being squeamish and awkward are present and are consciously pushed away. It is ‘awkward’ to deal with abject matter, matter out of place, particularly where there are no protocols to guide interactions. The presence of abject feelings caused a reaction, which they try to modify in order to facilitate a good relationship.

Linda Layne (2013) discusses the embodiment of sperm and how this may also cause awkwardness:

Although it is ‘normal’ for sperm to separate from men, the distance, both in terms of time and space, between when/where it is separated from the man, and when/where SMCs [Single Mothers by Choice]

and lesbian couples encounter it, adds to the strangeness of the experience. (p148)

The donor body and the lesbian body do not necessarily co-habit the same place at the same time, and so this may queer hegemonic understandings of conception. When conception is often regarded as a private act inside the home, this separation not only of the act of sex and the act of insemination, but also sperm travelling outside the body between two homes (or any two spaces) casts a strangeness over the situation and awkwardness between the bodies in these spaces.

The awkwardness of sperm was also apparent through the two different data collection spaces, an online survey and face-to-face in-person interviews, which generally provided different discussions of sperm. The online surveys, due to the distance of both time and place between me and the participant, provided a more anonymous space where participants articulately recounted their emotional reactions. Alternatively, when sitting near participants, I could see their bodily reactions to discussing taboo and abject sperm – embarrassment, body shudders - and their conversation was punctuated with pauses, euphemisms, disfluencies and/or laughter.

“MY PARTNER WAS TOTALLY GROSSED OUT AND CURIOUS”: DISTURBING SEXUAL IDENTITIES

My partner was totally grossed out and curious as she had never encountered sperm before.

Angela (Pākehā New Zealand European, late 30s) describes her partner’s reaction to being near sperm. This mixed reaction of both disgust and intrigue calls to mind notions of the abject. While sperm was often discussed in abject terms, it was also connected with sexuality. Abjection is often discussed in emotional terms of disgust, horror and fascination and can be provoked by something in a liminal or marginal state, a threat that challenges presumed fixed boundaries (Kristeva 1982). Lesbians may feel disgust because part of the sexual identity of being a lesbian is the distance and disassociation from sperm (Nordqvist 2011), and yet this sits awkwardly with feelings of curiousness and their desire for a child. The space of home and the bodies within it create and reinforce identities (Gorman-Murray 2008a 2008b; Morrison 2010; Rose 2004). The presence of sperm and male bodies within a lesbian home reaffirms

lesbian sexuality through disgust. At the same time, while the presence of sperm reinforces lesbian sexuality, through lesbian insemination at home the curiosity towards sperm, the desire for sperm, and the presence of sperm all work towards temporarily destabilising fixed ideas around sexuality and bodies.

Nordqvist (2011) recognises that the clinic is different to the space of home when it comes to the presence of sperm: “the clinic did not only contain the practical and legal dimensions of donor conception, but it also stopped it from spilling over intimate, sexual and bodily boundaries” (p126). Lesbian identity is often linked to sex with women, which may also be read as a distance from male bodies and male sexual behaviours. Feelings such as awkwardness and embarrassment may result from the spatial closeness of lesbian bodies with men engaged in sex or masturbation, and sperm, therefore consolidating lesbian’s sexuality. Sperm fits comfortably within the context of a ‘space invader’, as sperm may be an alien (never before) or a foreign (not usual) substance for some lesbian women to be in bodily contact with. For lesbians, some of whom may never have had sex with a man, sperm can be an unfamiliar or unknown substance. For instance, Hayley (lesbian, Pākehā): “my body had never really met sperm before” or Shelley, who was pregnant (New Zealand European, late 20s): “I had never even seen sperm before (haha!), let alone had it inside me. So gosh it was really quite weird and even thinking about it now I feel a bit nervous.” The presence and proximity to sperm necessary for home conceptions created abject feelings which reinforced lesbian sexuality.

Caroline Gatrell (2013) notes bodily leakages challenge social norms, and “leakages are often met with feelings of revulsion” (p624). These feelings of ‘gross’ and ‘ick’ demonstrate the abject nature of viscous sperm, but for lesbians, home conceptions also challenged the social norms of their sexuality by situating lesbians and sperm together:

Kerry It was fun for you dealing with sperm wasn't it?

Stacey Oh it was disgusting(laughter). It traumatised me. I'm only just starting to block it out now(laughter). Yuck! No questioning my sexuality there what-so-ever (laughter).

Stacy (lesbian, Australian) is making a connection between her sexuality and sperm. Rather than sperm disintegrating the boundary of sexuality identity, the sperm acts to reinforce her identity. The presence of sperm threatens her lesbian identity, while simultaneously, the abject reaction of sperm reaffirms her sexual identity. For straight women sperm may also disturb sexual identity, as presumably some straight women may find sperm abject as well. In this way abject sperm works to both make clear and blur notions of sexuality.

Discussing at-home insemination, Sarah Dionisius (2015) identifies how the body, technology and substances work together to create a different version of parenthood. Dionisius proposes that “genetics are overwritten by practice: the sperm is decoupled from the (body of the) donor” (p293). This can be seen through lesbians reframing sperm to modify their reactions and reduce the challenge to their bodily boundaries and sexual identities. Kerry (lesbian, New Zealand European) and Stacey (lesbian, Australian) re-named sperm, which works to distance the sperm donor from the substance, to re-conceive the sperm as something else, and as a form of ownership over the substance: “we started calling it just baby making juice”. Similarly, Angela (Pākehā New Zealand European, late 30s) uses the word “sperm” first, but again changes to an expression spotlighting what was important in their situation:

We were both surprised at how little sperm volume there is and cracked-up [colloquialism meaning laughed intensely] that we had to use centrifugal force to get the sperm together. It was so funny to see my partner wildly swinging a warm jar of DNA around her head.

Sharon (pregnant, Pākehā, mid 40s) also re-names sperm: “The donor would visit our house once or twice a month with a small plastic jar of the active ingredient”. Similarly, Belinda (lesbian, Pākehā) doesn’t mention sperm when discussing how the arrangement with the donor worked: “he would scoot past my place on the way to work and did the deposit in the letterbox”. Elia Wyverkens, Veerle Provoost, An Ravelingien, Petra De Sutter, Guido Pennings and Ann Buysse (2014) examine how some lesbian couples disembodied the sperm, that is, they conceptually separate the vial of sperm they use to conceive their children from the male body it came from. Re-naming creates distance. ‘Sperm’ is connected to a man, whereas ‘active ingredient’ focusses more on the process of creating a child, a contribution to a child. In re-naming sperm,

Sharon moves the focus away from the man to the process her and her partner were involved in.

The desire to be a mother and to inseminate at home requires bringing sperm (and sometimes male bodies) into the home, and sperm into their own body or their partner's body (no one talked to me about trying to get pregnant at the same time as their partner). The home as a conception space is full of awkwardness, lesbians trying to fit within understandings of family (Luzia 2013), exposing heteronormative approaches to conception. Inseminating at home requires a close proximity to sperm, reinforcing lesbian sexuality while simultaneously challenging social understandings of lesbian sexuality. The home space also demonstrates sperm as abject, in both matter and discussion, and which may temporarily shift understandings of lesbian identities and spaces. This highlights the complexities and fluidness of home sexual identities (Elwood 2000; Johnston and Valentine 1995).

CLINIC AS A CONCEPTION SPACE

It is very difficult to access figures around who uses fertility clinics in Aotearoa New Zealand. Government outputs make no mention of sexuality of clients (ACART 2020). From calculations from one newspaper article (Ward 2015) the highest users of fertility clinics are single women (52%), and lesbian couples make up another 29%, and heterosexual couples the remaining 19%. It is interesting that the clinics continue this medical infertility approach to pregnancy, when almost 80% of their cliental, at least initially, do not fit within this approach. Heteronormative infertility is presumed, even in the presence of more socially infertile bodies (that is, bodies that are unable to get pregnant due to identity (for example being lesbian or being single) rather than the body itself).

Fertility clinics reproduce more than just families. One of the debates around Assisted Reproductive Technologies (ARTs) is whether they are “innovative ways of breaking free of bondage to old cultural categories of affiliation or whether they are best denounced as part of a hegemonic reification of the same old stultifying ways of classifying and valuing human beings” (Thompson 2005 p177). Theoretically, this question can be easily answered: the technology itself provides for any number of

permutations and renditions of family. ARTs procedures can challenge biological essentialism of family through the separation of motherhood through egg, gestation, and biology. Situations that exist in the utilisation of ARTs (such as a woman carrying the embryo of her mother and step-father) also challenge biologically essentialist understandings of (in that situation), daughter, husband, father, grandmothers, aunt, and child (Thompson 2005). ARTs destabilise assumptions about family and biology (Epstein 2018).

Mamo and Alston-Stepnitz (2015) however, note: “LGBTQ users of fertility biomedicine are constituted within expanded biomedical fertility services in ways that as is the case for their heterosexual counterparts, reproduce more than humans: they reproduce consumer marketplaces, normativities, notions of belonging, and intensifying inequalities” (p521). These normativities have included (and still include in some places) rules around access to fertility clinics (for instance being married), conditions for public treatment (for example the use of BMI which is based on a normative White body), and the expense of private treatment. In critiquing the failure of ARTs, Eliza Garwood (2016) states:

ART has the potential to bring about non-normative families that shape their lives in new ways, breaking traditional gender/sex and familial dominant discourses. However, in line with sex reassignment surgery, these new opportunities have been legislated in line with normative common sense, assumptions regarding gender identity, sexuality and family structure. (p13)

As Eleanor Wilkinson (2020) notes: “Integral to heteronormativity is the regulation of the ‘right’ kinds of people having the ‘right’ numbers of children” (p663). Even though ARTs offer innumerable ways of doing family, fertility clinics are spaces that regulate heteronormativity and consequently homonormativity. While there is the potential for reproductive technologies to enable a wide variety of family formations, fertility clinics are heteronormative spaces, which are more comfortable for those reproducing hegemonic heteronormative families: two parents who align to gendered norms and replicate the privileged family.

As observed at the beginning of this chapter, Fannin (2003) examines how hospital spaces have domesticated birthing spaces, which reiterates the connection between birth and domesticity. Fertility clinics in Aotearoa New Zealand do not make a connection between conception and domesticity. Wendy (lesbian, Pākehā) describes going into a fertility clinic in Australia: “it was stunning. It was like going into a day spa. It was all feng shui and beautiful oriental stuff everywhere, and when you were having your blood tests done there was just a giant tropical fish tank.” Wendy believed the woman who set up the clinic was “actively trying to make it as calm and as attractive and as non-medical as possible for the very reason that in her belief, that was conducive to being in a better frame of mind to conceive”. In Aotearoa New Zealand the space of the fertility clinic seems to reiterate the connection between science and creating families. Within fertility clinics, ARTs are practiced – which were previously known as ‘Artificial Reproductive Technologies’ - relegating families made in such spaces as artificial and not natural.

In this section I firstly examine how particular understandings of bodies and families create clinics as heterosexual spaces, and consequently how this creates awkward spaces for lesbians seeking to make families. I then look at how mononormativity, cishnormativity and homonormativity are constructed and reproduced within fertility clinics.

“THERE’S NOTHING THERE AT ALL”: CLINICS AS HETEROSEXUAL SPACES

Short (2007) summarises how a particular type of family is privileged:

A family ‘hierarchy’ is constructed, perpetuated by and perpetuating a set of laws, policies, practices and assumptions that attribute different levels of respect, privilege and recognition to different family types. The two major assumptions structuring and expressed in this hierarchy are heteronormativity – that it is ‘normal’ to be heterosexual, and that it is ‘right’ or best to be in a family with heterosexual parents – and what might be termed ‘biologism’ – that the most primary, important and ‘real’ family relationships are based on biology, and, hence, that a child’s biological parents are his or her ‘real’ parents. (p59)

Brown and Perlesz (2008) reiterate this idea, while also reminding us that family “is a culturally dominant idea or world-view that bestows legitimacy, privileges, and resources on some family arrangements, *whilst withholding them from other[s]*” (p287 italics added). The laws, policies, practices and assumptions of family mean that fertility clinics bestow on some people the ability to create family, while withholding it from others. Garwood (2016) recognises fertility clinics “have been set up to deal with heterosexual infertility, [and] implement a heteronormative understanding of fertility” (p11). Fertile lesbian bodies queer these spaces of infertility.

Geographies of reproduction focus on the interior of the body (England et al. 2018) and the power structures involved in artificial insemination (Fannin et al. 2018), exposing the myriad of ways in which the choice to reproduce through artificial insemination is not a choice for many. Instead:

attention to the ways social structures, cultural norms and state policies construct frameworks around what is and is not considered appropriate, desirable or even legal in the realm of reproduction is one of the most salient issues of our time. (Fannin et al. 2018)

As these different powers interweave through spaces, “it marks some bodies and practices at home and some out of place” (Boulila 2015 p135).

Bree (2003) reports that many queer women experience homophobic gatekeepers in fertility clinics. Patricia Stevens (1995) describes the experience of feeling out of place within a fertility clinic: “When you go in, the receptionist calls you 'Mrs'. The magazines in the waiting room, the forms you fill out... Nothing matches anything about your life” (p27). During a couple interview, at one point Ruth (gay, White European) reminds Helen “at one stage you were ‘oh my partner’s down the waiting room’ and someone said ‘oh I’ll go get him’ (laughs)”. Sarah (New Zealand European, early 40s) comments on these assumptions:

There were times when I felt I needed to correct people's assumptions, I think those systems [in fertility and maternity services] are very much geared towards heterosexual couples in the assumptions that they make.

Esptein (2018) observes that: “despite an increased LGBTQ clientele, assisted human reproduction (AHR) services in North America remain profoundly heteronormative spaces” (p1039). In her cleverly titled article ‘Sex cells: the medical market for eggs and sperm’ Rene Almeling (2011) demonstrates how egg and sperm donations are gendered. Motivations, extractions and expectations of use follow gendered patterns, locating sperm within the masculine space of work, and eggs within the feminine space of providing. Heteronormativities are reinforced and reproduced on a variety of scales. I examine three ways that create fertility clinics as a heterosexual space: through websites; the language on forms; and the ways in which ‘family’ is interpreted and practiced within the spaces themselves.

Fertility clinics are heteronormative through the information presented on the website and printed material such as brochures. Text analysis of websites of fertility clinics in North America found “clinics may continue to intentionally or unintentionally gatekeep in subtle ways by maintaining a partnered, heterosexual framework of reproduction” (Johnson 2012 p394, see also Wu et al. 2017). Epstein (2018) says magazines and websites:

[make] it clear who the imagined users are: white, cisgender, heterosexual couples with money and good looks. As a result, LGBTQ people (many of whom are good looking, but lack the other criteria) are often brought under the rubric of a highly medicalized, profit-making system within which their bodies, and families, most often do not fit. (p1040)

Margaret (gay, Māori) and Catherine (gay, Pākehā) commented on the invisibility of two-women couples within the publications when they were researching fertility clinics in Aotearoa New Zealand. Images in fertility clinic advertising present a particular normative idea of who the clinic is there for and Margaret and Catherine felt excluded:

Margaret We looked at pamphlets and things ... and there was nothing really that I could see about same sex parenting, apart from, what was it? Like if you had no other option or something.

Catherine It was more that they were treated as single parents.

Margaret [It was] not tailored for us. There seemed to be tailored, literally tailored packages for different types of situations, but there's nothing really to say 'we welcome lesbians to come and make a family'. There's nothing there at all.

Female couples are not targeted nor visible, and yet they pay to use the service. Similarly, the lack of representation was something that Noni (queer, Pākehā) brought up. Noni and her partner Monica used fertility clinics twice. Noni recalled the difference between her first and second visits to the clinic:

The literature the first time around, there was no sort of visibility of women trying to get pregnant who were outside of a heterosexual relationship. And I think the second time the booklet had two women holding hands and frolicking in a meadow kind of thing (laughter) which was quite weird ... It felt quite odd given that we knew quite a lot of couples who were going there. But we're not really valued.

There is a disconnect for Noni within the fertility clinic. She knows there are women couples using the clinic, but there is little presence of them, and the one picture that may be representative does not resonate (see Figure 4.1. and the picture labelled 'LGBTQI+' for the image Noni is talking about). Finding things 'weird' and 'odd' indicates an awkwardness. While there has been progress, as "the second time" there was an image of two women, Noni, Catherine, and Margaret's experiences demonstrate feelings of exclusion.



Figure 4.1. Fertility website

(source: <https://www.fertilityassociates.co.nz/>)

This representation of two women on the website is also noticeably different to representations of the straight couples on the same page. In the three pictures of straight couples the man and woman have their bodies pressed together, and this is particularly true for the two images of the straight couples by themselves. In comparison, the lesbian couple are only touching hands, and the hands are not touching either of their bodies. Examining the three pictures of couples, the straight couples are smiling and looking straight into the camera, the pictures cropped to focus on the people, whose bodies are close. In contrast, the lesbians are facing away from the camera, there is a lot more background, you cannot see their faces, one woman is wearing a scarf covering her head and sunglasses. The photos of the straight couples invoke a sense of belonging on that page, the photo of the lesbian couple does not signify the same feeling.

Forms that must be completed are another method of enforcing heteronormative families through language. Language is not inert but supports and promotes particular ideas and discourses. As Underhill-Sem (2001) states: “politics of knowledge becomes clear with the privileging of particular discourses over others” (p451). The language used in fertility clinics is heteronormative. The lack of language also prevents

understanding and is recognised by Butler's (1990) proposal that language itself builds in constraint, as it allows for what is imaginable. The language that is used within fertility clinics in Aotearoa demonstrates the interweaving and privileging of embodied subjectivities.

Jane (New Zealand European, mid 30s) indicates online that it is not just one form that creates spaces of exclusion within the clinic:

Along the way we have been given a number of forms to complete that have all been hetero-biased and rather than just cross it out and rewrite, every time we would phone the clinic and say, for example, "you've sent us the wrong form, this one doesn't apply to us as there is no husband". And we would get an apology and then a new form (mostly). We wondered if they quickly scrambled to create a new form, which surprised us given the number of lesbian families that go through these clinics!!

The form indicates the privileged form of family, who the clinic expects to be using their services. Forms work to reproduce a particular heteronormative idea of family - one with two parents, a man and a woman, who are married or civil unioned.¹⁴ Like Noni, Jane experiences a disconnect between an awareness of lesbian families using fertility clinics and the heterosexual practices of fertility clinics. And of course, it is not only lesbian women who are excluded: single women (the largest group who utilise fertility services) and socially partnered (rather than legally partnered) heterosexuals are also excluded through the language on forms. The forms of fertility clinics support a particular heteronormative family.

As well as visual indicators about who is expected and welcome in a clinic, and the language used on forms, how words are interpreted is a further indication of inclusion. The ways in which 'family' is understood and practiced again create spaces of exclusion for lesbian families. The fertility clinic is a space, as Luzia (2013)

¹⁴A civil union is legally the same as a marriage. In Aotearoa New Zealand marriage was initially only permitted between a man and a woman. Civil unions were introduced in 2005 to also allow two men or two women to have a legally recognised relationship with the same rights and responsibilities as marriage provided (heterosexual couples can also get civil unioned). Marriage between two people of any gender was legally introduced in 2013. Ministers and priests can refuse to marry same-sex couples. (see Community Law 2021).

demonstrates, in which lesbian families have to work harder, not to be a family, but to be recognised and protected as one. Within fertility clinics, lesbian couples are required to spend more money, spend more time and spend more effort, in order for them to access the clinic services, and even then, they are not necessarily recognised as a legitimate family.

Fertility clinic policy recommends that sperm from one donor should be allocated to a maximum of five families. This is a policy that can only be enforced within a fertility clinic environment. Sperm donations that occur outside of this space, for example home conceptions, are not bound by this policy or advice. While the language can seem clear, the application of this policy shows the tendency or the ability to interpret so the policy supports heteronormative definitions of family, as Kitty (lesbian, Western European/Pākehā New Zealander) discovered: “And we had to get a special compensation. We were the 5th and the 6th family ‘cause they count lesbian families as two different families, which is bizarre.” Kitty and her partner Polly are not recognised as a family within a fertility clinic. Kitty and Polly weren’t sure whether one or both of them might try to get pregnant, therefore they were counted as two families. Heteronormative definitions and practices of family were presented as the status quo, which exclude her and her partner from being acknowledged as a family. If Kitty’s partner was male, their family would have been the 5th family. Instead, because Kitty’s partner was a woman, within their policy the clinic sees two women as two families, and furthermore because they were the 5th and 6th family, Kitty and Polly had to go through a process to get special compensation. The future of their potential family was not within the control of Kitty and Polly, but rather the people involved in the special compensation process.

Hayley (lesbian, Pākehā) also mentioned the fertility clinic definition of family:

I guess one thing that really got to me [about the fertility clinic] was this whole idea about what constituted family. So a sperm donor can only give to five women, but they use the word “family”. And I challenged them on that, ‘cause we have to pay for sperm for both of us. We had to pay twice because we were two women.

Not only is Hayley and her partner's relationship being denied, but they are also financially penalised, needing to pay twice as much as a straight couple (that is, if a straight couple has not qualified for funded treatment and has to pay). As Hayley's experience shows, the word 'family' has a working definition that is very heterosexual. Hayley herself makes a simple substitution of language to remove the heteronormative bias, replacing 'family' with 'woman'.

This heterosexual understanding of family was outlined to Kitty (lesbian, Western European/Pākehā New Zealander) and her partner when they first went to the clinic:

I think in the initial consultation they explained that you could only do five families per donor and that there were four already. And I don't recall exactly what they said but I think the message was, because you're two women, two separate bodies, two wombs, you count as two families.

Kitty felt heteronormative definitions and practices of family were presented as the status quo, which mean her and her partner are excluded from this definition of family. These practices impact on lesbian choice and decision-making about how their families will be created, as it rules out particular donors for lesbian families, but not for other families. Although Kitty and her partner got compensation to both use the sperm, as mentioned earlier, this option is not in any written documentation nor necessarily shared at any time in the process. It also requires an extra process, and a judgement, which is obligatory only for lesbian couples. Luzia (2013) proposes that within parenting spaces lesbians not only need to negotiate a fit within a heteronormative understanding of family, but are also often required to do more in order to be recognised and accepted as a family. Within fertility clinics, Kitty, Polly, and Hayley's experiences is another demonstration of how doing more to negotiate understandings of family does not necessarily correlate with being recognised or accepted as a family.

“TWO PARENTS REGARDLESS OF THEIR SEX WILL BE GOOD FOR A CHILD”: MONONORMATIVITY

One privilege of heterosexual families is that the two parents are recognised, and these rights (and responsibilities) cannot be challenged by others claiming to be parents. For two parent lesbian families, who have used donor sperm, but live in a

society where biology is often regarded as the determinant of 'real' parenthood, the fertility clinic is a space that gives them this privilege of undisputed parenthood. Sperm donors can restrict who can use their donation (for example specifying lesbians can't use it).

In a discussion about the hierarchy of recipients, Hayley (lesbian, Pākehā) says "the person at [the clinic] told me that actually single mothers are the bottom of the pecking order, that lesbians are above them, in terms of choices which is interesting. That whole premise that two parents, regardless of their sex, will be good for a child". When Rebecca (lesbian, NZ European) talks about the reasons they used the clinic, she mentions the clinic as a space for distancing the donor from parental legal status: "it also seemed good from a legal perspective that [the clinic] recorded that they were donors not parents". This is an example of homonationalism which refers to "dynamic binary processes of inclusion and exclusion. While specific groups are marked with the 'correct' belonging and are deemed legitimate, others are distanced from the public sphere and deemed perverse" (Hartal and Sasson-Levy 2017 p745). Recognising only two parents rewards queer families who mimic a heterosexual way of doing family, but doesn't recognise queer families who wish to be family beyond this two-parent model. Garwood (2016) elaborates:

The importance of sustaining a two-parent model is unceasing within reproductive law; legally it is impossible to name more than two people on a birth certificate, therefore if two women are to legally parent then the child is unable to have a legal father, let alone fourth or fifth parents. This then discourages the formation of more complex co-parenting relationships, always prioritising one couple over the other. Furthermore, not only does this limiting legislation restrict co-parenting options, it also erases non-normative relationships, such as polyamorous relationships. (p11)

Just as hegemonic heteronormativity privileges specific ways of doing heterosexual family, homonormativity rewards some queer families and makes others invisible.

The protection the clinic provides is demonstrated through a court case in Australia. Lesbian parents were seeking to reduce the sperm donor's access to their child, and

the sperm donor brought the case to court to prevent this happening. Where the conception took place was an influencing factor on the result of the case, and the judge not only denied the parents' request but increased the amount of contact the sperm donor was allowed. According to Deborah Dempsey (2004) part of the judgement rested on the fact the conception was not done within the space of a clinic, and therefore the donor was not given "the opportunity to be counselled and to overtly consent to the relinquishment of both the assumptions of kinship and parental rights and responsibilities" (p97). As the donor did not explicitly opt out, the judge reasoned, he can opt into fatherhood. The emotional impact such decisions can have should not be ignored either. Four months after this ruling, one of the mothers and the child were found dead in their home, in a presumed murder-suicide. Conception outside of the clinic may mean biological privilege is prioritised, and a sperm donor may be given rights above the lesbian mothers'. Within a clinic, legitimacy is provided through recognizing both lesbians as mothers while also excluding the sperm donor, both at a physical and legal level. Fertility clinics provide the privilege and protection of mononormativity – that a child has two parents, even if those two parents are women.

Similarly, one of the reasons Paula (queer, Pākehā) and her partner wanted to use a clinic donor was that "it's very clear cut for them [the clinic] how they manage the story". The parents of the children are legally protected, and the sperm donor's role is clear. When discussing using sperm outside the clinic Paula notes: "I don't have a road map for that". The history of the clinic with its lack of litigation provides a clear pathway for parenthood. Comparatively, the absence of home conception stories and information, the lesbian grapevine of sperm donor's changing their minds, litigation in other countries, means negotiating conception outside the clinic is more fluid and potentially more contentious.

"THEY DON'T LOOK LIKE THE MOTHER ROLE": CISNORMATIVITY

As a lesbian couple Vanessa (lesbian, NZ European) feels that her and her partner Cassandra are both being cisgender normative and feminine, and this has had an impact:

We've had really good experiences as a lesbian couple in general because we're not stereotypical. Visually we're not [identifiable as

two queer women]. People are often surprised, so I could say probably quite confidentially that we've had pretty good experiences because of that. ... I think that is also maybe a generalised social reason why we've had an easier ride.

Similarly, Kitty, (lesbian, Western European/Pākehā New Zealander) says that she is "reasonably feminine, and yeah, could pass as straight". Kitty and her partner Polly found their journey through the fertility system reasonably uncomplicated. In comparison, friends of theirs, who present as 'quite butch', were finding the clinic quite difficult. Kitty muses:

I do notice there is often a bit of distinction between how people generally treat women who present as quite feminine. ... versus those that present as really quite masculine and butch. And I have noticed, not just with parenting or anything, but generally, the more sort of the butch ones get a rawer deal you know.

She continues:

I mean it's a totally uninformed opinion, but I wondered if, I don't know, maybe that's part of the cold shoulder [my friends are] receiving from [the fertility clinic]. [They] don't look like the mother role.

Kitty suggests that being lesbian and not gender normative may present roadblocks within fertility clinics, where heteronormative ideas of women, femininity and motherhood are interwoven. Michelle (2006) argues that while ARTs can broaden new territories for mothers, regulations reinforce particular interpretations of bodies by "attaching individuals to specific identities, and establishing norms against which individuals and their behaviours and bodies are judged and against which they police themselves" (p26). Bodies themselves are not impartial, but spaces of cultural interpretation which privilege different representations, depending on gender norms. As McDowell (1995) points out: "masculine characteristics and attributes have different meanings depending on their embodiment in male or female bodies" (p71), so having short hair or wearing a suit often elicits different understandings depending on whether the person is male or female. Johnston (2016) calls for more recognition of where the

privileges of being cisgender are played out, and Kitty and Vanessa highlight fertility clinics as one such place.

**“IT HELPED THAT I’M A MIDDLE CLASS, EDUCATED, WHITE LADY”:
HOMONORMATIVITY**

Lesbians are a ‘doubled subject’ (Johnston 2005; Probyn 2005), in that their bodies are an intersection of both gender and sexuality. Those are not the only identities that may have impact in different spaces (Johnston 2018), as motherhood is shaped by intersecting factors (Boyer 2020). Some of the lesbians who I talked to that used fertility clinics recognised that although their sexuality created some awkwardness due to the assumption of heterosexuality within the clinic, other identities provided privileges that helped them:

It helped that I’m a middle class, educated, white lady so I kind of just shuffled along, and I’m a New Zealander so I sort of shuffled along in that general group pretty well.

Danielle (lesbian, New Zealander/European) is aware that her embodied subjectivity impacts on her experience of becoming a mother in the clinic, and that homonormativity within the space of the fertility clinic allowed her to feel included. Although not identical in their operations and services, fertility clinics in Aotearoa New Zealand are conducive to a normative body, one that is White, wealthy, straight, and gender normative, and this privileging of embodied subjectivities which support narrow understandings of heteronormativity make parenthood more achievable for particular bodies. As Ulrika Dahl (2018) argues, the reproduction of “more than one of the same: white, cis-gendered, feminine” (p1027) broadens understandings of pregnancy and mothering but does not disturb the stratified reproduction of family. This is what Puwar (2004) terms ‘banal versions of diversity’, where people “mimic and masquerade acceptable versions” (p77).

The financial resources required to access fertility clinics was frequently discussed by participants. Many couples could not choose to use the fertility clinic to create their families but did create families successfully outside the clinic (and presumably there are also lesbians who could not afford the clinic and were unable to create families outside the clinic, leaving them childless). For lesbian couples there was an additional

sense of injustice – the intersectionality of wealth and sexuality meant that lesbians could not access fertility treatment that their heterosexual counterparts get free of charge.

Even though in Aotearoa New Zealand fertility clinics cannot exclude people based on sexuality or marital status, due to the ruling of the Human Rights Commission in 1994, the eligibility criteria for receiving public funded fertility treatment remains hetero-normative (Michelle 2006). The criteria for receiving public funding means straight couples can often access free funding, whereas lesbian couples must pay for at least six rounds of treatment first. The requirement for straight couples is a referral from the doctor saying they have tried to get pregnant for at least a year, with presumably no associated cost. The requirement for lesbian couples is 12 attempts, with at least six of these being through a recognised fertility clinic (and then the other six at home, for example). This means paying for up to six IUI cycles (approximately NZ\$800/US\$540 per cycle). (See Appendix 9 for approximate fertility clinic costs.) This cost also excludes blood work done several times for each attempt, and travel and time away from work, for one or both partners. Kelly (lesbian, Pākehā) mentioned the cost of the clinic for their family:

Going down that track is very financially costly. [Our child] owes us heaps of money. We've got all the bills so we're gonna give them to him when he's 21 and say guess what mate (laughter). \$28,000 [approximately US\$19,000] thanks very much.

Megan (Pākehā/New Zealand European/New Zealander, mid 40s) also mentions the cost for her family:

The criteria for getting funded fertility help are atrocious for lesbians. We took seven years to get pregnant and spent \$30,000 [approximately US\$20,000] before we were eligible for funding. ... Given that women are generally paid less than men, I think that lesbian couples are probably less wealthy than heterosexual couples, and so this requirement to spend so much money on self-funded inseminations discriminates against us.

The intersection of sexuality, financial resources, and gender (through the gender pay gap) all impact on disadvantaging lesbian women seeking to create a family.

The social injustice of having to pay for fertility treatment because they were queer was also mentioned by other women:

There's a real base line frustration, the whole thing that basically you have to pay thousands of dollars for a privilege that heterosexual couples at least get a head start. It doesn't work for all of them, and I don't make assumptions about fertility in that way, but at least they get to have a head start and so it kind of feels a bit 'on the nose' [unfair] I think ... it does grate a little bit that you have to pay from the get-go for a process that you physically, mechanically you can't do (Paula: queer, Pākehā).

Similarly, Teresa (Eastern European Western European English, early 50s) said online she "resented having to pay when straight couples who lacked viable sperm didn't". Heterosexual women in a relationship with someone whose sperm is not viable do not usually have to pay for the service. Women in a relationship with another woman (who, it can be argued, also does not have viable sperm) have to pay for the service. Teresa is calling into contention the distinction between 'medical infertility' (for instance a physical condition such as low sperm count), and 'social infertility' (an outcome of life chances and circumstance).

'Medical infertility' is not an objective medical term or biological definition, but "equally a socially constructed phenomenon existing within a complex matrix of historical and socio-cultural specificities" (Statham 2000 p136). For instance, the factors or causes of infertility are often unexplainable as "many couples will not have a clear-cut infertility diagnosis – over 50% in fact" (Fertility Associates 2021). So even though access to fertility treatment is often framed under a rhetoric of medical infertility, which works to easily exclude lesbians and single women, straight couples are given access even though under the criteria for medical infertility, more than half of them are not eligible.

Analysing court cases in Australia, Bronwyn Statham (2000) makes the same point that infertility is a fluid construction, and not based on the biological capabilities of the

body but rather the context of the body. She examined two examples - first, where a heterosexual woman had an infertile male partner, and second a woman with a female partner who was seeking sperm:

In either case, the 'medical (in)fertility' status of the recipient, considered as an individual, is identical. The telling difference, however, is that infertility is (socially) constructed so as to legitimate and protect the integrity of the exclusive couple relationship in the former case (the heterosexual couple is infertile) but not in the latter (the lesbian woman is not). (p138)

Infertility is not therefore solely an embodied medical condition. In the scenario above the straight married woman's body is fertile, as is the lesbian woman's body. The medical condition of both bodies is the same. This demonstrates "the 'biological facts' of 'infertility' stand in a mutually dependent/mutually reinforcing relationship with the prevailing culturally and historically specific social norms of 'proper' familial, reproductive and sexual relations" (Statham 2000 p145). Due to the combination of legal and sexual privilege, one body is given access to fertility treatment, and one body is not. The difference between infertile and fertile bodies is therefore not simply an easy medical distinction.

Kelly (lesbian, Pākehā) jokes about being unable to get pregnant, as many of the women did: "We've been trying for five years, it hasn't worked, I don't know why (laughter)." But she also recognises the social injustice of this distinction between queer and straight couples:

We did feel a bit ripped off about not being able to get funded in the same way that a straight couple would. So that was one thing that I just thought 'oh this doesn't seem fair to me'. It should be funded for lesbian or gay men at the same as it is for straight people who are not able to conceive a baby because I'm not able to conceive a baby with a female partner. It's impossible so I should be able to get funding to do that, the same way as a straight couple.

Kelly and her partner Shannon eventually did get public funding. The reason for their funding had nothing to do with a system recognising inequity or seeking to counter-balance the impact of intersectionality:

We actually had to say that Shannon had been trying with her ex-partner who is a man and that what's got us [the funding].

Kelly and Shannon received public funding to create their family because of Shannon's prior relationship with a man. Being heterosexual outside the clinic (and outside the current partnership) is rewarded inside the clinic.

Lesbian couples, therefore, have financial considerations that most straight couples do not. Their available financial resources impact on their decision-making about how they might create their families. Although Catherine (gay, Pākehā) and her partner Margaret (gay, Māori) initially considered a clinic, they did not use one:

and so we started to look at different ways of having children and 'cause we were students at the time, or I was working fulltime and you were still studying? We were really poor, well that's ridiculous, we were just, we didn't have a lot of spare money and so going through [a fertility clinic] just seemed so expensive to us.

Catherine acknowledges the use of 'really poor' was an incorrect framing of their financial situation, highlighting that if fertility assistance was beyond the financial means of a family who have some discretionary income, then fertility assistance must be out of reach for a vast number of people.

Many women seemed very aware of the consequences of the cost, not just for them, but for others wanting a family. Paula (queer, Pākehā) realises it would affect some heterosexual couples, but not to the same extent:

[money] is a similarly limiting factor for some [straight] couples but I guess because they can get pregnant outside of the clinic, the people who are being disadvantaged, [it] is a much smaller proportion of them.

Paula acknowledges that financial resources affect people's choices in how they create their families: "money is a deciding factor. And that sucks". She continues, recognising both the emotion involved in creating families and her privilege:

I mean Susan and I are incredibly fortunate that ... you know we earn generous salaries but actually I don't think it's right. I know how gut wrenching it is to be able to afford this and to do it, and just know that it's your biology and your chances and your rah de rah de rah that affect the outcome. For me to have considered that money might be a limiting factor, that would just be devastating.

This lack of choice to use fertility assistance is not limited to lesbians, but these comments show how lesbian couples' access to fertility clinics is limited through their gender, and therefore potentially receiving less in wages due to being women, as well as their sexuality, where the privileges of heterosexuality outside the clinic are also rewarded inside the clinic.

Kelly (lesbian, Pākehā) also discusses how money impacts decision-making:

It means that people that don't have the resources can't make the same choices that I can, as someone who is fortunate enough to have resources. It's stink. ... Because then you're probably more likely to put yourself in a difficult position perhaps than if you do have the you know you might end up who knows you could do all sorts I'm sure you understand what sort of things (laughter). And then you get yourself in trouble ... As I said having a child is complicated enough as it is without anything else going haywire.

Kelly highlights the point that the clinic can be a safe space for creating a family and removing the clinic as a choice potentially places people who want to create a family in more precarious spaces and situations.

“WITH A SPRING IN OUR STEP”: QUEERING CLINICS

Fertility clinics tend to be discussed in terms of assisting infertility, places that symbolise failure and lack, and brings other people into a situation that was meant to be private and personal. In this way fertility clinics are framed as heterosexual spaces.

It is heterosexual men and women who use ART to overcome infertility. For lesbians and gay men fertility clinics are not a site of failure, but rather of opportunity. Many queer people expect people outside their partner/s to be involved in the creation of their family. Fertility clinics present an alternative option to DIY insemination. Clinics provide legal protection from future demands from the sperm donor, or legal protection around using a surrogate. For rainbow communities, fertility clinics can be places of potential.

Fertility clinics themselves queer procreational norms, disturbing the connection between sex and pregnancy. Through the use of ARTs, fertility clinics can disrupt traditional notions of kinship, for example through the act of freezing embryos. Children who would previously have been twins are now born years apart, and sometimes to different families. Clinics also allow a distance from sperm. For IUI sperm is contained within vials, handled and inserted by staff using medical gloves. For in vitro fertilisation (IVF) sperm is even further removed, with conception done outside the body in laboratories, and embryos transferred to the body, again by staff wearing medical gloves.

Using a clinic invokes the privileges that hegemonic heteronormativity imbues upon lesbian families. Allen and Mendez (2018) acknowledge that some people “now do family, gender, and sexuality in ways akin to heteronormative prescriptions, benefiting from social and legal progress” (p74). As Phil Hubbard (2008) reminds us, “conforming to a heteronormative ideal may create any number of emotional and physical anxieties, therefore, but is associated with certain material privileges as well as political rights” (p643). Lesbians in this study are often aware of both the heteronormativity of clinic spaces, and their own homonormativity that paved an easier way for them through the clinic processes to create their families.

Lesbian families and their use of ARTs can also be regarded as transgressive:

As a route to conception, donor insemination transgresses conventional discourses concerning conception, and also those concerning parenthood, family structure and kinship connectedness.

Moreover, it enables reproduction beyond conventional gendered and heterosexualised reproductive regimes. (Norqvist 2011 p115)

As well as disrupting heteronormative understandings of family, lesbian families also disrupt gender roles and performativity within families. Similarly, heteronormativity is maintained by not recognising lesbian and gay families as 'family', and so situating both heterosexuals and queer families within 'family' consequently broadens understandings of family. Within fertility clinics then, queer families are "enabled by both complicit acceptance and active negotiation of these structures" (Mamo and Alston-Stepnitz 2015 p521). Just as ARTs can be used in a way that is normative and a way that is transgressive, when queer families utilise ARTs they can similarly be regarded as both normative and transgressive. While inseminating within a clinic can reinforce notions of hegemonic heteronormativity, simultaneously lesbians within fertility clinics are also queering these spaces.

The approach to using fertility clinics demonstrates how lesbian families queer this space. For heterosexual couples, fertility clinics are spaces that reinforce their infertility and their failure. Clinics take what is usually a private event and involve many people. For lesbians, single straight women, gay men, and many others, clinics are not spaces of sadness but represent sites of opportunity. Kelly (lesbian, Pākehā) recognised that her and her partner may have a different approach to other couples utilising the services of a fertility clinic:

I wondered about how it might be different for [the clinic] to be helping obviously a lesbian couple. A lot of the couples that probably go and see them would be so desperate and would have been trying for so long, whereas obviously we just had to go because of biology. We were able to go with a slightly more positive approach or something, with a spring in our step, this is what we want to do and you can help us.

Lesbian bodies are different to the heterosexual couple bodies that utilise the clinics. As Olivia (lesbian, NZ European) recounts, laughing: "[the fertility clinic] would say things like 'you really boost our stats'". Lesbian bodies generally come to the clinic space as bodies of opportunity, contrary to their heterosexual counterparts whose bodies are read as bodies of failure. Lesbian bodies come to the clinic only for a space

of conception, so they may conceive immediately. Fertility clinics maybe less awkward spaces for conception as they allow distance from sperm, and there is a protocol for how the insemination process is conducted.

Some lesbians also disturb the space of the fertility clinic, as they are women yet not seeking pregnancy. Epstein (2018) maintains these women are regarded as ‘space invaders’: they are not expected within the space and also disturb assumptions that bind gender and gender performance. Lesbian partners of women seeking pregnancy were not planned for: there was initially no representation in brochures, there was not space on forms, there is no language.

Another way fertility clinics are queered is through the presence of women’s fertile bodies. Olivia (lesbian, NZ European) and Isabella (gay, Pākehā) felt that the doctor at the clinic approached their situation from a heteronormative model, where the body or bodies are at the clinic because of medical infertility:

Olivia That probably was the thing that I found the most difficult with our doctor particularly this time around ... his expectation and assumption that this was going to be a long and difficult process.

Isabella But then I guess they deal with that a lot ... [Olivia] had no real fertility [issue] it’s just we were missing sperm essentially.

Isabella considers Olivia’s body to be unusual in this setting, that fertility clinics deal with problematic bodies “a lot”, which is also Kelly’s assumption. They are making the distinction between medical infertility (where the female and male bodies have failed to conceive), and social infertility (“we were missing sperm”). Medical infertility is a way access to fertility clinics has been limited to heterosexual couples. Social infertility is a term which derives from a social justice perspective. Recognition of social infertility allows for access to fertility clinics for a wider variety of people, and the reproduction of a wider variety of family. Olivia and Isabella queer the clinic with their fertile bodies, disturbing the assumption fertility clinics are for infertile bodies, and presenting new ways to utilise fertility clinics and create family. Their unexpected fertile bodies are space invaders, exposing the assumptions that women in a clinic are heterosexual.

Paying attention to emotion, that Olivia found this the 'most difficult' aspect, also turns this into an awkward space, where lesbians negotiate their fit into heteronormative spaces of family (Luzia 2013), and which are a "space for reflection, discussion and debate" (Norcup 2015).

The space of the fertility clinic is normalised for straight people and therefore:

LGBTQ bodies, identities and family configurations are frequently misrecognized and unintelligible in the fertility clinic context. The flow of the patient through the clinic is disrupted by the inability of clinic staff to disentangle the assumptive links made between body parts, gametes, gender, sex, sexual orientation, sexual practice and family configuration. (Epstein 2018 p1039)

Clinics do not need to continue to be unconscious or conscious reproducers of heteronormativity. Gorman-Murray (2008a) examines how home spaces do not need to be heteronormative: "The Australian narratives reveal, however, that just as young people can choose to come out against the 'heteronorm', parents too possess this agency" (p38). Just as lesbians can queer fertility clinics, clinics too can demonstrate that people do family in a variety of ways. Using 'women' or 'people seeking pregnancy' instead of 'families' when following policy directives, providing health and sex information in a manner that does not rest on hegemonic understandings of sex for both lesbians and heterosexuals, having forms with language that supports queer ways of constructing families are ways in which clinics themselves can choose to create spaces of inclusion. Nordqvist (2011) argues that the clinic is not only the physical site of conception, but also the place where "legal, medical, kinship and technological aspects" (p120) work together to construct the lesbian mothers and child as family. This is the potential for fertility clinics, but in Aotearoa New Zealand they seem to promote heteronormative families, even while they reproduce families that queer this heteronormativity.

Epstein (2018) emphasises the concept of space for LGBTQ people within fertility clinics:

In a broader sense, LGBTQ people are asking for the space to define their own families and kinship relations, in all their complexities and

hybrid forms, and outside of a model that assumes 'mom and dad'. ... LGBTQ people (and others) who are making use of AHR services to have children, require legal, social and linguistic space to allow them to assemble their particular puzzles in the pattern and involving the body parts, gametes, identities and kinship relations they choose. (p1051)

Mamo and Altson-Stepnitz (2015) maintain that regardless of whether queer users of fertility clinics challenge the boundaries of clinics, or remain within them, the structure is enabling the queer construction of family. "Yet as [Queer users] negotiate and, at times, reinforce these contours, they also participate in new kinship forms as they demand inclusion in one of the most durable and supported social practices: having children" (Mamo and Altson-Stepnitz 2015 p519). The utilisation of ART can both transgress and normalise heteronormative ideals of family. It also highlights that heteronormative ideals of family are unstable and can be redefined and recreated in different contexts. Assumptions about family and biology are destabilised (Epstein 2018). Non-queer families using ART therefore, may benefit from queer ways of creating and understanding families.

Examining the space of the clinic demonstrates the tensions due to the fluidity of infertility, sex, and families. These unstable concepts are used in concrete ways to allow or block access to fertility clinics, to ARTs, and to a family. Fertility clinics are an example of a space where heteronormativity is reproduced and can therefore operate as a space of exclusion. It was recognised both by those who used clinics and those who didn't that inequitable access was a social injustice, denying people a physically safe and legally clear way to create a family, and also denying others a chance of children. The paths to parenthood into and through fertility clinics are often troubled, not only for lesbians but also for many others within and across a variety of other groups with non-normative and therefore non-privileged bodies.

CONCLUSION

This chapter addresses the research question: "how do the decisions and experiences of lesbian women seeking pregnancy highlight heteronormative understandings of fertility, conception, mother and family?" Lesbians engaging with fertility clinics

demonstrate that within these spaces 'fertility' and 'family' are understood through heterosexual definitions. Within home spaces, initial conception practices of lesbian couples often originate within heterosexual norms of conception that connect conception with amorous behaviours of couples.

Fertility clinics and the home are two spaces of conception for lesbians. As sites of reproduction, hegemonic heteronormativity positions the clinic as a detached, medicalised space and the home space as intimate and warm. Lesbians expose the heteronormativity within these sites of conception, creating awkward spaces which require negotiation. Within fertility clinics websites, brochures, forms and language interweave to support and re-produce hegemonic heteronormative spaces and families. Lesbians simultaneously reiterate these ideas through homonormativity and resist them through being two mothers and being fertile bodies within the clinic. Lesbian homes similarly interweave heteronormative ideas of conception and queer practices of insemination.

Fertility clinics, and the normativity they both ensconce and are ensconced within, make it difficult for people to create alternate family formations, particularly safely and legally. Conception at a fertility clinic, through IUI or IVF, queer procreational norms which connect pregnancy to sex. Within fertility clinics other heteronormative assumptions, for instance understandings of 'family', prevail creating awkward spaces when lesbians do not fit. There are also spaces where lesbian bodies mapped unproblematically on heteronormative 'mother' bodies, and lesbians often recognised these paths of privilege based on gender normativity and Whiteness.

Home spaces can move beyond heteronormative understandings of family, by including more than two parents, and separating gender and traditional gendered norms. The home space can therefore initially provide for a more fluid discursive and material family. When lesbians inseminate at home, insemination norms are exposed as heterosexual which can create awkward spaces. Insemination practices then become queered - more process driven and less about emotional connection. Lesbian insemination at home disturbs the procreational norm of pregnancy through heterosexual sex.

Fertility clinics and homes are revealed as both hegemonic heteronormative and queer places of conception when the presence of lesbians create awkwardness, based on assumptions of heterosexuality. This space of awkwardness, situating space, body and emotion, contains the potential for new ways of understandings of family and ways of creating family. Awkward geographies are a useful way to examine the conception spaces of homes and fertility clinics. Lesbian bodies are space invaders within clinics, exposing heteronormative understandings and creating awkward moments. There is little laughter when talking about experiences within the fertility clinic – the intersections where heterosexuality and queerness meet in this professional environment seem to leave little room for expanding heteronormative practices, though there is negotiation for lesbians to fit within existing understandings. Lesbian homes are spaces that expose procreational norms as heteronormative, and lesbians work to queer these expectations, creating practices that are more suitable. Stories of home conceptions are abundant with laughter, demonstrating the many ways home conceptions, and the telling of them, are awkward. Within homes and/or within the stories of homes laughter seems to be a transformative energy, allowing movement through awkwardness to reform heteronormative assumptions about conception and family into practices and discussions that better fit the experiences of lesbian women.

Whether lesbians choose fertility clinics or homes, they highlight that these spaces of conception contain heteronormative understandings of conception, fertility, mother, and family. Lesbian couples in a fertility clinic disturb this heteronormativity, often creating awkwardness when the staff are confronted with their assumptions. Within the home there is often awkwardness involved when lesbians couples try to conceive, mimicking heterosexual norms. These spaces of awkwardness are often dispersed through laughter, creating opportunity for new, queer, ways of understanding and performing conception rituals.

CHAPTER 5:

HETERONORMATIVE AND QUEER SPACES OF PREGNANCY AND BIRTH

In this chapter I examine maternity spaces where pregnant lesbian women and their partners tend to interact with the health system. Other places, such as workspaces, also come into discussion, because as the pregnant body becomes progressively visible as such, it correspondingly becomes increasingly commented on. I pay attention to how the pregnant lesbian body and non-pregnant lesbian body elicit responses in maternity spaces that indicate how tightly sex, gender and normative gender roles are woven together. I draw on Allen and Mendez's (2018) idea of hegemonic heteronormativity, which highlights how a particular heterosexuality is normalised – one that involves cisnormativity, mononormativity, and normative family. These three aspects are similarly homonormative, influencing the creation of family by lesbians. While maternity places such as ante natal classes and hospitals are imbued with heteronormativity, the presence of lesbian couples can both normalise heteronormativity (and thereby reinforce homonormativity) and trouble understandings of mother, of father, and of family. Similarly, while pregnant lesbian bodies are often regarded as normative and therefore presumed to be heterosexual, as lesbians they also challenge the heteronormative assumptions of the places they are in. At a fundamental level, Fiona Nelson (1999) maintains:

A woman's lesbianism can marginalize her within the maternal discourse because here [within the maternal discourse], as in most social spheres in Canada, there is an assumption of heterosexuality. To enter the discourse and offer information about herself and her life, a lesbian woman has to "come out" of a stigmatized closet. Although lesbianism does not exclude women from the discourse, it sometimes makes interaction there awkward. Those aspects of mothering that are unique to lesbian women have not been acknowledged in the mainstream, heterosexual maternal discourse. There, as elsewhere, lesbian women are rendered invisible by the assumption of universal heterosexuality. (p43)

Pregnant lesbian bodies tend to be read as heterosexual, which can create awkward spaces for lesbians, continually placed in situations where they have to decide whether to come out or not. If they chose to come out, they may make others uncomfortable too. Both maternal bodies and maternal spaces are generally presumed to be heterosexual, but can be queered through lesbian presence. Coming out highlights the presumed heteronormativity of place, and this through this unveiling the space is queered. Paying attention to the awkwardness, to the emotion of the body in a place, also provides opportunity for broadening understandings of pregnant bodies.

In this chapter I firstly examine assumptions made by others about expectant lesbian bodies. Due to the strong interconnections between pregnancy, heterosexuality and family, pregnant bodies are presumed to be heterosexual, and expectant (but not pregnant) lesbian mothers are invisible or marginalised. Sometimes lesbians deliberately create awkwardness, allowing people to be confused by their own assumptions. The language of parenthood also excludes expectant lesbian mothers who are not pregnant. Mapping of gendered bodies onto performances of mother or father is tightly connected, where expectant lesbian mothers fit awkwardly into both categories, but also into neither. In the second section I move from bodies to spaces and examine two institutional spaces purported to support and nurture the journey from couple to parent and family. Practices within antenatal classes highlight assumed heteronormativities and consequently are places of extreme awkwardness for lesbians. Depending on the language and behaviour of different staff, the maternity ward tended to be a more fluid place, fluctuating between a heteronormative space and a space that accepted, and sometimes celebrated, lesbian couples and their performance of family. Yet, policies and procedures worked to reinforce maternity wards as a heteronormative space. By being out in maternity spaces, lesbians disturb and queer these spaces. These places where lesbians and others feel awkward, also create opportunities for broadening understandings of doing mother and family.

EXPECTANT MOTHERS

In this section I examine how heteronormative assumptions of pregnancy and expectant motherhood impact on pregnant lesbians and expectant lesbians who are not pregnant. Lesbian bodies tend to be repeatedly read as heterosexual, and this is

particularly the case for pregnant lesbian bodies. In public spaces pregnant women are read as heterosexual, and seemingly benign enquiries, based on heteronormative assumptions, can create awkward conversations with pregnant lesbians. Heteronormative spaces and pregnant lesbian bodies create spaces of awkwardness, as lesbians consider whether or not to come out. As impending motherhood is read upon the body, expectant mothers who do not look pregnant (as they are not pregnant), can cause confusion when they mention their upcoming motherhood. People do a double-take, scanning the lesbian body to try to make sense of the situation. I extend the theoretical framework of awkwardness to frame lesbian's experiences of impending motherhood as indications of how hegemonic heteronormativity is embedded in the everyday, and/or can also be places of opportunities where understandings of lesbian, mother, and family, can be expanded.

**“IT’S LIKE WEARING ‘I HAD SEX WITH A MAN’ ON MY BODY”:
HETERONORMATIVITY OF PREGNANT BODIES**

Pregnant bodies in public spaces are often constructed as heterosexual and can be regarded as an embodiment of heterosexuality: the act of sex between a woman and a man (Longhurst 2008). As Elizabeth (lesbian, Pākehā) vehemently explains about her pregnancy:

It’s like wearing ‘I had sex with a man’ on my body and I’m like, no I didn’t!

Laura Mamo (2007) contends that lesbian reproductive practices work towards “the delinking of reproduction from sexual intercourse. At the same time lesbian insemination denaturalizes the assumed link between heterosexuality and parenthood” (p22). The body of a pregnant lesbian both destabilises heteronormativity of procreation and pregnancy but also can be read as reproducing these same heteronormativities. The act of being visibly pregnant reinforces normative practices of heterosexuality and works to name lesbian bodies as heterosexual. Elizabeth found that the usual assumptions that she was heterosexual when she was out and about in public increased when she was pregnant:

When I was pregnant, how often people would, you know, people assume you’re straight anyway, but way more so.

Sarah (New Zealand European, early 40s) also alludes to the constant assumption that as a pregnant woman she was straight:

It was sometimes disheartening to be constantly outing myself. Although of course it was my choice to do so. As a pregnant lady I had the option of heterosexual privilege. It was my choice to challenge these assumptions.

Sarah also mentions two other aspects of heteronormativity that arise with being pregnant: the emotional drain around the assumption of heteronormativity, and the choice of whether to correct this assumption. Pregnant lesbians do not need to come out as queer but can maintain the façade of heterosexuality. Longhurst (2008) discusses this notion of the 'closet space' with regard to pregnant women coming out at work. In those situations, the choice is about time and place of when to come out, not whether they will come out. Pregnant women need to disclose their pregnancy, or else their body will announce it for them (unless there are miscarriages or bodies that can hide the pregnancy). For pregnant lesbians, or in the traditional 'coming out' situation of people self-disclosing their sexual identity, hegemonic heteronormativity pervades so that people are presumed to be straight and pregnant lesbians can choose whether to remain in the closet, or to correct people's assumptions.

These assumptions of heterosexuality can be disturbed. Elizabeth (lesbian, Pākehā) talks about how she is frustrated by the assumption of being straight during her pregnancy, "and so I would do whatever I could to be as queer as I could (laughter)". When I asked what sorts of things, Elizabeth answered: "Just be more, maybe I was more outspoken about correcting people when they assumed that I was straight." Amy (Māori New Zealand European, early 40s) felt that being a lesbian and being single worked together to present her as straight. Unlike Elizabeth, Amy often didn't challenge people: "I chose to have a child as a single lesbian. Being single made me invisible as a lesbian and I didn't go out of my way to correct anyone's assumptions (that I was straight)." Decision-making about coming out when a family, or a family to be, can be different to making decisions about whether to come out as an individual. Whether an individual chooses to come out in any particular space is often based on individual safety and risk (Valentine et al. 2003). As a single lesbian mother, Amy's decision includes considerations of individual safety, but perhaps also to receive

privileges afforded to straight mothers. Heterosexuality provides emotional, social and legal benefits. As Short (2007) maintains:

The obstacles and difficulties caused by the existence of the family 'hierarchy' and the related legal and social discrimination against lesbian parents (particularly against non-birth mothers) can be experienced on a daily basis, including when interacting with strangers, doctors, schools, government agencies, airport staff, insurers, sperm providers and family. (p59)

Circumventing potential discrimination is a fundamental reason for lesbian families choosing to not come out, to ensure they are included as family legally and in social situations. Decision-making around whether to come out for lesbian couples is also around informed by issues of inclusion and recognition. For Elizabeth it seems having her sexuality recognised was a factor, which also brings her female partner into the discussion when she is physically absent.

In the previous chapter, I discussed how Epstein (2018) used the notion of 'space invaders' to examine how queer bodies are unanticipated in fertility clinics. She also demonstrates how bodies can queer fertility clinics when they do not map onto assumptions where "body parts = gametes = sex = gender = sexual orientation = sexual practice" (p1047). Similarly, when pregnant lesbians challenge the assumption of heterosexuality, they queer the sexuality of pregnant bodies. Heterosexuality, femininity and pregnancy are socially and culturally tightly interconnected (Dahl 2018). This assumption is disturbed by pregnant lesbians coming out in everyday spaces, which creates awkwardness as contradictory expectations exist in the same place. Cisnormative bodies travel easier through fertility clinics (explored in the previous chapter) and this ease carries through to other spaces, Trans and nonbinary scholarship have only become visible in geography in the last decade or so (see Johnston 2016), and consequently research around pregnant trans men's and gender nonbinary people's experiences of how people read sexuality on their body is limited (though see Charter et al. 2018). While pregnant trans men could create awkward spaces, as there is a conflict between gender performance and female pregnancy, they could also work to confuse the way sexuality is read upon a pregnant body. Pregnant trans men challenge the assumption of a heterosexual pregnancy which

maps easily onto gendered performances of a man and a woman. Similarly, when the visual performance of gender is absent (perhaps understood as androgyny) or combined (gender queer or gender bending) upon a pregnant body, how is sexuality ascertained?

Hubbard (2008) troubles the notion there is only one type of body and desire that can be classified as 'heterosexual' and calls for attention to be paid to the ubiquitous geographies of heterosexualities. Elizabeth's (lesbian, Pākehā) experience as a pregnant lesbian in public spaces exposes not only the heteronormativity around her pregnancy, and that she was straight and had sex to get pregnant, but that there was a specific (and narrow) assumption around her heterosexuality – not only was she heterosexual, but that she must be married as well:

They would say the word husband as well, so really assuming that I was married, and you know I wear a ring, but still. That could be really awkward if you were a single woman or it was a one-night stand. It's not just me who they're making a wrong assumption [about].

Heteronormativity and the corresponding reading of pregnant women as married, incorrectly labels lesbians, but also many heterosexuals, as Elizabeth mentions. Wendy (lesbian, Pākehā) also told a story that situated mothers and marriage together:

I was talking to another friend's husband, we were talking about kids cause they're expecting one, and we were talking about height of children and how [my child] had taken after me. And he said 'how tall is your husband?' ...and I was really tongue tied, which actually really irks me to this day. Because I wasn't actually thrown by the fact that he'd assumed I was straight, I was thrown by the fact that he just assumed that I was married (laughs).

There are many ways to express heterosexuality, however heteronormativity produces a very narrow way of being heterosexual, which excludes not only those who are not heterosexual, but also a number of people who are heterosexual but do not fit within this particular framework. This reflects Allen and Mendez's (2018) notion of hegemonic

heteronormativity, which posits heterosexuality has to be performed in specific (and narrow) ways to be privileged. Elizabeth mentions one-night stands, naming another way of achieving heterosexual pregnancy that sits outside the assumption of a couple. The 'awkward' spaces that lesbians find themselves in, can also include heterosexual bodies who are performing heterosexuality in ways that challenge the boundary of a particular heteronormativity. Pregnant lesbian bodies therefore not only queer the sexuality of pregnant bodies but also draw attention to the variety of practices involved in heterosexuality, to potentially broaden understandings of heterosexuality.

Elizabeth also mentions wearing a ring, a symbol of traditional heterosexual marriage. The practice of marriage is not limited to straight bodies in Aotearoa New Zealand. Since 2005 Civil Unions have been recognised, and since 2013 same sex couples can have their relationship legally recognised through marriage. A ring may therefore represent a married straight couple or a married queer couple, though of course a couple may be married, and choose not to wear a ring on the traditional ring finger. There are many ways of expressing heterosexual and queer coupledness, and the typical assumptions made about a ring on a particular finger indicates a strong association of straight sexuality and marriage, and a narrow understanding of heterosexuality, which excludes both non-heterosexuals and heterosexuals.

As pregnancy and heterosexuality are so woven together, the link between being pregnant and therefore there being a father is so strong that even when people are talking to someone they know is a lesbian, queries about the father are still commonplace, as Noni (queer, Pākehā) discovered:

When I got pregnant, I was a little interested in, on some level surprised, by people asking if it was the same donor [as their first baby], but often saying is "it the same dad?" or something, by people [who didn't] necessarily know us well enough to know that there wasn't a dad, per se. That kind of thing was sort of interesting, that people feel that that would be a thing that you'd ask, kind of like "have you got a name yet" or something?

The protocols surrounding pregnancy normalise asking about potential names for the baby, but most people would not ask straight women, who they don't know that well,

if their second child has the same father as their first child. The heteronormative linking of pregnancy to father means pregnant lesbians are outside these protocols, creating a space where Noni is subjected to unthinkingly hurtful questions which have little consideration of boundaries and emotional hurt, and which further demonstrate bodies that fit in, and bodies that don't (Johnston 2019; Probyn 2004). When there is a lack of models or examples, this can create awkward spaces (Aitken 2004).

Another narrative which follows the assumption of heteronormativity, and the assumption there is a mother and a father, is the assumption that the child is the genetic offspring of both parents - a reasonable assumption for a straight couple (though not always correct) but not possible for a lesbian couple. As the pregnant body is often deemed to be 'public' property (see Longhurst 1996 2008) and regularly commented on, lesbian women can find themselves involved in confusing conversations. Lesbians queer normative assumptions about the creation of family through genetics. In one such conversation, Elizabeth found everyone ended up confused, herself included:

[People would] look at me and be "oh you're so big, how tall's the daddy?" And I had these funny (laughs) like moments where, cause you're just tired and you're out of it, I had these moments where I'd be like "oh the donor's" or... cause normally when people assume that I'm straight I just say 'oh my wife' so I'd say "oh my wife's actually shorter than me" and I'm like, oh wait that's not relevant, wait a minute. And by the time I've actually gotten to the answer they're like 'okay', backing away.

The normative conversation with a pregnant woman is queered and troubled by many aspects within Elizabeth's story. The casual inquiry of 'how tall is the daddy?' indicates an expected connection between a pregnant woman, the person providing the sperm, and the relationship between them both. By disrupting these connections lesbians queer family.

These ideas are being disrupted here, and 'family' is queered by muddying the heteronormative assumptions that families are created through genetics. Rather than the tidy story of a woman pregnant carrying the genetic baby of her male husband,

there is a wife, and a donor, her legal partner is the parent of the baby, but someone else is the genetic contributor of the baby. The question 'how tall is the daddy?' is queered because there is no daddy, and the tallness (or not) of the partner of the pregnant woman is irrelevant to her pregnant state, and asking about the height of the donor seems an awkward question that potentially moves the conversation away from normative superficial conversation around pregnancy into a space of more in-depth personal enquiry.

Hegemonic heteronormativity presumes a pregnant person is a cis-gendered woman with a male partner. As queer family-making does not parallel hegemonic family-making, heteronormative questions create confused spaces. Pregnant lesbian mothers often found their body was read as heterosexual. Lesbians sometimes chose to not challenge these social and cultural norms for a variety of reasons including to receive heterosexual privileges. If lesbians decide to expose these assumptions by coming out, this is followed by awkwardness, which Aitken (2004) relates to a lack of models.

“MARGINALISED AND NOT SEEN AND NOT INCLUDED”: WOMEN WITH PREGNANT PARTNERS

Expectant lesbian mothers who embody potential motherhood have different experiences to expectant lesbian mothers who do not. Those who do not have their expectant mother-status visible think this is understandable in public spaces:

When you're shopping for baby clothes and stuff people just think that you're buying it for someone else, not your own child. Which is kind of natural cause you're not showing (laughs). (Stacey: lesbian, Australian)

In this way their experiences may be aligned to the experiences of expectant fathers, who also do not have expectant fatherhood inscribed upon the body (though a father shopping for baby clothes may be asked if it is for his own child). Framing this understanding as 'natural', Stacey demonstrates how the discourse of pregnancy being read upon the body is firmly entrenched, and therefore difficult to shift.

It is normative for expectant fathers to not be pregnant. Although there are many situations where women can be anticipating a baby in a few months and not be pregnant (for example adoption, surrogacy, having a pregnant female partner) Kitty's (lesbian, Western European/Pākehā New Zealander) experience demonstrates how a non-pregnant woman expecting a baby in a few months is unexpected:

There were a few bizarre episodes where people would be talking about their kids. I'm like 'oh yeah I'm gonna have a kid in a few months' and they'd look at me and be like 'what?' (laughter) and then I'd have to explain again.

The implication is that impending motherhood is read on the body ("they'd look at me"). Women who are pregnant and not planning on being mothers, such as surrogates, could make valuable contributions to this discussion, however current scholarship on surrogacy and pregnancy tends to focus on surrogates' experiences of being pregnant, rather than their experiences of people's assumptions about their impending motherhood.

Some potential mothers whose partners were pregnant, such as Hayley (lesbian, Pākehā), had fun being an expectant mother, and not visibly pregnant, queering people's understanding of 'mother':

That was real fun 'cause often leading up to when I was finishing work, I mean I'm obviously not pregnant, I'd be worried if people thought I was, but as I started to get my appointments in order for meetings coming up, I'd have to say to people 'oh I can't' and I could have just said 'I'm on leave' but I thought, na [slang word for 'no'] bummer it, I'm about to become a mum, this is exciting. So I would say to people 'I'm about to go on parental leave' and (laughs) usually that would be the nice way to do it. But if I wanted to be a little bit cheeky I'd say 'oh I haven't told you? I'm about to become a mum' and they'd kind of look at me, 'and I'm going on parental leave in two weeks' time' (laughter) and they'd get really confused.

Hayley also mentions "they'd kind of look at me", people searching for the embodied expectant mother, and being confused when this normative understanding of potential

mothers was missing. The choice of Hayley to 'come out' is also apparent in this narrative, but she chooses not to deny her experience because "this is exciting". Hayley chooses to come out based on positive emotions.

Shawna (lesbian, Pākehā), who experienced being both a pregnant mother and the partner of a pregnant woman, says of being a partner:

There's certainly huge potential to be sort of marginalised and not seen or not included.

There is a tight connection of sex, gender and gender performance. As Katie Merkle (2018) states: "the social construction of gender cannot be detached from the social construction of maternities" (p92). Pregnancy, breastfeeding and motherhood come under the umbrella of 'maternities'. Any diversion from the expected female/woman/mother triad has the potential, as Shawna notes, to make people outside of this invisible (Browne and Ferreira 2016). Heterosexuality presumes not only attraction to the 'opposite sex' but also the assumption of motherhood for women (Rich 1980), "to not desire procreation is incomprehensible" (Wilkinson 2020 p664). The experiences of lesbian mothers demonstrate that part of the normative 'mother' is to have this read on the body through pregnancy. Non-pregnant lesbian expectant mothers therefore challenge expected gender binaries during the period where expectant motherhood is "looked at" and seen on the body.

'Cisgendered' is a term that connects social privilege with normatively gendered bodies (Enke 2012) and therefore within colonised Aotearoa New Zealand, non-Western, non-heteronormative gender categories are denied social privilege. Johnston (2016) recognises "geographers are yet to consider the normative and privileged places associated with being cisgendered" (p674). Fertility clinics are one place where cisnormative bodies may experience privilege (see previous chapter). This examination of non-pregnant expectant lesbian mothers contributes to genderqueer geographies, looking at both how the social privilege given to mothers through language and inclusion in maternity spaces is denied to those who do not fit within a sex/gender binary but also how the understanding of sex and gender extends to performative roles that are read on the body (see Butler 1990).

Disturbing the assumed sex = gender = gender performance equation, lesbians who become mothers outside of birth are often regarded as 'lacking'. Speaking of men with breasts, who also disturb this trinity, Longhurst (2004) says they are seen "as a lesser version of a man, and a lesser version of a woman. It is not possible for him to be seen as anything but a poor copy of both. There is no space for him to exert his difference" (p162). Lesbian mothers who are not performing their role in a normative manner confuse the connection between female, woman, and mother while at the same time open up different pathways and spaces to motherhood. This experience may be similar for adoptive mothers, mothers using surrogacy, and pregnant men. This absence of pregnancy on the female body (or the presence of pregnancy on a male body (Epstein 2018)) can make maternity spaces uncomfortable.

A lack of language can also exclude women who are not pregnant from maternity spaces, just as a lack of language can exclude lesbian women from fertility clinics (see previous chapter). The lack of a common name and common role seemed to contribute to a sense of awkwardness, in both private and public spaces:

There was a few times where people didn't kind of know the words or have the understanding to ... comprehend that ... but the people that were close to me ... like my family and my friends ... understood it as I would have hoped they'd understand it, I'm going to be a parent, but also I didn't really know what it meant either you know. What I mean, like it was a first experience for me, so I was kind of, I was sort of wondering myself actually (laughter). (Michelle: lesbian NZ European)

The awkwardness is not just for others, but also for Michelle, for whom this is also new. Michelle's conversation is full of pauses as she discusses something that is not often discussed. The lack of language and the lack of stories for Michelle, contributes to a space of awkwardness, and once again, as in a number of other interviews, there is laughter to both indicate and mask this sense of discomfort.

Michelle (lesbian, NZ European) also mentions that this lack of language, particularly the lack of a name, was a point made by others outside the couple:

I remember one person saying 'I won't know whether to call you mummy or daddy' or something stupid (laughs).

Being a female, and having a lack of pregnancy, situates a group of potential lesbian mothers in a marginal space. The partner of the pregnant woman is regarded as a 'daddy' because she is not the mother, but also a 'mummy' because she is a woman, showing how lesbian mothers can disturb the connection between gender and parental roles. By being both a mummy and daddy and neither a mummy or daddy, lesbian mothers queer parenting. This also demonstrates the instability of identities, and also that identities are both written and read on the body and also performed by the body. In this way non-pregnant expectant lesbian mothers contribute to genderqueer geographies.

Notions of motherhood also often operate on the assumption that the gestational mother is also the genetic mother, which is always true. If using a fertility clinic and undertaking IVF, it is possible (though very expensive) for one woman to provide the egg for fertilisation, and then the blastocyst to be placed in the uterus of her partner. In this way, the woman who gave birth to the baby is not genetically related to the baby, as may be commonly assumed. It also raises questions and demonstrates the complexity as to what makes a 'real' mother. In one situation, where the same woman provided the egg and the womb, people understand her to be the 'real' mother, and the woman who did not provide egg nor womb, not be a mother. In another situation where one woman provided the egg and her partner provided the womb, and where it is only possible for there to be one 'real' mother – who is the 'real' mother? The genetic mother? Or the gestational mother? These are, of course, all ways, within a plethora of possibilities, to be a mother, and to mother.

If lesbians challenge ideas that being a mother is only based on the body (that is, to be a mother there needs to be a genetic connection and a connection through pregnancy), what performances are necessary to be a 'mother'? Partners Tania (lesbian, Australian European) and Shawna (lesbian, Pākehā) both experienced being a pregnant mother and having a partner who was pregnant. In their conversation, Tania and Shawna both mentioned feeling like a mother when pregnant, a hegemonic heteronormative connection of femininity, pregnancy and motherhood (Dahl 2018).

When their partner was pregnant, they agreed they did not feel like a mother until after the baby was born:

Tania Until Larissa was born, I felt like the partner of my partner who was pregnant. I felt like we were going to have a baby, but I don't know if I would have called myself a mother at that point.

Shawna Yeah, maybe I didn't feel like the mother of Marc either until he was born and even then, I mean it probably takes a while to grow into that role when you haven't birthed the child. ...That whole time Larissa was growing I really, I felt really quite connected to this new life, I mean you grow into that role as a mother/parent. It was all kind of freaky to start with. I had no idea what to do but I did, I did feel that I was growing this life and that I was going to be you know, I suppose 'mother', I could probably find a better word than mother but definitely [it] was quite profound, [it] was quite a profound nine months for me. You were a bit more busy and tired or something.

(laughter)

Tania I enjoyed the being pregnant and being aware of growing a baby. I enjoyed that whole thing, feeling the moment, it was quite a kind of private feeling like having a conversation but being aware of someone in your body. I liked that. I guess that's a mother feeling.

'Growing' underlies both aspects of motherhood, both embodied and actioned motherhood, motherhood that 'is' and motherhood that 'does'. Being pregnant allows for time to grow into the role of motherhood, while concurrently growing the baby. Without the embodied pregnancy, motherhood also develops over time, something that Tania and Shawna grow into, with time. Their language indicates that being pregnant did not automatically make them feel like 'mothers'. While pregnant with Larissa, Shawna said she grew into being a mother, and questions whether 'mother'

is the correct word for what she was feeling. Tania also doesn't label her connection with Marc definitely as a mother, but instead 'I guess that's a mother feeling'. Whether embodied or not, Tania and Shawna's experiences were that 'mother' was a performative role that took time to grow. The interweaving of sex, gender, and gender roles creates a space of exclusion for expectant lesbian mothers who are not pregnant.

MATERNITY SPACES

Everyday practices construct and normalise heterosexual spaces and places (see Browne 2007a; Morrison 2010). In this section I examine how heterosexuality is normalised within the spaces of antenatal classes and hospital wards. Maternity spaces are a common space of heteronormativity within Western countries. A review of 10 studies (within five countries: United Kingdom, United States, Australia, Sweden and Portugal) of lesbians' experiences of conception and maternity spaces of the health care system found that in "all studies reviewed, researchers reported that lesbian women seeking maternity care experienced some amount of heteronormativity or homophobia in their health care encounters" (Gregg 2018 p47). One common way heterosexuality is assumed is through forms which only listed 'father' and allows for no alternative. Such heteronormativity can make both couples feel embarrassed and self-conscious (Hayman, Wilkes, Halcomb and Jackson 2013), force the couple to continually come out (Chapman et al. 2012) and deny the non-pregnant partner parenthood, which consequently means they have to assert themselves to be recognised as a parent (Wojnar and Katzenmeyer 2014).

"A BIT HETERO AND CRINGEY": ANTENATAL CLASSES

Of all the conception and maternity spaces expectant lesbian mothers in my study encountered, it was within antenatal classes that respondents most strongly felt awkward and out of place:

Antenatal classes, which were a bit hetero and cringey. (Deborah: New Zealand European, mid 30s)

[Antenatal classes were] probably the worst of all maternal services in regards to inclusion. (Mary: NZ European, mid 30s)

Antenatal classes were discussed in 15 interviews, and in 11 of these interviews (73%) antenatal classes were discussed in negative terms. With the online survey, 53 women commented on the antenatal classes they attended: 75% mentioned negative things, and the other 25% talked about the classes positively. This indicates that only one out of four lesbian couples found antenatal classes to be at least partly a positive experience. As Kerry (lesbian, New Zealand European) explains:

Yeah we did [attend antenatal classes] which was [for] the most part good, but that was the only really heteronormative space that we found.

Even though Kerry and her partner found antenatal classes beneficial, it was still the place where the expectation of heterosexuality was most dominant. In his discussion on the awkward spaces of fathering, Aitken (2004) contends “the awkwardness stems, in part, from unclear models on how men should be fathers as well as a lack of recognition of what constitutes the work of fathering” (p207). This may explain some of the awkwardness lesbians experience in antenatal spaces – others are uncertain about how two mothers map onto heterosexual understandings of mother and father and others lack an awareness of how lesbians can mother and father.

Although the lesbians I talked to were almost always the only lesbian couple attending the antenatal class, this was never the reason given why they felt excluded, nor was it the only conception or maternity space in which they were the only queer people. Their sense of being space invaders was due to several aspects, including normative understandings of family, exclusionary language, and gendered roles.

One way in which the heterosexual nature of the space of antenatal classes was imposed was through language, which was on the initial application forms. This interaction, one of the first, indicates the classes are targeted towards heterosexuals:

Even on the antenatal forms there is nothing for [the] partner. I had to keep correcting it. It was [name of an organisation]. I'd write in 'partner', because they give you mother/father/support person, and support person didn't feel right. I'm not a support person, well I am, but I'm more. (Hayley: lesbian, Pākehā)

This replicates the experience of those in Luzia's study (2013) in Australia, and also many of the experiences in the 10 studies Isobel Gregg (2018) reviewed, where "In many hospitals and health care centers, heterosexual assumptions were present on medical forms, which had spaces only for "father" and not for any other type of partner/parent" (p47).

Antenatal classes as heteronormative spaces are also supported by the facilitators. Again, the language used by facilitators within the antenatal classes reinforce normative assumptions of a mum and a dad:

The midwife who lead knew we were coming but insisted on talking about 'mummies and daddies' throughout. (Natalie: no details)

But there were so many references to 'dads'. (Erin: New Zealand European, mid 30s)

The person taking the class only used het[heterosexist] speech. Father this father that, het videos and written handouts. (Andrea: Pākehā, late 50s)

There were no other same sex couples and a lot of references to "Mum and Dad" or "the dads" which made me feel excluded. (Bridget: New Zealand European, early 40s)

At one class the teacher continued to refer to the non-carrying parent as "the man". (Jane: New Zealand European, mid 30s)

Except they kept saying 'dads over here' - rather than partners. (Sheree: British, mid 40s)

We got fed up with the splitting into "mums and dads" groups. My partner did not mind sitting and working with the guys but being constantly referred to as a "dad" was not a great introduction to parenthood. (Mary: New Zealand European, mid 30s)

This exclusion was also experienced by potential lesbian mothers in Brenda Hayman, Lesley Wilkes, Elizabeth Halcomb and Debra Jackson's study (2013). Hayman et al. recognises that this exclusion ties in with two of the four types of homophobia lesbians

experienced within the health system: exclusion and heterosexual assumptions (the other two being inappropriate questioning and refusal of services).

Language within antenatal classes work to reinforce these places as heteronormative spaces. Language presents and supports a mum and a dad as family. Lesbians, as well as many others, are marginalised and excluded in a space that is designed to support the journey to parenthood. In an environment that expects mums and dads, two women are noticeable as 'space invaders'.

Another method of exclusion was through normative understandings of family, and denying, rather than accepting, alternative ways of being a family. Expectant lesbian parents felt alienated in antenatal classes when their relationship was denied:

The woman [taking the class] couldn't get ... She couldn't see Ivy as a partner for me, just couldn't actually visually see her. She kept talking about her as the grandmother. (Philippa: queer, Pākehā)

She just could not see us as a couple and kept calling my partner my mother, finally got her to 'friend'. (Andrea: Pākehā, late 50s)

The lesbian relationship was not only denied, but also reframed and re-labelled. The antenatal space maintained heteronormativity by separating lesbian couples, isolating one as a prospective parent and the other as a relative or friend, fitting the space invaders into categories that made them more familiar. This progression of changing identities was also mentioned by another respondent, referring not to the facilitator but to the other people attending the course:

The other pregnant mothers couldn't rationalise my partner's participation in all the classes i.e. [it] took a while to realise that my partner's stomach wasn't getting larger. We continually clarified our relationship and they continued to either see her as "a good friend", perhaps "a sister" and finally after three months "like a father". (Emily: New Zealand European, late 50s)

Practices undertaken by the facilitators, such as ignoring the relationship between two women, are taken up by the other members of the group. Emily also seems to indicate a correlation between the acceptance of the group and the naming of the partner with

a relationship that moves emotionally closer to the pregnant woman, “like a father” being the pinnacle of possibility for a partner of a pregnant woman.

While non-pregnant men are easily regarded as a partner and potential parent, there is an inability to see a non-pregnant woman as a partner, which created spaces of exclusion and invisibility for the woman who was not pregnant. Nicola (queer, Pākehā) pointed out how within the antenatal classes a space was created for pregnant women, and non-pregnant men, but non-pregnant women:

The antenatal, with me feeling weird, was because you were getting one story and the guys were getting one story and there wasn't a story for me ... where's my story?

Not being pregnant and not being a man created a new space of invisibility and potential alienation within this space of nurturing expectant families. This correlates antenatal classes with Aitken's (2004) awkward spaces, which are created through a lack of prior models and protocols.

Longhurst (2008) points out that “pregnant bodies trouble binary thinking” (p4) but non-pregnant bodies in specific contexts (such as antenatal classes) can also trouble hegemonic understandings that link sexed and gendered bodies to mothering and fathering, that is women mother and men father. As Johnston (2016) suggests: “the intersection of ‘LGBTIQ’ and gender is a fruitful area for geographers to consider the (in)stability of subjectivities” (p670).

The subjectivities of ‘mother’ and ‘father’ are destabilised within antenatal spaces through the presence of the non-pregnant mother. Lesbians were excluded through heteronormativity which aligns particular gender roles to particular gendered bodies. Antenatal classes always have at least one session where they split the group (though sometimes this happens at every session):

My partner found it strange when we separated into 'mums' and 'dads' groups, as even though she got on with the dads and had similar issues to talk about, she said she felt 'weird'. (Stephanie: Pākehā, late 40s)

The facilitators didn't know what to do with us and my partner felt excluded. It didn't work treating her like a "dad" and sending her off with the men for group activities. (Jolene: New Zealand European, mid 40s)

The presence of non-pregnant mother's bodies in the antenatal space highlights how heteronormativity maps mother onto pregnant female bodies and father onto non-pregnant male bodies. Non-pregnant women fit in both groups, and neither. Sometimes the facilitator directed pregnant women into a particular group – and it was always the not pregnant male group:

The class was quite often split into "dads" and "mums". My wife always had to go in the dads' group, since she wasn't the pregnant one, and felt incredibly out of place. (Deborah: New Zealand European, mid 30s)

My partner got lumped in with the dads, and the language was very gendered when groups broke up. (Sarah: New Zealand European, early 40s)

The focus here is the role – being pregnant or not being pregnant, rather than the imagined gender binary – separating men and women. When facilitators assign non-pregnant mothers to a group, they always grouped them with fathers, and not with mothers. Women, when put in the 'dad' space, felt out of place and awkward. This contributes to an understanding of the intersectionality of embodied experiences, and how identities are not isolated, but woven together to create different experiences.

The enforced separation of men and women within the antenatal environment made non-pregnant women feel out of place:

Not inclusive for non bio mum [non-biological or non-biogenetic mother]. (Renee: New Zealand European New Zealander, late 30s)

Kind of odd for me as the non-birth mother. I wasn't sure where to go when the class was split. (Nadine: New Zealand European, late 40s).

My partner felt left out at times, and not knowing whether to go with the pregnant women or their male partners. (Sally: New Zealand European, mid 40s)

Not being pregnant women or not pregnant men, these lesbian mothers felt they had no place, belonging to neither one group nor the other.

The necessity for the gender division of the group is based on hegemonic heteronormative performances of gender. What is discussed in these sessions defines the male and female roles associated with heteronormativity: fathers get told to help with the housework, and women's bodies get discussed within the mothers' group. These discussions highlight the ways in which roles are associated (or distanced) with gendered bodies: women with bodies, pregnancy, childbirth, mothering, parenting, and the disassociation of men with private spaces and domesticity.

Lily (lesbian, New Zealander) and Emma (mostly lesbian, European) had friends (a straight couple) taking the same antenatal classes as them. Lily recalls a conversation with the male friend:

I said 'oh like you guys got reminded to do the washing and all that gendered crap' and he said 'pretty much'.

This was also supported by other comments:

It was a bit weird when they split the group into mothers and fathers and gave the fathers' group a talk about not leaving dishes on the bench etc. (Amanda: New Zealand European, late 40s).

As women pointed out this distinction and separation is unnecessary. 'The split' removes responsibility of birth from the fathers and assumes male helplessness around the house and also around caregiving – both of their partners and their baby. This rhetoric works to reduce potential connections and assistance:

However, the core structure of the course was very hetero-centric (i.e. dad and mum activities). There's no reason why non-birthing partners shouldn't be involved in discussions about post-partum bleeding. (Katrina: New Zealand European, early 30s)

There's just so much to do you know, you [the father] can't breastfeed but you can do everything else ... and you can there's so much to do and you can support your partner who is sleep deprived emotional physically in pain, like there's so much to do. (Elizabeth: lesbian, Pākehā)

This assumption that a couple at ante-natal will be a woman and a man, and that the couple maintain appropriate gender performances, creates spaces of exclusion and confusion for lesbian couples, but presumably also for straight couples who 'do gender' differently. Kerry (lesbian, New Zealand European) mentioned ways in which, as a lesbian couple, her and her partner were different to straight couples:

When they did the all-women talk about what happens after birth and the things that happens to your body that aren't particularly enjoyable, and they said that partners could come if they wanted to, but all the guys went to the other side of the room, and I said to Stacey "just come, come." She's a woman too. It's different I think. ... It seems to be the difference between us and straight couples though, is that guys don't deal with all the icky aspects, and you [her partner] just do.

Kerry identifies the difference between her and straight couples is that the partners of the pregnant woman in a heterosexual couple distance themselves from the reality of women's bodies. This supports the stereotype where women are associated with bodies, and men with minds and abstract thinking (Johnston 2005).

This separation seems particularly extreme when it comes to the birth, reinforcing the idea that men are not associated with bodies:

So Lucy was with the guys. They were saying to us, as the mums' group, they were saying 'oh what do you really need during birth? What do you really hope for?' We were going around sharing, and they were saying 'what do you need from your partner during birth?' and I was 'I'm hoping that she'll help me with some massage, maybe she'll encourage me when I get frustrated'. And the other women were looking at me and going ooh and they were like 'I just hope

he leaves me the fuck alone, he doesn't annoy me' and stuff like that. Oh my god, very different. And then in [Lucy's] little group they're all having a laugh about 'oh you know the women they poop when they have the baby' and she's like 'oh my god, they're so stupid. They know nothing about birth, like it's not their responsibility. (Elizabeth: lesbian, Pākehā)

This separation of role based on gender, separating men from the embodiment of women's bodies, means women also similarly work to distance men – their partners – from their bodies. Lesbian bodies and lesbian's embodied experiences demonstrate that moving men's and pregnant women's bodies closer, rather than separating them, including men in the space of maternity, may have many benefits, for men, for women, for the family.

This perpetuation of stereotypical men, fathers as domestically ignorant, and removed from bodily issues and functions is common when fathers, even when they are the primary caregiver, are still regarded as 'helping out' (Aitken 2004). It is beneficial for fathers to know about breastfeeding too. If they know about different holds for breastfeeding, if they know how the baby is meant to latch on, if they know breastfeeding can often be difficult, that nipples can be tender and bleed, men are more able to be able to help and support and father in a more equitable way. Providing fathers with information gives them more opportunity and choice. Instead the current regime in ante-natal classes reinforces gender performative roles for women and men, allowing men to step back and create distance between them, and their partner and new family.

Heteronormative assumptions can also mean lesbian women who are victims of domestic violence are not given the same protections as heterosexual women:

I had one experience with a Plunket [a free health and wellbeing service for children under five] nurse who was asking about family violence, who said that she didn't really need to ask me as my partner was a woman but ... family violence certainly isn't an issue for us as a family but if it had been it would certainly have been a barrier to speaking up. (Sarah: New Zealand European, early 40s)

This assumption of female non-violence works along the same continuum as excluding non-pregnant people from maternity spaces: they reinforce stereotypical norms about which bodies care and which bodies are violent, thereby reducing opportunities to increase caring and decrease violence.

Anna (lesbian, Pākehā) says of her experience with antenatal classes:

They were all straight, and some of them, like that whole intrusive thing of ‘how did you conceive?’ and people’s assumptions around whether or not you had sex with the father in order to have, all of that shit that you get with heteronormative close-minded people.

The heteronormativity of this institutional maternity space is through both the normalisation of heterosexuality, the support of heterosexual couples and heterosexual ways of creating family. These contribute to creating a space of heterosexual privilege, where heterosexuals expect their questions to be answered, and frame questions in a heterosexual way, without consideration of how this might be received or perceived. Examining the experiences of lesbian mothers negotiating maternity services in Australia, Hayman, Wilkes, Halcomb and Jackson (2013) found lesbian mothers were subjected to “inappropriate questioning” due to being a lesbian couple, which “made them feel embarrassed and uncomfortable” (p123). In reviewing this study Gregg (2018) notes “these inquiries were deemed not intentionally harmful and seemed to be honest curiosity rather than malice” (p47) however the result of that ‘curiosity’ is that the lesbian mothers within the space felt awkward and out of place:

Quite awkward. (Deborah: New Zealand European, mid 30s)

I think things were occasionally awkward for her in the dads’ group. They were definitely awkward for me as most of the language was hetero normative and gendered roles [were] really assumed. (Sarah: New Zealand European, early 40s)

There were times as a non-pregnant woman I didn’t know where to go. (Carla: New Zealand European, mid 30s)

Nicola (queer, Pākehā) considers that neither place was right for her, neither with the men, or the non-pregnant partners, nor with the women and mothers. She needed another space altogether:

They get two people to come in, one is a woman who's given birth recently. She brings the baby in or whatever, and then they bring a guy in, who's a new father, and he talks to the men. You split off and go, and I went with the dads and I shouldn't have done. I don't think I should have gone with the women, with the mums either. But it was, it was the one thing that wasn't very nice. It wasn't bad, it was just uncomfortable because my experience was probably going to be more like the dads, but it wasn't, and me being there was uncomfortable for them and uncomfortable for me.

While lesbian bodies show the artificial demarcation between the association of men's and women's bodies and roles in the maternity context, it also shows that lesbian women operate between spaces, or within spaces of heightened awkwardness. Lesbians who are not pregnant within the maternity spaces need their own stories, their own spaces, their own language, to reduce the awkwardness and to enable a sense of belonging.

Some respondents used the opportunity to educate others in antenatal groups:

Antenatal group was a challenge, fortunately we are both self-confident and assertive women and chose to use humour and offer some education (mostly not asked for or wanted) to the group. We moved from being seen as odd and uncomfortable to being semi indulged by 70% of the group. Shared physical experience ultimately led to partial acceptance. (Emily: New Zealand European, late 50s)

As Emily notes, heteronormative assumptions create awkward spaces, not only for lesbians, but also for others, sharing their space with the abject Other. Emily attributes (partial) acceptance to being forthright and using humour, just as The Topp Twins use humour to challenge and contest subjectivities such as gender (Johnston 2009). The Topp Twins (who are "quite possibly, the world's only country and western singing, yodelling, acting and dancing lesbian twin sisters" p70) play a variety of characters, including Ken and Ken (two men) and are highly political (<https://topptwins.com/>). These spaces of awkwardness, where bodies are tied to place through emotion, particularly through laughter, allow for re-negotiation and understanding (Norcup2015).

“I JUST THINK WE WERE INCREDIBLY LUCKY”: HOSPITAL MATERNITY WARDS

Birth is an emotional time. I heard many birthing stories, and some women talked of the support they received within hospitals. For example, Rachel (queer/lesbian, New Zealand European) relayed a story where her and her partner received a lot of support from staff within the hospital – from the queer staff:

The next minute this nurse practitioner came up and she was a lesbian and she said ‘we heard there’s family up here’. The next minute another nurse practitioner came up, who was a dyke, and then another nurse, and then everybody who was in any way queer came up and visited and they ... they were amazing and they really advocated strongly for our family, so we were again, I just think we were incredibly lucky to be in [city] and to be in the environment we were in, we had a lot of queer people supporting our family.

Meanings of family can be specific to time and place (Oswin 2010). When the nurse practitioner said “we heard there’s family up here”, the use of ‘family’ in this context has a specific and queered meaning, which disrupts essentialist ideas of family. In a potentially heteronormative space where ‘family’ may imply mum and dad and the new baby, “family” in the maternity space spoken by a queer person to another queer person, instead means family connected through sexuality. This family connection of sexuality created a queer space within the maternity space, which supported queer families and advocated for queer ways of doing family. Rachel thinks that being in a city hospital, where queer people are more likely to live, made a difference to the support her family received while in hospital. Being in a city meant that there were more queer staff at the hospital, who worked to ensure their compilation of family was recognised within the maternity spaces.

Natasha (Māori Pākehā, late 30s) also mentions the support of some medical professionals (their midwife and one of the ambulance officers), though instead of it being an action to create a positive space, the support was a reaction to a discriminatory comment. Getting into an ambulance to go to the hospital to deliver their baby, and become a family, Natasha and her partner experienced discrimination:

The only bad experience was when the ambulance driver didn't want my wife to come and our midwife swore at her and said: "She's her fucking wife!!!" Lol. Ambulance driver still tries to make my wife ride in the front till the midwife and other ambulance officer told her she could sit in the back by me.

Natasha's midwife and one of the ambulance staff had to repeatedly reinforce the relationship in an attempt to get the queer relationship recognised, in a stressful, emotional and potentially time-critical situation. This reinforces the notion that lesbian mothers fighting to be recognised as a family is an everyday practice, and that lesbians must "continuously defend and justify their positions as parents" (Malmquist and Nelson 2014 p70).

These stories of support were in the minority of birth stories that I heard. The normative experience of lesbian couples in the maternity ward of a hospital was one of denial and exclusion. Hospital spaces are institutional spaces (Fannin 2003) and often operated on an assumption of heterosexuality. Birthing stories are not just the story of the birth of the new baby but are also the birth of the new family. The new lesbian family was often created in a space of denial.

Similar to the maternity space of the antenatal classes, the maternity ward of a hospital presumes an opposite gender couple and reframes two women in ways that support this heteronormativity, relabelling the partner as a friend or mother or grandmother, and denying the lesbian relationship. In Brenda Hayman, Lesley Wilkes, Debra Jackson and Elizabeth Halcombe's (2013) study in Australia, two couples (13%) mentioned incidences that occurred in the hospitals where the non-birth mother (as they were called in the study) were not recognised as a mother by hospital staff and this was also experienced by women I talked to. Responding to the hospital question in the online survey, three women (6%) mentioned they were not treated the same as a heterosexual couple, without giving any further detail and four women (9%) mentioned specific examples where they or their partner were not recognised as a mother:

The staff did not bother to find out who I was in the hospital. They presumed I was a sister. (Sonia: New Zealand European, early 50s)

Sonia's story reflects that hospitals are often spaces where the assumption is that a couple is a man and a woman. This is also evident in Maria's situation:

My hospital notes say I arrived with my mother and friend - the midwives on duty don't know me but it would be nice to have relationships clarified rather than assumed. (Maria: Pākehā New Zealand European New Zealander, late 30s)

As both Maria and Sonia imply, the staff at the hospital do not know them, and so operate on heterosexual assumptions. Both Maria and Sonia express annoyance at this practice which denies their relationship ("did not bother", "it would be nice").

When I was in hospital a couple of times, my wife was referred to as my mum. (Katrina: New Zealand European, early 30s)

When staff ask rather than presume, they still situate the relationship within a heterosexual framework, as Natalie's (no details) story demonstrates:

My partner was repeatedly asked if she was my sister!

The practice of presuming another woman is a friend or sister, reinforces the expectation that a couple is a man and a woman, and this works to normalise heterosexual relationships and make invisible lesbian relationships.

Heteronormativity is assumed, even in the face of contradictory or confusing evidence:

The only other time things got a bit weird was at [hospital], where one of the staff kept referring to my wife as "Mum". We kept glancing at each other like "huh?" and eventually realised that for some reason, she had made the assumption that my wife was MY mother. My other half is only [a few years] older than me, and [of Asian ethnicity]! (I am not). (Deborah: New Zealand European, mid 30s)

Hospital staff imagined relationships which maintained the heteronormativity of a couple being a man and a woman, even though age disparity may make that implausible. Rather than see Deborah and her wife as a couple, they placed Deborah's wife in the heterosexual role of soon-to-be-grandmother. Presuming Deborah may have been adopted or had inherited none of her 'mother's' Asian-ness, while also ignoring the closeness in age, was a more obvious conclusion to them, than Deborah

and her wife being a couple. In heterosexual spaces, lesbian couples need to work harder to be recognised (Luzia 2013; Malmquist and Nelson 2014; Wojnar and Katzenmeyer 2014). This heteronormativity which does not recognise lesbian couples can be particularly hurtful in the maternity ward of a hospital, where their baby is born and the space where they first become a family.

Presuming a couple is a man and a woman creates a domino of consequences, which exponentially emphasises the heterosexuality of the maternity space. One consequence of a couple being a man and a woman is that there is one mother. This assumption is another way in which lesbian relationships are denied within the maternity wards:

The morning after the birth (a very long labour - we were in the delivery room for 3 days) at about 6am I used the bathroom in the maternity area, and was told that I had to go into the main hospital to use the toilet as those ones were for "new mothers only". I felt devastated by that comment at the time. (Jane: New Zealand European, mid 30s)

Our [child] was born early and one NICU [Neonatal Intensive Care Unit] nurse asked who the mother was. We both are and why did you need to know? She wasn't enquiring about my health [or] healing! (Victoria: Pākehā New Zealand European New Zealander, late 30s)

Jane and Victoria voice the emotional impact of words and actions predicated upon the idea there can only be one mother. Maternity wards are expected to be spaces which support families, however, these everyday acts and speech reinforce hegemonic heteronormativity within the maternity ward. This assumption, performance and reinforcement of heteronormativity within maternity and NICU wards deny lesbians and their family at its first outing.

In families where donors were involved and present at the hospital, mothers felt staff reinforced the heterosexual triad of mother/father/baby. Rather than recognising the two women as parents and extending the notion of family to include the father, staff excluded one of the mothers to maintain normative heterosexuality of family. This was Anna's (lesbian, Pākehā) experience, where she had to first reassert the legitimacy of

her and her partner's relationship, and then continue to reassert their family when the donor showed up:

"No, it's not my sister, it's my partner." "Oh." So, you'd often get that kind of, "oh!" [jumps a little bit]. You could see a visual shock, and then people being so excited when [the donor] came into see the baby because "this is your [the donor] baby". So those little kind of heteronormative moments, that like, you're all just waiting to slot the shit in there aren't you?

Anna's experience was that indications of normative family, such as a male, were greeted with positive emotions ("people being so excited"), whereas anything outside of this construct was greeted with negative emotions ("a visual shock"). These positive and negative emotions work together to include heterosexuality and exclude queerness within the maternity space.

Everyday acts also reinforce the assumption of heterosexuality within the hospital space, submitting all couples to heterosexual guidance:

When we were leaving we had to receive heterosexual safe sex and contraception advice even though they knew we were gay.
(Rochelle: New Zealand European, early 30s)

Charlotte and her partner were also provided with unnecessary heteronormative advice:

They gave us the safe sex education to me and my Partner because it's compulsory even though we are both female!!! (Charlotte: middle Eastern, mid 20s)

Compulsory hospital policy is premised upon heterosexual practices, therefore presuming that all couples are a man and woman who engage in normative penetrative sex. Kirsty's (New Zealand European, mid 30s) story combines the normative sexual practices and invisibility of lesbian partners within the hospital setting:

I had to laugh when after my daughter's birth the hospital midwife asked if I'd thought about contraception yet. I said to her "Well that

was my wife that just walked out so I don't think I need to worry"
haha.

This hospital policy gives no consideration to bodies or desires that may be or act outside of heteronormativities. Maternity wards and hospitals are heteronormative spaces, expecting and reproducing hegemonic ways of doing and being family.

The presence of lesbian bodies, however, though often not recognised or ignored, simultaneously work to disturb hegemonic heteronormative spaces of maternity. The presence of lesbian women and their actions sometimes changed behaviours, subverting heteronormative spaces:

The birthing centre updated their forms to say Mother and partner/spouse after I crossed out their father option :-). (Natasha: Māori Pākehā, late 30s)

A nurse told us afterwards that she had since come out to her colleagues after hearing all their positive comments about us. (Jennifer: New Zealander, mid 40s)

When talking about the birth of their first child, Rachel (queer/lesbian, New Zealand European) separates the fathers (a gay couple) into the genetic father (Rowan) and the social father (Connor). She prioritises the genetic father:

When I'd gone into labour to begin with, I'd phoned Rowan and he said 'oh we're coming right down we're so excited' and I said 'oh I don't want Connor there'. I just didn't want a room full of men, and so poor Connor was broken hearted. ... It was just that awkward thing of I actually just wanted Lee [Rachel's partner], but he was the biological [father] and I felt like he should be there.

Lesbians are sometimes complicit with hegemonic heteronormativity and may replicate such assumptions. Discourses of hegemonic family shape Rachel's homonormative decision and actions. Rachel wanted only her and her partner Lee but denying the biogenetic father space at the birth felt 'awkward' (Aitken 2004). She also realised the emotional consequences her decision had on Connor. In this way Rachel was influenced by heteronormativity – that a maternity ward is a place for the pregnant woman and the (biogenetic) father, and any alternative was 'awkward' and wrong. In

reflecting on this decision, Rachel said: “Second baby, easy peasy. They just weren’t there.” Rachel indicates that these traditional discourses of family that she initially adhered to, no longer become relevant in a different time and place. Surrounded by heteronormativity, lesbians may replicate these norms, and it is not until afterwards that they queer these situations, and act in ways which support their ideas of family.

“I SOBBED WHILE FILLING OUT THE BIRTH CERTIFICATE”: A MICROCOSM OF HETEROSEXUAL PRIVILEGE

The language used on antenatal forms works to confirm, or not, lesbian women’s identities as mothers, and as a family. Luzia (2013) points out that “occupying the often taken-for-granted but important ‘spaces’ of family relatedness and recognition is still not a straight-forward process for Australian same-sex parents” (p251). Having both mothers named on the birth certificate (available since 2008 in Australia, and 2009 in Britain) affected lesbian women on both a practical and symbolic level. This can also be recognised within Aotearoa New Zealand. While being on the birth certificate may seem a mundane experience for heterosexual parents, for lesbian parents this automatic recognition as two parents on a fundamental document has only been available since 2006:

And we’re both on the birth certificate which is amazing. (Vanessa: lesbian, NZ European)

That’s a great law change, having that, that’s incredible ... really exciting. It was nice when that arrived – “oh look at that!” (Hayley: lesbian, Pākehā)

Paying attention to pride “provides opportunities to interrogate normative ideas, performances, subjectivities, power, spaces and places” (Johnston 2019 p220). A birth certificate is regarded as a basic document of identification of family, of belonging, of legal rights and responsibilities, but was a privilege of heterosexual couples until 2005. These interviews were done more than 10 years after the law change, and yet lesbians maintained a sense of awe around both their name and their partner’s name being on the birth certificate of their child.

Similar to Luzia’s (2013) findings with Australian lesbian mothers, in Aotearoa New Zealand the birth certificate holds both practical and symbolic weight:

Our country actually recognises in the law our family and we have the protections, the rights and protections that come with that. And I'm pretty sort of suspicious of patriotism, but at that point I was like, this is precious and I really value that and I don't take it for granted. (Noni: queer, Pākehā)

I sobbed while filling out the birth certificate ... that whole 'other parent', I get to be 'other parent'. I'm still utterly wrapped with that. It makes me so happy. (Nicola: queer, Pākehā)

This legal validation of their relationship operates not only on a bureaucratic level, but also on an emotional level. The experiences of denial of their family within antenatal classes and hospital wards may contribute towards the gratification of a legal document which confirms they are a family. Nicola does not need to be recognised as 'mother', she is grateful even for the recognition of 'other parent'.

At the time I was undertaking the research, the second mother was listed as 'other parent', as Nicola mentions, and had been possible since 2006. Mothers had also mentioned how online you needed to fill in the 'father' section, and then add a note later. Again, mothers mentioned how this denies the legitimacy of their family. Using this evidence, I contacted Births, Deaths and Marriages (the government department responsible for birth certificates in Aotearoa New Zealand) and asked if their online process could be more supportive of new families, in whatever form. Several weeks later they emailed to say changes had been made. In further progress, in May 2018 after a complaint was lodged with the Human Rights Commission, the Department of Internal Affairs issued the first birth certificate with 'mother' and 'mother' and made changes for this to be a standard option. The birth certificate works to justify their family on an official level, whereas on a practical day-to-day level, lesbian families are often not recognised or are ignored within maternity spaces. The New Zealand government website (New Zealand Government 2021) where you can order birth certificates

online, however, uses ‘mother’ and ‘father’ for all four examples of the different birth certificates (see Figure 5.1).

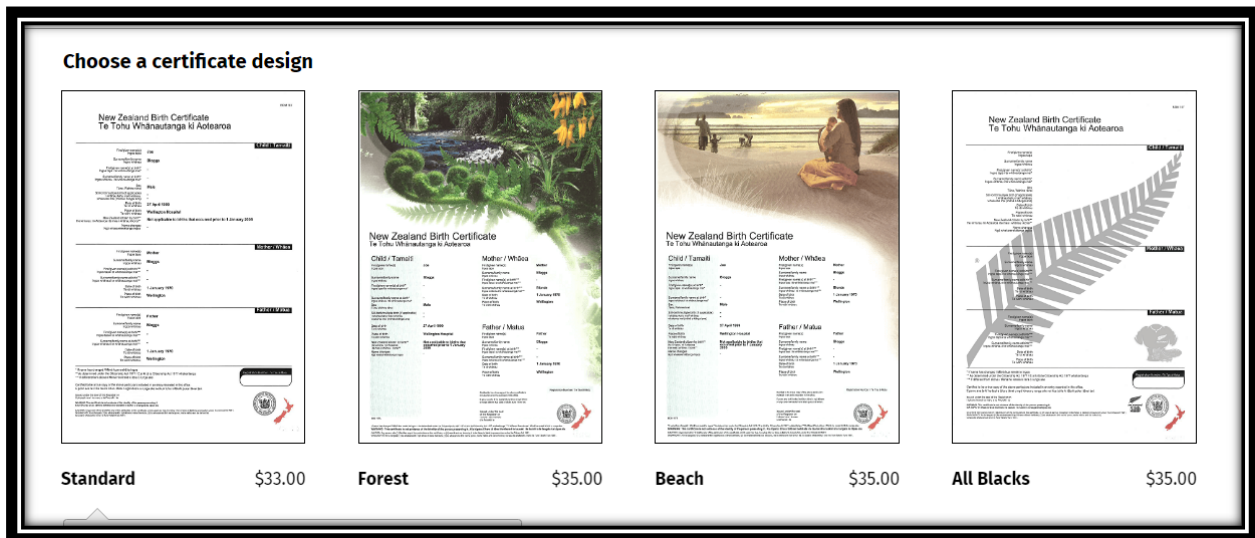


Figure 5.1. Birth certificate examples

(source:<https://certificates.services.govt.nz/certificate-order/certificate-events?type=birth-certificate>)

CONCLUSION

This chapter addresses the research question: “does the presence of lesbian couples within maternity spaces such as ante-natal classes and hospital maternity wards, expose and trouble heteronormative assumptions around bodies and mothering? And if so, in what ways?” Participants frequently reported that ante-natal classes were spaces where heteronormativity was most apparent – through forms, language, and understanding family as a mother and father who adhered to stereotypical gender roles. The presence of a lesbian couple highlight how understandings of mother within this maternal space strongly correlate with pregnancy, and women who are going to be mothers but are not pregnant can disrupt the flow of the classes, as when classes split into ‘mother’ and ‘father’ groups they belong in both and/or neither.

Pregnant lesbians and non-pregnant expectant lesbian mothers in maternal spaces highlight expectations of heterosexuality. Lesbian couples disrupt this assumption, creating awkward spaces where people are confronted by their own (incorrect) presumptions. Expectant lesbian mothers who weren’t pregnant recalled laughing at

the confusion they sometimes created. Sometimes lesbians used laughter to try to move past the uncomfortable situation that was created, for instance, in ante-natal classes. In redirecting the focus back to them, the lesbian couple may allow a space for others to process their assumptions in a less confrontational and less tense manner, and in an environment that is potentially more conducive to people deciding to make an effort to change.

Ideally, the journey to be a family should be a celebration, not a conundrum. Heteronormativity presumes heterosexuality of pregnant women and makes lesbian partners invisible. Within maternity spaces of antenatal classes and hospital maternity wards the non-pregnant mother's lesbian body is often categorised in a way that ignores their relationship and supports heteronormative assumptions. People and spaces have a synergistic relationship, and within maternity spaces hegemonic heteronormativity is prevalent. These assumptions are queered by lesbian mothers and lesbian mothers-to-be. Within maternity spaces, two women are often regarded as, and feel like, space invaders. They destabilise presumed boundaries, creating awkward spaces, not only for lesbians but also for others. Some women found humour a beneficial tool to create space of acceptance.

Normative understandings of family also continue to separate men from pregnant bodies in these maternity spaces, denying women and men, and their baby, potential beneficial connections and ways of being family. But it is not just about dualities and broadening the heterosexual space to include lesbian mothers. Bodies and spaces are fluid, and maternity spaces should allow and support different ways people perform family, pregnant, partner, mother, father, woman, man, and all the spaces between these imagined categories.

CHAPTER 6:

PROVOKING AWKWARDNESS IN FAMILY SPACES

Family in Aotearoa New Zealand is heavily influenced by the ideas of colonial European settlers. Family is based on normative understandings of biology, and therefore a group of people tends to be recognised as a family if there is a genetic relationship between them. Although this genetic relationship is not visible, hegemonic heteronormativity creates a visibility through presumed inheritance of physical characteristics, and proverbs such as 'like father, like son' which allude to a passing on of behaviour characteristics, such as morals and attitudes reflected in actions of the body. In these ways, the genetic connections are written on the body, enabling the group to be read as a family. This genealogy of family has been disrupted frequently; through circumstances which presume genetic connections of the family (for example children conceived through affairs considered to be children of the marriage, secret adoptions and more recently through using donor gametes through fertility clinics); and through families created outside of the genetics of the couple (open adoption, whāngai, fostering).

Contemporary feminist and queer geographers interrogating family explore the ways in which people do family (Finch 2007; Luzia 2008 2010 2013), focusing on what a group of people do to be a family or to encourage others to see them as a family. When people queer family, biological connections are marginalised and caring behaviours are centered.

These are not contradictory ways of being or doing family. For instance, physical resemblance can be considered to be both being and doing family. Increasingly family is regarded as a complex combination of both the social and the biological (Nordqvist and Smart 2014), negotiated in different ways by different families. Also, hegemonic heteronormativity provides a backdrop for both the being and doing of family, so a group of people will more easily be read as a family if they are mononormative, cishnormative and homonormative. Lesbian families trouble both being and doing a family within this landscape, as they are not a family through being, nor necessarily

recognised as a family through doing. It is these tensions of family that will be examined in this chapter.

In this chapter I first examine the ways in which discursive family spaces are heteronormative and are often spaces of exclusion for lesbian families, particularly for one of the mothers in a lesbian family. Lesbian sexuality is invisible and overwritten in family spaces such as kindergartens and schools, where heterosexuality is assumed, either presuming mothers are straight, or presuming lesbian mothers have had prior heterosexual relationships. Both of these understandings mean children are not regarded as belonging to both lesbian mothers. As discussed in chapters 4 and 5, lack of language also means lesbian mothers can be marginalised. Heteronormative understandings of family mean others work to insert a father into the lesbian family, displacing one of the mothers with the figure of an absent father. Different values are also ascribed to those who arrive at motherhood through pregnancy and those who don't. When lesbian mothers are both recognised, a heteronormative way of doing family is often imposed upon them, placing one mother, and the role she plays, within the space of 'father'. Lesbian mothers disrupt the heteronormative assumptions that link particular genders with mothering or fathering.

In the second section I examine how the ubiquity of hegemonic heteronormativity means that lesbian families, regardless of how they do family, are read as straight, and repeatedly have to choose whether to out themselves or not. I then look at the paradoxical lesbian family. Lesbian families can reinforce hegemonic heteronormativity (Allen and Mendez 2018), through a performance of cisnormativity, mononormativity, and homonormativity, which provide privileges and protections for their families. Simultaneously, lesbian families can also queer understandings of family, creating awkward spaces where assumptions are exposed and, hopefully, questioned.

“A MOTHER, A FATHER, A BOY AND A GIRL”: EXCLUDING LESBIAN MOTHERS

Literature on family tends to conceptualise it in heteronormative ways (Luzia 2013). This is supported by the answers given when I asked women if they thought there was a stereotypical or dominant idea of family:

Man and a woman. (Vanessa: lesbian, NZ European)

I think it is still very much a man and a woman with some children.
(Kelly: lesbian, Pākehā)

I think in society there is still that mother, father, children, married.
(Janice: gay, New Zealand European)

That's the majority of people's immediate perception, a mother, a father, a boy and a girl ... all living together happily. (Rebecca: lesbian, NZ European)

Rebecca draws attention to the idealisation of the private space of the home, and also to the idealistic notion of the 'perfect' family within this nuclear heteronormative family – a boy and a girl, who will learn the appropriate gender roles from their mother and father, and go onto reproduce them in their own families and homes. Belinda (lesbian, Pākehā) discusses how this normative reproduction of the heterosexual family is illogical:

With the debate around the marriage, you know the equal marriage here and in the United States, I think that's really lifted the profile of lesbian parenting and people acknowledge now that lesbians and gays have children. Because that was one of the things, 'oh lesbianism will die out' 'oh gays will die out 'cause they don't procreate' and it's like, 'well actually hon' (laughter). And actually, it's heterosexual people who have lesbians and gay children (laughter).

This imagining that there are only straight families who only have straight children is flawed, not just because lesbian and gay men do have children, but also because heterosexuals reproduce queer children.

Michelle (lesbian, NZ European) also highlights how definitions and understandings of family are based in language, and change over time:

I try not to view family as something that is really fixed either, like that whole unit thing, this family unit, it's kind of language of the past really. There's more of a fluidity to it. ... It would depend on where you live and who you associate with and who's around you.

Hegemony supports a particular representation of family, and this is a particular narrow representation of heteronormativity - not only heterosexual and gendered, but also aligned with marriage, White ethnicities and wealth (Hubbard 2008). Ruth (gay, White European), who comes from a predominantly Catholic country, also comments on how time and place affects the ability to have a family: "and we're lucky, God we're lucky, in the day and the age and the city we live in ... I do wonder if it might have been so easy at home. Whereas here it is such a liberal country and city." Michelle and Ruth underscore the point that where you are and the space you occupy makes a difference.

Sexual identity, labels and language are not fixed, but mutable depending on people, time and place. The mapping of sexuality and labels are inconsistent in Kelly's (lesbian, Pākehā) discussion mentioning her previous partner Shannon and her current partner Zara:

I live with my new partner Zara, who also has a [child] from her previous relationship with, yeah it was with a man though, but she is actually a lesbian. So quite complicated but in a good way (laughter) and also my ex-partner Shannon is not actually a lesbian, so make of that what you will. We were together but she certainly wouldn't identify as a lesbian, whereas my new partner, who was with a man, identifies absolutely as a lesbian.

A little later in the conversation Kelly addresses the issue of being labelled by your sexuality:

I am interested in how, that whole idea of being defined by your sexuality 'cause I don't necessarily agree. I'm Kelly the lesbian. I am Kelly the person. And so then as a family, my family being a rainbow

family, or am I just a family? And again, it's that whole thing of knowing you've got to sometimes label things and give them attention so that you can gain traction and get rights and all that sort of stuff, but then not wanting to get to the point where you are defined by that, because then that narrows some people's wider understanding of that definition. It's like the parent at work is really "oh its great having another rainbow [family]" but I wouldn't probably call myself that. If I had a choice, I'd just call myself a family, or a funny family, or a complicated funny family.

There are many ways to define a family, and government policy and monitoring in Aotearoa New Zealand generally focus on whether parents are single or partnered, whether there are one or two parents living in the household with their children, and ethnicity. These are labels based on ensuring these types of families "gain traction and get rights and all that sort of stuff", based on social injustices of ethnicity, sexuality and poverty. But on a personal level, Kelly's point of difference for her family is that they are funny and complicated. Sexuality of the parents is one of the many variations of families, but is not, for Kelly personally, a defining one. Due to the assumption of heterosexuality however, "Even when queer families may wish to be recognized as 'families like other families', their difference from the ideal script produces disturbances – moments of non-sinking'– that will require active forms of negotiation in different times and places" (Ahmed 2004 p153).

There are many sites where lesbian mothers and their children collide with predominantly heteronormative geographies of family. Within Aotearoa O'Neill (2012) identifies how heteronormativity occupies the central space of family places, and lesbians are relegated to the edges. Talking of lesbian families, Luzia (2013) comments how her research examines "some of the ways these families negotiate their 'fit' (or otherwise) into spaces of parenting, and how such negotiations can be complex, even awkward" (p243). The presence of lesbians and their children draw attention to how some types of families can move more easily through spaces than other families.

One consequence of heteronormativity in family spaces such as pre-schools and schools, is that lesbian sexuality becomes invisible. Belinda (lesbian, Pākehā) comments that because she is a single mum “people always assume that I’m straight”. Lesbians can find that motherhood overrides their lesbian identity (Hayden 1995), a notion that Olivia (lesbian, NZ European) agrees with: “Definitely having a child, like, totally erases the gay”. Catherine (gay, Pākehā) and Margaret (gay, Māori) also infer that once they had children their sexuality became less relevant to other people:

Catherine Now that we have kids though, everything seems easier in terms of us being lesbians, [it] just doesn’t seem to matter as much.

Margaret Now we’re just tired people.

Margaret normalises her and her partner’s experience of motherhood, situating them within a parental framework: “we’re just tired people”. Gillian Dunne (2000) proposes that having children normalises lesbian couples, and that this normalising through the presence and visibility of lesbians with children in different public spaces, makes them less “strange and other” (p31) and “helps to make intelligible the unimaginable to others” (p33). These repetitive acts of two mothers with children in family spaces, build up to an acceptance and re-definition of family, similar to Butler’s (1990) notion of how gender is constructed and de-constructed. Within heteronormative educational spaces, Olivia, Margaret and Catherine’s sexuality is potentially both re-scripted (and presumed heterosexual, with a friend or sister, as experienced within hospitals spaces) and also recognised but ignored centering instead on shared experiences as a mother. While bodies may indicate normative lesbian sexuality (through short hair, for instance), Gabb (2005a) contends: “the presence of a child obscures such signifiers beneath the opacity of the heterosexual reproductive narrative” (p422). In close proximity to children (or pregnancy as demonstrated in the previous chapter), adult bodies are read as heterosexual, superimposed over bodies that could otherwise be read as queer.

When lesbian sexuality is made invisible due to heteronormative assumptions, this denies lesbian sexuality, the lesbian relationship, and the lesbian parental unit, consequently denying the family itself:

Most people assume that I was previously in a relationship with a man, and that Lillian and I got together, and [our child] came with me. ... That's probably the most common assumption because it fits in with the separated parent framework that's really common. (Anna: lesbian, Pākehā)

The heterosexual assumptions that operate in conception and maternal spaces, extend to educational spaces and deny the family connection between two mothers and their children.

Other stories showed a lack of acknowledgement at work of the relationship between the non-pregnant woman and their baby. Donna (gay, New Zealand European) gave birth to their first child, and her partner gave birth to the second child, and this was treated differently at her work:

I often think about when I had [our oldest child] there was an announcement in the newsletter and all that kind of thing at [work]. And then when [our youngest child] came around there was nothing. And all the news, births, go on the board. ... Now I look back, I'm like, yeah, little things like that are a little bit ____

Donna fades off awkwardly, unsure whether the action is discriminatory or not, and seemingly reluctant to voice accusations. The biological link between the birth mother and the child affords that relationship visibility. When there are two mothers, the mother who didn't give birth can be marginalised, and her relationship with her baby ignored. The impact of this denial of her own child at her workspace was hard for Donna to articulate, and something that she 'often' thinks about. Sam (within Epstein 2018) also is unsure about the basis of the treatment he receives: "Sometimes it's hard to distinguish when people treat you differently. I always go through the list – hmmm is it because I'm Black? Is it the trans thing? Is it because I'm fat? Is it my shaved head?" (p7). Epstein is talking specifically about fertility clinics when she states: "These feelings of discomfort and uncertainty are common to those who enter an institution but are outside its norms" (p7) but this maps easily onto lesbians and the institutions of family.

The continued repeated acts of lesbian motherhood, those of anger and justification, become a part of being a lesbian parent. Noni (queer, Pākehā) similarly tolerates institutional exclusion as she recounts her experience with a government department:

You had to put kind of mother and father or adopted parent or you know, there actually were a couple of categories of things but none of them were quite right. And then you had to pledge that everything was 100% accurate, and it was like, well it's not really, but I'm gonna tick yeah ... I mean it wasn't as bad as the other ones [the other forms Noni talked about] but it's sort of that part of, I think there's a kind of catching up in officialdom ... and I get that, but not actually having the right categories so that you can precisely express it, I mean I didn't feel upset or anything, just feel like "oh they need to work on these things, these things need work" and they're not there yet.

While her family doesn't fit into institutional spaces, Noni accepts that government organisations are still working towards more inclusive spaces of families. She doesn't 'feel upset or anything' – her repeated experiences with forms that don't include her family, normalise institutionalised heteronormativity.

Just as language works to exclude or marginalise one of the mothers in conception or maternal spaces (see chapters 4 and 5), this also occurs in family spaces. As Irene Padavic and Jonniann Butterfield (2011) expound:

Women [who didn't give birth to their children] struggled to validate their mother identity in the face of social forces that positioned them as inferior, including a language that positioned them as non-birth mothers, second mothers, other mothers, and so on. (p186)

Gabb (2005b) also addresses the lack of language to describe roles and identities of the social mother (another way of describing the lesbian mother who doesn't comfortably fit within heteronormative understandings which connect pregnancy with motherhood). Hayman, Wilkes, Jackson and Halcomb (2013) report:

we found that most of the *other* mothers participating in the study described feeling anger at having to constantly justify their parental

position but had also accepted it as part of their path to parenthood in the current social environment. (p285 italics in original)

There were many pauses and many searches to find the right words, or equivalent words, or words that at least hinted at what was wanting to be told. At one stage during her interview, Danielle (lesbian, New Zealander/European) said: “The terminology can get quite, it’s, you’ve just got to make shit up sometimes.” The available language does not match the experiences of lesbian mothers.

When I asked Elizabeth (lesbian, Pākehā) about the conversations her and her partner had with the donor and his partner, who were friends of theirs, she said: “I think what was most important was kind of figuring out who are we among each other, what kind of words are we gonna use, um, you know.” When I asked what they decided, Elizabeth said: “We talked about it over time. It took us a little while to get to what will we call each other, what will we call him [the donor].” Current language does not necessarily fit with the creation of lesbian families, so the development of an appropriate language, with appropriate names, can take time. This was also Noni’s (queer, Pākehā) experience. Noni and her partner also used sperm from a friend who had a partner:

Noni Um, yeah, we don’t have any formal names and I must say I’m not very consistent when I’m mentioning, and sometimes I find it easier just to say, I don’t find it very easy to say who he, who he is, I guess I don’t feel he’s like ... yeah

Lisa What kind of names might you use, even if you’re not consistent with using them?

Noni Um ... sort of like like ... um our friend who, who was her donor or, but I don’t really. It kind of feels strange. The language doesn’t feel right, ‘cause he didn’t donate to her, he donated to us to enable her (laughs) conception, so it’s kind of like, yeah. So I feel weird I suppose, in a way, just to, it depends what the context is, but um yeah sometimes saying just donor suggests just a, yeah source of sperm, when he’s a bit more than that to us, so I guess he’s a friend that helps

us out is sort of telling is something that's a bit more true but can be a little bit extraneous to a particular conversation.

(laughter).

The laughter that Noni and I shared was due to being an 'insider' to the community of lesbian mothers, where language and protocols of our experiences are not established, and so in seeking to be authentic to ourselves and our children, we can often share more information than straight people are expecting with their 'simple' questions that are unproblematic for most heterosexual couples.

This inability to imagine family as anything beyond a mother and a father was voiced by women in Short's (2007) Australian study, where mothers found themselves invisible due to heterosexism and discrimination. Having been a pregnant mother and a non-pregnant mother, Noni (queer, Pākehā) recognised that achieving motherhood through pregnancy provides validation:

I've now been through that kind of privileged position of being pregnant, where the wider world knows you've got a baby on the way and carrying around a small baby and breastfeeding him and whatever, and the wider world knows you're the mother of a small baby. It's a lot harder, it is hard I think, being not visible, being a woman who's about to become a parent but you're not visible as such yeah and I guess ... that is a funny place to be.

Heteronormative understandings link motherhood with pregnancy and breastfeeding. The non-pregnant mother is placed in an awkward space, on the edge of motherhood from a physical and biological perspective, and also a social perspective.

Noni also mentions that it was hard, being the mother who was not pregnant, and the assumption of motherhood through pregnancy:

It was harder for me when I wasn't, when I was a new mum and I hadn't given birth or even when [oldest child] had been born but if I wasn't with them. I was telling somebody I've got a three-week old baby and they're like 'wow you're looking really great' (laughter).

The assumption is that if Noni has a baby that is three weeks old, it must have come from her body, and she was “looking really great”. Motherhood is continually prescribed upon the body in a myriad of ways. Noni continued, saying: “And then do you say something more or not?” For mothers who didn’t experience pregnancy, this is another awkward space of motherhood – the decision about whether to continue with the assumption that she had given birth, or whether she queers this heteronormative association, as a mother who did not give birth. As with most choices to ‘come out’, it brings with it the risk of negative reaction. But also, as Noni found in this situation, the delight of being recognised:

I remember one time there was something in a pharmacy, and they were offering, like some kind of ‘sit down and we’ll massage your hands’ or something, and chit-chat, and I said ‘I’ve got this very small baby’ and they’re ‘oh you’re looking great’ and I said ‘oh actually my partner had her’ ‘no, you’re the parent of a young baby. It’s amazing how you’re looking’ (laughter). Something like that, really affirming.

In the public space of a pharmacy, heteronormative understandings of family were marginalised. Through outing herself and her family, Noni created an awkward space, which provided an opportunity to accept of alternative ways of being and doing family. The other person in this story had a choice, and they choose to situate Noni as a mother, reiterating that she was a parent. Language worked to affirm Noni’s identity. Heteronormativity creates awkward spaces for lesbian mothers, a space which Ahmed (2004), a feminist geographer, regards as transformative potential. As Noni and the pharmacy worker demonstrate, these spaces are opportunities to choose to collaboratively explore understandings of family.

Another consequence of heteronormativity is the assumption that the mother/father/child triad is the optimal compilation of family, and other ways of doing family are lacking. People work to insert the ‘father’ back into the family, as Stacey (lesbian, Australian) and Kerry (lesbian, New Zealand European) experienced, with people being overtly interested in the donor. Stacey’s exasperation over an imposed emphasis of the donor’s importance is clear:

The most annoying thing is our friends’ circle wanting to know who the donor is, or guessing, or stipulating, or assuming that they know

who the donor is. ... The donor is the donor. It's irrelevant who it is. We are [our child's] parents. That is the end of the story. Leave it alone.

Kerry adds later on in the conversation:

We don't like to share too much about it because I feel like it diminishes our role as parents. Because he really was someone who just gave us a gift. He's not a parent. And people just have a fascination with it which is ... frustrating.

By focusing on the father or donor, other people impose the donor into the lesbian family. Refusing to engage in such discussion allows the lesbian family to construct their family as they see it. Such questions to lesbian mothers about the father shows there still exists a strong correlation between the genetic donor and 'the father'.

Aitken (2004) contends that fathers are often invisible and/or awkward because fatherhood is not laboured. The fights for recognition of the emotional labour of fathering have similarities with those of the non-biological mother, but also exposes how intersectionalities of mothers and fathers impact upon lived experiences. Aitken wants fathering to be recognised "beyond its definition in opposition to mothering" (p207), but it is perhaps not solely gender at work in the hierarchy and privileging who is the most 'natural' parent, but rather the intersectionality of gender, sex and gender performance. While Aitken (2004) focuses on how women are regarded as inherent parents in the courts, and therefore get custody over men, for lesbians, this is not the case. Instead, being male can overrule being female in NZ (Saphira 1984), Australia (Dempsey 2004) and in the United States (Robinson and Miller 2004). In courts, sperm donors have been given rights over a (non-biological) mother, disturbing the idea that mothers are the preferred parent, and indicating the emotional labour of a male sperm donor is more quintessentially parental than the emotional labour of a (non-biological) mother. Other subjectivities such as ethnicity and nationality could potentially influence who is regarded as natural parent in the courts.

As discussed in chapter 4, 'fertility' in a fertility clinic is a construct that supports particular social (and heteronormative) idea. Similarly, 'family' is a social construct. Nordqvist (2017) states: "genetic and biological relations should be understood not as

denoting 'real' family relationships but as social discourses invested with meaning" (p868). For instance, a sperm donor to a straight family is not regarded as a 'father', the children are not regarded as 'his children', and the children also are not regarded as 'lost' or missing a fundamental part of themselves through not knowing him. With lesbian families, understood to be 'missing' a father, the sperm donor is often considered a father, the children are regarded as 'his' children, and in his absence, the rhetoric is that they are lost and incomplete. The genetic and biological relationship between the sperm donor and the child is the same in both scenarios, but the impact is constructed in different ways – obviously not due to any biological or genetic relations, but due to social discourses and how 'family' is imbedded with social meaning and understanding, where 'family' means 'needing a father'.

In exploring 'bad' mothers, Longhurst (2008) draws on the psychoanalytical notion of 'lack', which she links to moralistic judgements about who is suitable to be in the mothering space. Lesbian mothers are regarded as bad mothers as they lack a husband. This 'lack' also extends to the children of lesbian mothers. Catherine Donovan and Angelia Wilson (2008) talked to prospective lesbian mothers in the United Kingdom who used fertility clinics, one of whom reflects on the clinics focus on the need for her children to have male role models:

And then I think we gave the impression that there would be men coming in the back door and going out the front door every day; ... and it always really bugs me about this issue is that they never, ever say, what sort of men? What type of men? (p658)

The children of lesbian families are repeatedly put in the same space of 'lack' as adopted children. Adopted children are born into one family and then move into another family, often with connections to their family of origin in Aotearoa New Zealand. The children of lesbians are born into a family with their parents and remain in their family with their parents. Although these are two different types of family, biology links them together – the connection is that in both scenarios there is a lack of the body the sperm came from. This is also the case for single mother families, where the father body is absent, and separated and divorced families where the father is presumed to be absent or marginal. Amaryll Perlesz (2005) examines how in individual

families the absence or presence of a male body can have different meanings to each family:

the purposeful creation of lesbian families without fathers cannot be compared with the loss of contact with fathers post-separation and divorce in heterosexual parented families. Children may react negatively post-separation and divorce to the economic and social disruption and partial loss of contact with a significant father to whom they are attached (Smyth2004), but one would not necessarily expect a child to be disadvantaged if they have been raised from birth in an economically stable, nurturing, low conflict family without an involved father. Changing family membership midstream is not comparable to creating fatherless (or minimal social paternity) families. (p7)

Needing to know your genetic history in order to know yourself is one way to construct identity, family and knowledge, and also a gendered way, which places importance on the genetics of the male, and supports patrilineal ideals. An alternate way could be you 'know where you come from' by situating that knowledge in a present, rather than an absent, body. Rather than privileging the absent body, families may come to value those parenting bodies that are present.

Furthermore, it is not only family that is created through biology, but also identity. While knowing genetic history can help identify potential health risks, the presence of a male body is not framed within a medical discourse but rather an identity discourse. When discussing how behaviour and characteristics are regarded as being derived from genetics, Nordqvist (2014) notes:

This way of thinking is giving way to a deterministic view of human life, where 'who we are' and 'what we become' is perceived as explained by our genes. The idea that our genes are of vital importance for who we are is now embedded in cultural notions about what shapes human identity. (p323)

Helen (lesbian, Pākehā) uses this framework to situate the donor as contributing not only genetics but also to her child's identity: "I was very mindful that this person [the

donor] was going to be 50% of this child, and that it was important for [my child] to be earthed and grounded and to know who that person was.”

There is a tendency to discuss genetics rather than blood when connecting people as family, but blood is not completely discarded within conversations. Women who are pregnant through a donated egg consider their blood contribution to be a powerful contributor to family (Thompson 2005). The concept of blood remains a strong cultural imperative of family, even though other connections and identities through a blood connection have been discarded:

We now assume that ethnic and religious identities are not located in blood, so that blood transfusions do not threaten to disintegrate the identity of the body so transfused. Similarly, we do not ascribe ethnic and religious identities to organs, so that livers, kidneys, hearts, and lungs can be exchanged between bodies with no effect on individual identity. We place pig valves in human hearts, without thinking that we are dehumanizing the person so altered. (Kahn 2005 p187)

Blood does and does not contribute to identities and the creation of family. Blood as an indicator of family is not an essentialist concept, but specific to particular bodies, blood and places.

Children are often seen as the product of the material bodies which their genetic material came from. Luzia (2013) talks of how her lesbian participants tracked down “the siblings of their child” (p249), demonstrating how lesbian families can both deny and embrace the performance of family constructed through biology and genetics. This idea of family, that siblings are made through biological connectedness (and not for instance a shared upbringing or shared parents) illustrates the privilege that biology holds in defining family. This focus on the concept of family being created through the trinity of biology, blood, or genetics is not only a powerful cultural theme (Hargreaves 2007) but also the basis for biological privilege, as biological families are regarded as genuine and legitimate. Beeson et al. (2015) identify the trend of genetics increasingly becoming the determinant of legal parenthood, particularly in cases involving surrogacy. Michelle (2006) troubles this prioritising of genetics to explain identity:

Genetic inheritance [is] often privileged as the most important component of identity, as opposed to just one among many (and often more influential) contributing elements such as social environment, socialisation, interactions with social parents, and life experiences. Further, since each parent supplies one half of the child's all-important gametes, an equalisation has occurred in the perceived relative contribution of fathers versus mothers; one that potentially elevates the status of fathers whilst downplaying the mother's more substantial, embodied contribution. (pp17-18)

Michelle questions the focus put on genetics, which ignores other ways that contribute to identity development, such as the everyday experiences. She also questions whether we should consider mothers and fathers as equal contributors to a baby, when (some) mothers do not only contribute gametes, but also carry and develop the embryo. Lesbian mothers tend not to deny biological connections, but also do not prioritise them (Abelsohn et al. 2013). Rather than focusing on genetics, Michelle (2006) is proposing that identity can similarly be developed through the experiences during pregnancy, through time, space and place, and through the experience of care.

While heteronormativity is founded in the notion that biology creates family, for some queer people the rigidity of hegemonic heteronormativity may make this impossible, due to being abandoned by their biological family due to their sexuality. New families, families by choice, are created. This idea of choice was mentioned by Danielle (lesbian, New Zealander/European):

Certainly, for the longest time if you came out, the chances of maintaining [a] good relationship with your existing family were uneven, and [in] some places that was it, you know. Even if you could maintain a relationship with them it wasn't a healthy one. I mean it wasn't healthy for you, so a lot of the time people would move cities, to the big smoke, so they'd leave their whole community behind and they really needed family you know. They needed people to be there for them in that way, and I think for older queer people in particular, knowing quite a few of them, that I grew up with, that sense in which you would adopt people (laughs).

Paula (queer, Pākehā) also touches on this idea: “The lesbian community’s more open to more possibilities around family, so I think that my idea [of family] is kind of one of those, the mix of biological and chosen”.

This expectation or desire for family to be created through genetics is also incongruent with queer sexuality. If lesbians want to have a family, they need assistance from a third party. Just as some people find it difficult to comprehend family not created through biology, it can be difficult to understand the compulsion of family created through biology. Gabb (2018) who is adopted and a lesbian mother, comments “I remain confounded by the cultural fascination with blood ties and genetic lineage: I simply don’t get it” (p4). In a parallel situation, Isabella (gay, Pākehā) similarly feels being a birth mother must be a different experience to her own experience, but she doesn’t know how it would be different:

I think I would feel different if I was a birth mum in some way but I can’t imagine feeling different because I feel like [our child] is my our child and our family.

Isabella articulates that while she could occupy another role in the family, that of birth mother, what would not change is the love she has for her family. Lesbian families are families created in a different way, but still a family.

This privileging of biology is not inert but plays out in institutional spaces. Jenni Milibank (2008) examines disputes between lesbian mothers and known donors in courts. Within this system, biology is privileged over functional family, both in terms of biological mothers privileged above non-biological mothers, and a privileging of the absent donor above lesbian families. Heteronormativity creates systems which not only support heterosexual ways of being and doing family, but also legally imposes this onto queer ways of being and doing family.

Jones (2005) suggests that:

rather than ‘fixing’ biology ... bio-genetic ties can be reconfigured and rendered meaningful in multiple ways according to the specific needs/desires of particular subjects. This suggests therefore that the

authority of discourses around 'biology', 'genetics', 'family' and 'race' are not absolute. (p230)

This re-figuration of bio-genetic ties can be seen in ARTs and is particularly explicit when comparing the stories of women who use donor eggs and carry the baby, with women who use their own eggs and a surrogate. Women who carry a baby made with donor eggs render bio-genetic ties through the exchange of blood between themselves and the baby, and the place of the baby in their womb. Women who use their own eggs and a surrogate focus on the traditional understanding of bio-genetics as based in gametes. As also discussed in chapter 4, this reconfiguring and expanding of boundaries demonstrates that seemingly fixed ideas of biology, genetics, and family are susceptible to movement and change.

Heteronormativity aligns male bodies with fathering and female bodies with pregnancy and mothering. Lesbian families can find that this father role is imposed upon the partner of the woman who had the baby. Catherine (gay, Pākehā), who carried their child, found this attitude: "but yeah two mothers but people do constantly expect Margaret to be more like the father". Isabella's (gay, Pākehā) experience highlighted these expected gender differences at work:

I find how people treat me as a mother but not the mother quite interesting. Sometimes, like at work, people treat me like I'm the mother but I'm like the father mother. They treat me like one of the boys, but they don't as well. [...] I find at work when people interact with me, they treat me like I'm the mother but kind of expect me to act like I'm the father and I'm like no I get up. Like when Olivia was breastfeeding we both got up and I'd go and get, and I'm sure fathers do that, I'm pretty sure most other actively involved in their child's life and their partner's life parent, whether they are mothers or fathers, surely if they're good partners, they would get up in the middle of the night when you've just got a newborn starting to learn how to breastfeed and everything, and get you water, get you food, do such and such. It's quite weird how people kind of expect me to be a bit like a boy but a bit like a girl.

Being a woman who didn't give birth to her child, Isabella considers people to treat her as a 'father mother' – a hybrid of expected gender and expected roles, an awkward space. To "act like a father" seems rather to not act at all, but rather be absent. And Isabella situates herself outside of the father role: "I'm like no I get up". These actions of caring, of getting water, of getting food, are framed as not actions that fathers undertake every day. To Isabella's way of thinking, it's not whether you are a woman or a man, it's whether you are "actively involved" with your partner and child. Her non-birth body labels her as a father, but her actions label her as a mother. This works to disrupt hegemonic heteronormative ideas which interweave gendered bodies with particular performances. Alternatively, "mothering can be attached to numerous different bodies, in different times and spaces" (Longhurst 2008p8). Isabella was also aware of the gendered roles in a television programme her and her partner Olivia (lesbian, NZ European) had watched recently:

We were watching some programme, there was a mother and father of a child, they had given up the child when they were young and he was a newborn. They stayed together and had more children, and they wanted to find the son. But [the programme] focused so much on the mother and not the father. And we were talking about how it's quite interesting how men must get these messages about what being a father is.

Again, particular behaviours are connected with gendered bodies. In this instance, the message is one of father and absence, and women, presence and care. Within his discussion about the 'awkward spaces of fathering' Aitken (2004) also highlights how mothering and fathering are mapped onto gendered bodies. Aitken contends that the emotional contribution fathers make remain invisible and do not fit within spaces of mothering or fathering.

Corinne Hayden (1995) suggests that focusing on nurturing is a way to define family. She suggests that the roles associated with kinship, specifically mothering or nurturing, have been denied when examining what creates kinship, that is, a privileging of what *is* (biology and genetics) rather than what is done (care). She maintains that if roles, rather than biology, are privileged, lesbian families would then become privileged above heterosexual families, with having two bodies that perform the

mothering role. Catherine Donovan (2000) also sees lesbian families as blurring boundaries:

For many lesbians, parenting – the combination of caring and family practices that sustain and nurture children – does not necessarily require biological fathers to enact it. [...] Parenting relationships can be separated from gender assumptions. This means that biological fathers who are involved in parenting their children are freed up to engage in practices of care that traditionally might have been associated with mothering. (pp161-162)

Lesbians blur the boundaries between biological contribution and parenting, and between gender and acts of caring and being present.

Seemingly immutable understandings are also made visible by lesbian mothers. In heteronormative families, women are mothers and men are fathers. This is so embedded as to seem normal and natural. The norms of family therefore work on the doubling of assimilation and exclusion - reproducing gender norms through gender roles (and thus the requirement of a father) and the exclusion of unnatural sexuality (lesbianism).

This normative weaving of sex, gender, and gender roles is played out in family spaces, such as the family court. Fiona Kelly, Hannah Robert and Jennifer Power (2017) reviewed court cases of separating lesbian parents in Australia. They found that non-biological mothers were regarded “as ‘spare’ or ‘extra’ mothers rather than as parents with a unique and central role to play in their child’s life (as fathers are generally positioned) (p12)”. Just as biology is privileged within family courts, this legal space also rewards those whose sex, gender and gender roles fit within a heteronormative framework – women who have given birth to their children.

In spaces where biology creates family automatically, but also a connection automatically, Donovan (2000) points out:

What is interesting is how many lesbians seem to be balancing this need [for genetic knowledge] and their own need to protect the integrity of their family: knowledge about the father is often

distinguished from involvement with the father. It is in making this distinction that many lesbians can be understood both as products and radical shapers of their time. (p161)

By making a sharp distinction between biological contributions and the caring practices of parenting, Donovan is separating sex and gender roles from parenting, which otherwise are hegemonically linked. Lesbian mothers interweave mother and father, man and woman, and in doing so, they blur the lines, and highlight the hegemonic heteronormativity of parenting. Due to the heteronormativity of many family spaces, lesbian families disrupt this assumption, creating awkward spaces where the potential for widening understandings of being and doing families exist.

“IT’S NOT SOMETHING THAT YOU HIDE, BUT YOU ALWAYS HAVE TO SAY IT”: CONTINUALLY COMING OUT

“Coming out” is a metaphor for disclosure of a sexual identity that beyond the hegemonic heterosexuality. It is a shortened form of ‘coming out of the closet’, which initially was theorised as a single action, a self-disclosure of being lesbian, gay or bisexual. Brown (2000) problematises this by pointing out it is a repetitive action: “Actually it’s more than once, it’s a repetitive action in different (and the same) spaces” (p147) and is now more recognised as being a process: “it is not uncommon for a queer family member to tell a family member who they know will likely tell others and lessen the often-awkward and consistently ongoing labor of coming out” (Manning 2020 p74). Coming out is a process that occurs in many different places and at different times and is a lifelong journey. The queer body is not recognised when it is in the closet, but it is not necessarily recognised out of the closet either. Due to the heteronormativity of most spaces, while some people act in a manner that is identifiable as ‘queer’, many queer bodies are presumed to be heterosexual and have to continually come out, as pregnant lesbians discovered (discussed in chapter 5) and as lesbian mothers discovered.

Lesbian mothers enter spaces of parenthood where heterosexuality is inscribed upon them, or their bodies are read as heterosexual, as in Rachel’s (queer/lesbian, New Zealand European) story:

Going to playgroups and kindys [kindergartens], and talking to other mums, it's usually the first question. "So what does your husband do?" So yeah, you're outing yourself constantly. Constantly. And I wish, yeah. And you can't be vague in your language choices. You can say "well my partner is..." and then you end up having to use he or she somewhere. So you can't be vague. You just have to just lay it on the table [be direct].

In the child and family spaces of education, women's bodies are usually presumed to be heterosexual, and in this scenario, also married. Rachel considers that continually not clarifying her sexuality is not sustainable, so she might as well be upfront. While some straight people would prefer that lesbians not mention their sexuality, Rachel implies that she would prefer to not have to mention it either – "And I wish, yeah". Although she does not complete her sentence, the inference is linked to her previous comment, and she wishes she didn't need to out herself constantly. Coming out is discussed in chapter 5 with regard to pregnancy. There is a temporary aspect to both pregnancy, and the interaction with services involved with pregnancy. This chapter extends the discussion through considerations such as the longer-term involvement with education systems and the presence of children.

Rachel also says: "It's not something that you hide, but you always have to say it". This fits within Brown's (2000) description of the closet: "people can be in and out of the closet simultaneously ... it's space can reveal and conceal at the same time" (p147). Ruth (gay, White European) also makes a comment that points to the heteronormativity of space, in this case work spaces, as well as the assumption of being married:

Our relationship or our sexuality isn't hidden but it probably makes casual acquaintances more aware of it quicker. At work if you talk about, you know, you've got kids 'oh you've got kids. Oh, what does your husband do?' kind of thing.

Lesbians are not in the closet and hiding their sexuality, but paradoxically also placed in the closet through the assumption of heterosexuality. Having children seems to increase the occasions when this paradox is exposed. None of the questions in the online survey asked directly or indirectly about coming out, nor was it in the original

guide of interview questions or prompts, however several people, both online and in the interviews, commented on the repetition of this act, indicating this practice of lesbian parenting was important to communicate:

It did feel like we had to come out over and over again. They assumed I was straight over and over. (Leanne: Pākehā, mid 40s)

There was a constant 'coming out'. (Anita: New Zealand European, mid 50s)

It did feel like an endless coming out story though. (Renee: New Zealand European New Zealander, late 30s)

We had to keep coming out, over and over and over. (Anna: lesbian, Pākehā)

You definitely have to out yourself more often. (Kerry: lesbian, New Zealand European)

It is not only that lesbian mothers have to come out in different places such as educational, child and workspaces, repetition is also sometimes necessary in the same place, because saying it once to someone is not necessarily enough to override the heteronormativity of place and parenting. Lesbian mothers found that even after they explained once, people just keep assuming:

And I have one example where a work colleague took like three months ... Before they really, and they were, like 'wait you're married to a woman?' I'm like, I have been for the last ... But they just don't, they don't hear it, and they can't see it, and they just can't see past that. They automatically just assume. (Catherine: gay, Pākehā)

The first couple of times [in baby groups], they [other mums] were saying something, and [partner] did mention about [our child] having two mums and they sort of just, it went over everyone's head and then by the third or the fourth time they were like 'oh' click 'okay'. (Stacey: lesbian, Australian)

Space is mutable. A lesbian coming out can queer heteronormative places, but if she moves out of the space, or if the others move out of the space and different people

move in and do not read the lesbian body as queer, the space can morph back to heteronormative (and of course be queered again).

As places tend to presume heterosexuality, the responsibility is on the individual, couple or family to come out. These constant coming outs happen in children's spaces (for instance kindergartens), and places of parents – such as the doctors or at hospitals. These spaces, once again, prescribe heterosexuality upon bodies, meaning lesbian mothers need to come out, again and again, and reinforce that family spaces may not be regarded as spaces of lesbian sexuality (Gabb 2005a).

A lesbian mother within O'Neill's (2012) study said: "When we take our children to the doctor, we're just really upfront" (p15) and O'Neill concludes: "Without taking this approach, the interaction with the health professional could be strained and awkward" (p15). Coming out, however, doesn't necessarily negate discomfort:

Well there's the birth and stuff, but then the playgroups and the kindys [kindergartens] and the childcare, and like the whole parenting thing. I felt quite, um, like there's a whole new coming out thing ... which is coming out again. It was kind of weird. (Rebecca: lesbian, NZ European)

Rebecca feels weird and out of place in these heteronormative spaces. Heteronormativity evokes spaces of awkwardness when assumptions are challenged. These comments reflect Butler's (1990) theory of gender performativity, and that gender is constructed through the repetition of everyday actions. Heteronormativity is produced through everyday actions, and lesbian mothers need to counter these assumptions through everyday actions of their own, which queer spaces such as playgroups. Both public and private spaces are affected as children's friendships transverse many places, as Catherine (gay, Pākehā) discusses:

She's 'oh I want to have a playdate with this person' and I'm like, um, because I know I have to navigate that [lesbian identity] which is fine once it's done, but you have to go through the whole thing of 'yes we're lesbian mums', and then they work out that you're actually a normal person, and then its fine, but you have to do that every single time.

This supports Anna Malmquist and Karin Nelson's (2014) notion that lesbians repeatedly have to reiterate their status as mothers and a family. This performance is undertaken across a variety of spaces:

Spaces [are] inherently heterosexual. (Karen: New Zealand European, mid 30s)

Like from Plunket [a free health and wellbeing service for children aged under five] to playcentre to wherever you go, you kind of just make it clear that you're both his mums, and then be the same with school and daycare and nosey people on the street. (Kerry: lesbian, New Zealand European)

As Kerry outlines, the spaces of children and parents are ubiquitous, and include not just preschools and schools but also the streets. Home spaces are regarded as a refuge for queer people, a place to express their sexuality and challenge heterosexuality (Elwood 2000; Gorman-Murray 2006; Johnston and Valentine 1995). Spaces of home may therefore become an increasingly important space of refuge for lesbian mothers.

The decision about whether to come out or not in any conversation is not a simple one. Brown (2000) points out that the closet is not only "a place that challenges the dualisms in our thinking" (p148) but also a place of "comfort and security" (p148). Stepping out of the closet can mean discomfort. Discussing workspaces, Fiona (lesbian, Caucasian) says:

Conversations in the office 'oh so did you move up with your family?' 'yes I moved up with my family and then um we've got two children our little boy's going to that school' and then the next question is always um 'what does your husband do?' and then I say 'oh well actually my wife and she does this' and then people go 'oh' [panicked voice] and 'um' and apologise and I go 'no no that's fine'. Yeah sometimes I think maybe I should just say straight out 'oh my wife does this' but then I think why? I don't have [to]. Why should I have to do that? You know it's not like I'm gonna tell you, oh I don't know, we have a garden (laughter).

When Fiona disrupts the space by correcting assumptions of heterosexuality, an awkward space is created. Fiona then has to manage other people's emotions, which deflects from the issue of assumed heterosexuality. The option to state her sexuality upfront is a non-sequitur in conversation. The normative assumption that a woman with children is straight situates lesbian women in a dilemma: do they maintain their identity and create awkward spaces, or do they pass and become inauthentic, but leave the space unchallenged? As these incidences occur so frequently it demonstrates how spaces of work and parenthood are imbued with heteronormative practices.

In her Aotearoa New Zealand study O'Neill (2012) also found lesbian mothers experienced the repetitive element of coming out as emotionally draining:

Participants recounted frequently having to "come out" (i.e. disclose their sexual orientation) to strangers, including health care professionals, to avoid assumptions their partners were sisters or aunts or some other family relation. This was described as being "boring" and "exhausting", an indication of the emotional energy required having to continually do this, and then having to cope with reactions and intrusive questions following disclosure. (p15)

As Chabot and Ames (2004) note within their study of lesbian mothers in the United States: "All participants addressed the constant role of educating others about their lesbian family" (p354).

This emotional element was mentioned by several other participants. If "our sense of who and what we are is continually (re)shaped by how we feel" (Davidson and Milligan 2004 p524) then the spaces of heterosexuality that make lesbian bodies feel awkward, are shaping and reshaping who lesbians are:

It was sometimes disheartening to be constantly outing myself.
(Sarah: New Zealand European, early 40s)

Feeling a bit anxious about coming out or feeling a bit weird about it.
(Rebecca: a lesbian, NZ European)

I did used to get a bit kind of like, oh god I'm so sick of having to explain ourselves all the time. (Fiona: lesbian, Caucasian)

I'm like, okay now I have to out myself here, and so for the most part those conversations have gone okay, like no one's been rude but it's just, it does panic me a little bit the thought of having to do it every time. So that does, that does bother me a little bit. (Kitty: lesbian, Western European/Pākehā New Zealander)

It is not only the space shaping lesbians. Johnston (2009) outlines the ways in which the entertainers the Topp Twins are changing the political and social landscape of Aotearoa New Zealand. They use humour to push boundaries around sex and gender, as well as topics closely aligned with Aotearoa New Zealand, such as farming and the All Blacks. The Topp Twins are lesbians potentially changing, shaping and queering the minds of their audiences and the spaces they perform in.

As O'Neill (2012) describes above and Kitty alludes to, it is not only the emotional decision to come out, but also dealing with the other person's reaction. When the heteronormative space is disrupted this can create a space of awkwardness, and so the decision about whether to challenge assumptions can be influenced by the perceived potential of transformation within this awkward space:

It's like a calculation almost. Like how much effort do I have to put into this? And how hot and angsty am I going to get? And what is that going to do? I guess that's a very selfish way of looking at it. In this moment, what do I have to lose in a way, to get that person to acknowledge the way I live my life? And so, if it's someone that I think I would see from time to time, and that I want to develop a relationship with, then definitely, I would be out in the open. But if it's someone just coming to the door, I had another one, like a husband thing, like an uber driver or someone, an airport shuttle, I just didn't. (Sandra: gay, White)

Like yesterday with the lady that was saying when I was sick I'll go home and my husband will look after me. And it's like, hmmm. Some days you can be bothered having those conversations, and some

days you just think, hmmm, no not today, smile and nod. (Donna: gay, New Zealand European)

Every single time it's a decision we need to make either way, and sometimes I can't be bothered, particularly if I know I'm not going to see that person again. If it's someone that I am going to see again, and if it's someone who's usually a bit younger, I'll just say "my wife" "my wife had a baby" and then I'll try and usually throw in some humorous line to break the ice. Like "I'm next", you know, just so they know it's okay, not to be like awkwardness "oh sorry!" (Kitty: lesbian, Western European/Pākehā New Zealander)

Sandra, Donna and Kitty's stories demonstrate both the intense thought process that can go into the decision about whether to out themselves and their families, and the intense emotional investment they put into the conversation if they do decide to out themselves. This includes not only their own emotional state, but also emotional care of the other person, by trying to relieve any tension within the awkward space. They also assess the opportunity of this space: "what is it going to do?" and "If it's someone who's usually a bit younger". Lesbian mothers are seeking the awkward spaces where understandings of family can be explored. Kitty's use of humour to relieve potential tension in an uncomfortable space was a technique used by several lesbians, just as the Topp Twins use humour to challenge essentialist ideas of gender and sexuality (Johnston 2009). Kitty recounts her thinking after deciding to disclose her sexuality:

That internal questioning of 'was that the right decision?' And 'was that a slightly selfish decision?' In terms of, well I want to be accepted for me but really, I made it worse for everyone, and everyone felt bad and weird, and what did I achieve? And maybe he will be more tolerant to the next gay person that comes along. Maybe. I don't know.

The balance between letting people remain comforted in their heterosexual assumptions and creating uncomfortable spaces by speaking up and challenging those assumptions is a difficult assessment. Again, Kitty seeks to use the awkward space to broaden the being and doing of family.

While Angela (Pākehā New Zealand European, late 30s) says: “I personally didn’t feel uncomfortable clarifying that my partner is female, or correcting the standard heterosexual assumption”, her phrasing indicates she is aware some lesbian mothers are put in an awkward place when it is presumed they are heterosexual. Yet exclusion from legal and social interpretations of ‘family’ threatens the safety and autonomy of both adults and children of lesbian families, and such exclusion can also discriminate against them. To be included, lesbians continually challenge system-based invisibility and any resulting systematic change can have huge impacts, both practical and emotional. As Hayman and Wilkes (2017) explain: “to avoid homophobic judgment and having to provide persistent explanation to others, some lesbian mothers allow heterosexual assumption” (p580). The combination of assumptions of heterosexuality and the heteronormativity of family language (Luzia 2013) mingle together, creating awkward spaces in which lesbian mothers repeatedly have to come out (or decide not to).

When children are present, coming out as a parent is regarded as less of a choice and more of a necessity, to claim the right for their family to be and exist in that space:

Once you’ve got a child who understands, if you’re not going to be proud of your family, then they’re not going to hear that. (Melissa: queer, Pākehā)

While some lesbians can choose to not to come out as individuals, there is an understanding this is not acceptable when children are involved. Speaking of lesbian mothers in Israel, Adital Ben-Ari and Tali Livni (2006) note:

Participants agreed that not being completely open about their sexual orientation after becoming parents might cause harm to the child by creating the sense of hiding a shameful secret in the family. (p524)

Heather (queer, NZ European) considers that fostering a sense of pride can protect children against potential negativity:

And you can’t be teased for something you’re not embarrassed about. If it’s not a weakness for you, you can’t be teased about it I don’t think.

In examining lesbian mother's resilience in Australia, Short (2007) found pride was both an indication of and contribution to well-being for lesbian mothers, and so may also be true for their children. In her book examining shame, Elspeth Probyn (2005) sees shame as the combination of both the emotion of the individual and the affect of the space. Just like awkwardness, shame can result when one's body is out of place, as lesbian mothers here recognise as they venture into straight spaces with their children. Probyn (2005) sees pride and shame as connected, and Johnston (2019) extends this idea: "Starting with the body, pride and shame serve to connect bodies to places and vice versa" (p217). The space therefore impacts on the body, and as Melissa, Julie and Wendy show, bodies can also rework the shameful space, to create a space of pride.

Discussing coming out, Noni (queer, Pākehā) talks specifically of the place of their church, where lesbians are welcome but are not allowed to occupy positions of power:

It's not just you anymore. I think that's certainly further strengthened our resolve in terms of working for justice within the church, which we were already really committed to. But now our children are part of a church, which doesn't at the national level recognise us as full members, in terms of, we don't have the same opportunities officially for leadership, and that's so wrong, and that's so obviously not the space we want our children to feel, that their family is somehow less or whatever.

As heteronormative spaces can create a sense of 'lack' in lesbian families, this works to exclude lesbian families from these spaces, as parents do not want their children to be exposed to this sensation that their family is 'somehow less'. The heteronormativity of the space creates a sense of being out of place, and potential shame, for Noni, which prompts awkwardness due to the conflict of messages between the church space and their family space.

Sarah (New Zealand European, early 40s) mentions how both the repeated coming out and the focus on pride are necessary actions within heteronormative spaces such as schools, friend's domestic spaces, and community areas:

I wanted to acknowledge the constant decision-making process around outing us as a queer family. While I have always been out to family, friends and work I have found this much more challenging as a parent. I don't want my kids to face bullying or discrimination as part of a queer family. While it is important to me to be out as a queer parent, to make families like our visible and to challenge heteronormative discourse it is hard knowing that they might have easier lives if we weren't out. It's something we talk about as a couple, and as a whanau [family], and will talk more about with the children as they get older. I want what every parent wants, for my children to have a strong sense of connection and pride in their family. But I know they might face backlash from teachers, friends' parents, and people in the community who don't accept queer families.

Sarah outlines how consistent coming out, heteronormativity, and emotion are all connected. The heteronormativity of space means there is continual choice around outing themselves as a family, and these choices have emotional impacts. Sarah can choose to be invisible as a queer family to keep her children safe from bullying, or she can choose to come out to foster a sense of pride in her children. Brown and Perlesz (2008) call this 'proudly private', when there is both pride in being out and also being protective of one's family. The women I talked with mentioned the conflicting desire to be proud of their family but also not wanting their children to experience negativity from a society that doesn't like difference, for example any bullying associated with having two mothers.

Imbuing a sense of pride also seems to work both ways. Parents can gain a sense of pride through their children. Rachel (queer/lesbian, New Zealand European) talks about her partner, who was not out when they first got together:

And she is amazing with [being out now] cause she's [like] 'these are my kids, this is my family, I'm really proud'.

Similarly, for Wendy (lesbian, Pākehā), being proud of her relationship was a conscious decision as part of having a child, and Julie (gay, White New Zealand European) implies that part of being proud is emotional strength for their child, whether their child is actually present or not:

- Julie I'm proud to say that you know I've got a female partner because I never want [my child] to feel ashamed ever.
- Wendy Or embarrassed //
- Julie // or embarrassed so whether he's there or not //
- Wendy // and we did talk about that before he was even born that we would have to be very proud about this.

Moving from being a lesbian couple to lesbian parents may mean heteronormative spaces are queered more often, regardless of whether the child is present or not. Once their child is present in the world, lesbian mothers more often seek to challenge heteronormative spaces on a smaller scale to create opportunity out of the awkward spaces. Lesbian families know they are a family, as Kerry (lesbian, New Zealand European) says: "I think it's obvious when we're together that we're both his mums, but not everybody would pick up on that". Recognition of their family continues to require more than doing family in heteronormative spaces. It involves repeatedly disrupting assumptions and creating awkward spaces.

Awkwardness extends to the children of lesbian mothers, and those within proximity of these children. When children are younger, it may be the children that create awkwardness, unknowingly exposing their parents as space invaders in places assumed to be heterosexual: "Some parents, especially those with younger children, were not always able to control disclosure of their sexuality. These parents learnt to live within such openness, at times feeling awkward, but mostly being proud of their children's surety and ease" (Luzia 2005b p423). For children of lesbians, "although many children felt 'awkward' to varying degrees at some time" (Luzia 2005b p426) it is not necessarily the sexuality of their parents that creates unease, but because they think their friends might feel uncomfortable. Awkwardness can be widely dispersed and complex. In this situation awkwardness is created through the child of the lesbian considering their friend and the thoughts of the friend of the child of the lesbian.

“THEY JUST MADE HER OUT OF BOTH OF US”: LESBIANS QUEERING FAMILY

There is much debate about whether lesbian mothers queer understandings and the doing of ‘family’ or whether they are complicit in continuing a homonormative ideal of family (Allen and Mendez 2018; Walters 2012; Weston 1997). Lesbian families continually demonstrate the fluidity and complexity of binary categories such as man and woman, mother and father, nature and nurture, and offer other ways to imagine, do or be family.

The common consideration of queer families as complicit or challenging to family, is cleverly conceptualised by Suzanna Walters (2012): “Narrowing in on family here now, I wonder what representations of gay kinship push at the boundaries of familial normativity and which ones simply paint the traditional picket fence in rainbow hues?” (p919). However, applying a spatial lens both helps problematise and answer this question.

When arguing that when lesbian families fit into a normative mould of heterosexual family, those, like Allen and Mendez (2018) for example, say: “Although this inclusion [as family] undoubtedly has merits for gay and lesbian individuals and families that desire such institutional privileges, it simultaneously denigrates and subverts their queer counterparts as “other,” precluding them from the privileges of homonormativity (p76)”.

In a similar vein, in Walters’ (2012) critique of the movie *The Kids Are All Right*, she argues that the assimilation of lesbian and gay into the family space is a safer move hegemonically, as this “media-friendly version of sexual minority inclusion is predicated on an erasure of feminist and queer critiques of gender normativity and the nuclear family” (p918). As a result of homonormative family:

What is also lost [besides spaces for feminism and queerness] is a critique of heterosexual family formation and a vision of the kind of difference a progressive queer and feminist difference can – and often does – make, not just for the parents but for the children as well. Couldn’t we – for a moment – imagine that children of gay

parents might indeed walk in a world of more gender play and fluidity, more gender sophistication and (dare we say it) more righteous political anger? Might we imagine that they not only encounter homophobia along the way but also perhaps a different kind of kinship? Couldn't we imagine, then, that the kids are not all right but are actually better off? (p926)

Kath Weston (1997) argues lesbian families are distinctive and should not be compared or compartmentalised with 'family'. Allen and Mendez (2018), Walters (2012) and Weston (1997) argue that rather than trying to fit lesbian families under the rubric of 'family', or even expanding family to include lesbians, instead queer families are, or should be, challenging and eroding the heterosexual norm of family, that is, there should be a move away from family entirely. Though some feel awkward in these unnamed spaces, Ruthann Robson (1994) reminds us "unnaming is an important, if underutilised, form of resistance" (p992). From within a feminist legal framework, Robson argues that moving away from 'family' stops lesbian families being derivative of family and allows new ways of reconceptualising and reimagining that situates lesbian at the centre of discussion. By disrupting heteronormative spaces with queer bodies, these spaces can be regarded as 'unnamed' and a space of resistance where opportunities for exploration are possible. This debate is theoretically useful to examine notions of family or beyond family, however it ignores any spatial approach, which highlights that queer families are rarely homonormative or radical, but disrupt these categories, at different times and in different spaces and places.

One example to illustrate the fragility of such dualistic boundaries as reaffirming/resisting is the practice of matching that lesbians may undertake when creating their families. Matching is choosing a donor who has physical characteristics similar to the non-genetic parent. Lesbians "match" characteristics (Chabot and Ames 2004; Hayman, Wilkes, Halcomb, and Jackson 2013; Nordqvist 2010 2011) - generally the hair colour, eye colour and skin colour/race/ethnicity - of the partner who is not seeking to become pregnant with the donor. In this way, the lesbian couple hope to have a child that is a physical combination of the couple, as happens with a heterosexual couple. 'Matching' can be understood as, and often is written about as,

'homonormative', where lesbians use markers of heterosexuality to create their own families (see Nordqvist 2010; Surtees 2017).

This practice of matching was undertaken by some women I talked to:

We were trying to get a mix I guess, of Wendy and myself in some way [and so choose a donor] to reflect me physically. (Julie: gay, White New Zealand European)

When discussing how they chose their donor, Julie and Wendy (lesbian, Pākehā) (who carried the baby) both mentioned the importance of physical characteristics. Julie wanted a donor with her physical characteristics, an idea supported by her partner Wendy:

In an ideal world if we could have a child that looked like it could have been a product of the two of us, [that] would be a nice thing to do.

As evidenced by Julie and Wendy, matching is done with conscious consideration, and reinforces heteronormative ideas of family. Janet Finch (2007) argues that a family is confirmed as a family unit by acting roles in public and being recognised by others as a family. Finch calls the action of these roles by the family and the understanding of these actions by others "display work". Danielle (a lesbian, New Zealander/European) touched on how she performs her role as a lesbian mother:

I do feel like I did a certain amount of curating for other people. So I never was not who I was, but I was careful about how I was who I was.

Nordqvist (2010) takes this idea of 'display' literally: maintaining that matching "highlights the normative importance of looks and physical resemblance for the recognition and legitimization of (marginalized) family relationships" (p1141). The performance of family, this 'display' of family in private and public spaces is literally inscribed on the skin of the performers, through physical resemblance. In *Confessions of the Other Mother*, a book compiling stories from non-biological lesbian mothers, there were many comments about this performance of family and how physical similarities legitimised their families: "I felt that people might validate me as her mother if we looked more similar" (De-Rosier 2006 p72). Understanding that physical

similarities denote family connections, and legitimise a group of people as a family (Rose 2004), when creating families, lesbians seek to replicate this hegemonic understanding.

Lesbians are not the only ones who match. Heterosexuals using donated sperm also seek to match the physical characteristics of the donor with the partner who is not getting pregnant, in this case the male partner (Haines 1992). In an exploratory study of Aotearoa New Zealand heterosexual families with children conceived by donor insemination Hargreaves (2007) found one of the most important themes to parents was physical resemblance. While this is a choice within Aotearoa New Zealand, elsewhere the expectation of physical similarity between family members was regarded as so important as to be legislated for. In the United Kingdom, the Human Fertilisation and Embryology Authority (2003) states in its Code of Practice: “those seeking treatment are expected not to be treated with gametes provided by a donor of different physical characteristics unless there are compelling reasons to do so” (para 3.19). Laws work to reinforce heteronormative families, normalising the expectation that families can be defined by physical resemblance and that children will look like their passing parents (whether they are infertile straight bodies trying to pass for fertile or queer bodies trying to pass as a family). Through displaying similar physical characteristics, a group of people are legitimised as a family.

When Tania (lesbian, Australian European) and Shawna (lesbian, Pākehā) were discussing why they preferred to have the same donor for their children, Shawna was quite aware of the hegemony around family looking similar, and also being biologically related. They used it as a framework to make their family:

It's quite nice in the sense that they're related, and they look similar and all of that stuff is quite nice when you're trying to ...create family ... I'm not explaining myself very well ___ but when I look at them they're so they're absolutely siblings they're absolutely so related and I probably would have felt that anyway even if they had a different donor but it kind of helps ___ yeah there might be some dubious things underlying that.

Shawna is uncomfortable about the idea that having the same donor connects the children, while at the same time her and her partner Tania utilised this understanding in order to create their family.

Lesbians seem to consciously support these hegemonic discourses, explaining that if their children look like them, it can potentially protect their children from unwanted comments (Nordqvist 2012) and awkward moments. By recognising heterosexual norms, lesbians choose to adopt them to make things easier and safer for themselves and their children, and to minimise the exposure to the number of challenges that being a lesbian parent, or the child of lesbian parents, involves. Nordqvist (2010) also proposes they do it because “a discourse of family resemblances may offer them and their children a momentary relief from marginalization associated with difference” (p1141), and as Hubbard (2008) reminds us, “conforming to a heteronormative ideal may create any number of emotional and physical anxieties, therefore, but is associated with certain material privileges as well as political rights” (p643). For lesbians and queer people, these ‘material privileges’ of passing, as either heteronormative or homonormative families, include not just the large feats of negotiating access to services to have a family, but also the privilege of a mundane daily life, moving through the day without repeatedly having to explain, or lie, or justify, or educate. Shawna’s conversation also highlights how donors are not a part of the language of family, based within heterosexuality. This is indicated through pauses, through trying different words, through speech disfluency, through laughter. There’s an awkwardness to conversation, as lesbians negotiate the space between expected family and their own family.

Lesbian families are sometimes criticised for utilising this normalising strategy. Allen and Mendez (2018) critique the assimilation of homonormativity: “although this inclusion undoubtedly has merits for gay and lesbian individuals and families that desire such institutional privileges, it simultaneously denigrates and subverts their queer counterparts as Other, precluding them from the privileges of homonormativity” (p76). Similarly, Nordqvist (2010) says:

although a discourse of family resemblance may offer them [lesbian mothers] and their children a momentary relief from marginalization

associated with difference, and I do not wish to underestimate the importance of this, it does not challenge built-in assumptions privileging biogenetic connectedness and the heterosexual nuclear ideal. (pp1141-1142)

Nordqvist (2010) points out that matching on physical characteristics privileges dominant understandings of family which are genetic, and suppresses other types of parenting, which are based more around the actions and performances, the 'doing' of parenting:

These assertions of biogenetic connections and twosome parenthood build on and strengthen conventional biogenetic nuclear family discourse which, problematically, renders invisible ethics of care, social parental ties, single or multiple parental constellations and, also, non-heterosexual parenthood. (p1135)

In other words, matching focuses on the 'being' of family, being connected through biogenetic links and corresponding physical characteristics, rather than on the 'doing' of family: the caring and nurturing that is involved.

It is also not only that similarities indicate a family connection, it is also that a lack of similarities can operate "as a sign of family disconnectedness" (Nordqvist 2010 p1136). With no physical similarities, people can presume there is no family connection, and this denies the lesbian relationship as well as the lesbian family.

This notion of inherited physical characteristics providing family legitimacy also operates on the assumption that these physical characteristics are inheritable and controllable. Fiona (lesbian, Caucasian) and her partner Maeve both have dark hair and dark eyes. They were living in England when they conceived one of their children, and in line with the Human Fertilisation and Embryology Authority's (2003) Code of Practice, the clinic matched their profiles against the sperm donor. Fiona's family is an example of the fallacies of genetic knowledge:

[The clinic] tried to match on hair colour, eye colour, skin tone, height. ... But the irony is that then [the child] was born with blonde hair and blue eyes and there wasn't any real matching at all.

Basing family legitimacy on something ephemeral as genetics is curious. While this may lie within anglo-historical morals, as evidence the wife did not stray and the child is a legitimate heir, lesbian families (as well as lived experience) demonstrate the limitations of this assumption.

Anna (lesbian, Pākehā) relates how “so many times” people make genetic connections between Lillian and their daughter:

So many times people would say ‘oh [child]’s got her height from you doesn’t she Lillian?’ ‘Cause Lillian’s nearly six foot tall. And they all knew that [child] came out of my body but they totally went ‘Anna and Lillian made this baby and therefore this baby has traits of physical traits from both of them’ and because Linus was absent they just made her out of both of us.

People work to ascribe similarities between children and parents. In this case, the absence of the sperm donor allows this genetic connection to be made. Stacey (lesbian, Australian) also found that in the absence of a sperm donor, people consider her and her partner Kerry (lesbian, New Zealand European) to both be genetic contributors to their child. Stacey is astounded by this suspension of belief in, or understanding of, scientific knowledge:

Oh the one funny thing I have picked up from this whole thing is people look at [our child], look at Kerry, look at me, look at [our child], and then go “just trying to work out who he looks like more” or “who’s eyes he has”. And I’m just like really?!

Kelly (lesbian, Pākehā) finds it entertaining when people find similarities between her and her child, who she has no genetic connection to: “when people have forgotten that I have no biological connection to [my child] and said things like ‘oh he’s totally got your whatever’ and it’s like, has he? Because that is amazing! (laughter)”. These displays of family through physical similarity demonstrate the fluidity in the understanding and application of genes and genetics. Rather than genetics and socialisation being distinct, they are woven together: “genes do not ‘speak for themselves’, but rather genetic connections are rendered meaningful and so become meaningful” (Norqvist 2017 p878). “Families are not self-evident groups, but come into

being through a process of drawing boundaries of inclusion and exclusion” (p877) and one way this is done is through making genetic connections between parents and children, regardless of whether these genetic connections actually exist.

Matching is not only be about connecting, but also separating. Nordqvist (2010) argues that lesbians seek to create physical distance from the sperm donor so that focus can be on the lesbian nuclear family unit, a successful strategy that can be identified in the stories of both Shawna and Anna. By using a donor that is physically similar to the lesbian partner who is not pregnant, the child, through this similarity, can be regarded as biogenetically attached to the lesbian couple, thus obscuring the donor’s contribution and participation. Notions of resemblance act as both connectedness of the lesbian family and distance from the sperm donor (Nordqvist 2010).

Other research positions lesbian families as disruptive to normative hegemony (Ben-Ari and Livni 2006). While many heterosexual families create their families outside hegemonic discourses, they can often ‘pass’, that is, fit in the expected mould. Lesbian families, by their very definition, cannot do this. Lesbian families are historically regarded as a challenge to the social constructs (that is, the typical understanding), of family, of mother, and of gender roles and performances within a family. Having two women as parents makes visible the underlying assumptions of families, which includes a couple being a man and a woman, children having a mother and a father, the family being linked biologically and therefore looking similar.

The dualistic argument that lesbian families either adopt heterosexual ways of doing family in order to access family privileges, and that this is problematic because it promotes particular ways of being family that deny the reality of lesbian family, or that lesbian families challenge the hegemonic family, is a spurious one. As Dionisius (2015) argues, the “binary perspective of ‘transgression’ versus ‘assimilation’ is not able to grasp the ambivalences and complexities that can be found in the negotiations and practices of these families” (p287). Similarly, Aikman (2019) recognises that the actions of lesbian mothers “simultaneously represent both the endurance of heteronormativity, and the potential for abolishing it” (p9). Lesbian decisions around family creation can both support and disrupt families. When discussing decisions

around matching between the co-mother and the donated sperm, Jones (2005) says, on the one hand:

patterns [of decision-making] indicate the privileging of particular forms of relatedness (i.e. genetic, or genetic similarity) and the institution of norms of clinical practice. On the other hand, they also exemplify the ‘tactical and strategic’ resistance undertaken by subjects according to their particular circumstances. (p234)

Similarly, because queer oppression occurs through a denial of access to a legitimate and protected private sphere (Calhoun 1997), utilising heteronormative mechanisms to obtain legitimacy is a form of resistance, and therefore situates queer families within the framework of family. For Butler (2002), ‘gay’ marriage and kinship are topics that require ‘double thinking’ in the sense that they not only represent a political challenge to heteronormativity but also collude with it. Dunne’s (2000) participants mention feeling both at the same time: “We do feel lonely and unsupported and isolated at times, but we also feel very confident and excited about the way we’ve carved out our family” (p17). Hargreaves (2007) talked with straight couples who used donor sperm to create their families and similarly found that “Andrew *simultaneously* drew on understandings about his children being his, and not his, even though these understandings were in tension with each other” (p272 italics in original). This is also understood by Brown and Perlesz (2008): “whilst not constrained by heterosexual family norms and having the freedom to develop their own biographies ... lesbian parents do still draw on the very cultural norms, they are challenging and transforming” (p272).

Brian Heaphy (2018) reviews how the ‘ordinary’ is both critiqued and supported. On the one hand, “the tendency in self-styled radical sexualities theory is to equate ‘the ordinary’ with a conservative political agenda” (p164). In this manner, ordinary is often aligned with homonormativity, where lesbians are assimilated into heteronormative ideologies, and particular subjectivities are privileged over others (such as White and gender normative). On the other hand, being able to be ‘ordinary’ is progressive, and “homonormativity is an overly abstract concept derived from the privileged position of academic and political queers that are detached from the more grounded social, economic, cultural, and spatial dynamics that shape ‘ordinary’ lives” (p165) that is, day

to day living. Rather than see ordinary as either/or, Heaphy (2018) argues same-sex couple and family commitments can be both: “they can support and be invested in the social institution (the traditions and conventions) of marriage and family while they simultaneously undermine its foundational grounding in gendered heterosexuality” (p165).

Both of these ideas – lesbians should be included in families, and lesbians should challenge families - are recognised by the lesbian families I interviewed:

Being a nuclear family is the ultimate safe constrained expression of everything about sexuality you know. The set of assumptions that’s all so wrapped up in normal. You could mount another argument, and of course I really prefer this one: it’s most undermining of the patriarchy to be a [lesbian] family and bringing up children. (Noni: queer, Pākehā)

Thus, the behaviour of matching can be regarded as both a resistance to and acceptance of heteronormative ideals of family.

These arguments, however, neglect to consider the importance of place, and that whether a lesbian family is conforming or challenging the notion of family may depend on the place, and the family itself. Lesbian families paradoxically perform family in ways that can either support heteronormative hegemonies or resist them, or sometimes both. In talking about the paradoxical nature of the lesbian mother, Gabb (2005a) attests:

It can be seen that while time and place may affect sexual/maternal actions, this does not demarcate identities and spaces so much as illustrate the dynamic process of lesbian motherhood. (p430)

Lesbian motherhood is an intersectionality of many practices, which is apparent through a variety of spaces, and therefore indicates the fluidity of both lesbian motherhood, and identities more generally. “In other words, people ‘do family’ and they do it *somewhere*” (Luzia 2010 p360 italics in original).

Lesbians will also deliberately manipulate space and place in order to support their family:

Olivia We have deliberately made choices about the location that we live in, the type of jobs that we do, the type of childcare that [our child] goes to, the people that we associate with.

Isabella It has all been all very deliberate.

Olivia To create a situation where us being gay parents is completely unremarkable.

Lesbian parents do not only queer heterosexual family spaces at different times, but also work to create queer family space within work spaces, education spaces, and home spaces.

Similarly, lesbian mothers seek spaces in which to configure family in queer ways. Drawing on the heteronormative way of defining family through blood, Shawna (lesbian, Pākehā) queers this genetic connection of blood with the blood of parenting:

I think people are a bit shy to ask [who gave birth]. I think they maybe worry that they're diminishing your relationship or going to offend you or something. And it's funny because the longer you do it, you know, the older the kids get, I mean genetics just feel irrelevant to me ... you parent them so that's like your sweat and tears and blood. They take a pound of flesh off you every day anyway.

De-Rosier (2006) also touches on the effect of time: "over time, I care less and less that Lucia and I do not resemble each other" (p72). Polly Pagenhart (2006) also discusses the embodied experiences of both the mothers, and similarly sees mothering, parenting, as cumulative actions:

The experience [of birth and the time following] is etched into our psyches, but not written on the inside of our bodies, like it is in theirs [birth mothers]. It's not continuing to ooze out our nether parts for weeks and months, certainly doesn't drip out of our breasts when we begin to feel longing for the baby. That different embodiment continues to differentiate our parenthoods, through breastfeeding. I

expect these kinds of contrasts to shift and mellow over the years. Jennifer's mother birthed two children and adopted one, and maintains that, over time, the differences between biological and nonbiological parenthood become imperceptible. Motherhood – parenthood, babahood [baba being her name for her role] – is the sum total of dozens of skinned knees tended, hundreds of runny noses wiped, thousands of hurt feelings loved away. (p50)

Initially it is the embodiment of pregnancy that names a woman as mother. But, Pagenhart (2006) argues, over time, the distance from pregnancy and birth makes that bodily contribution internal and invisible, and it is the visible actions of parenting, actions of care and love that makes motherhood, and labels a woman as 'mother'. As Valentine (2008) identifies what "is evident in all the studies that capture different ways of 'doing' families is the enduring power of relations of love and care" (p2014). The earlier notions of 'looking like family' give way to the doing of family, the parenting, over time.

Ways of doing and being family are complex and paradoxical. Janice and Donna have two children. They both experienced pregnancy and birth and they used two donors. As blood and genetics has such a strong mapping onto family, they expect their children to have questions. In the imagined conversation directed to their oldest child, Donna re-draws the lines that map their family:

We're gonna have to have that conversation. You aren't blood brother and sister, but to us that doesn't actually matter. You are brother and sister, and the way you've been bought up, and the way that you help her do things, and the way she makes you laugh, and, you know, the pictures [photos] in the bath. You are brother and sister. If there's no blood involved, that's who you've grown up with, and who you love.

The acknowledgement she makes of genetics to family sits uncomfortably as Donna draws upon domestic spaces and connections across different times. But these awkward spaces may also be necessary opportunities to explore and acknowledge other ways of being and of doing.

Lesbians frequently expose hegemonic heteronormativity creating awkward spaces. If the impacts of hegemonic heteronormativity are to be examined, not just on lesbian families but also other families that do not sit comfortably within this narrow performance of family, the onus for change and awareness is not the sole responsibility for minority families. Lesbians, and others, create awkward spaces and these spaces can also be spaces of opportunity for everyone to examine their own thoughts and assumptions, and contribute to broader understandings of family.

CONCLUSION

This chapter addresses the research question: “in what ways do lesbian mothers with children support and/or subvert understandings of family?” Due to the predominance of heteronormativity, lesbian mothers and their children do not necessarily subvert understandings of family in public spaces, as there is a presumption of heterosexuality and that one of the mothers is, for example, a friend or a sister. As a result of these heteronormative spaces, choosing to come out or not is a normative experience of lesbian parenting. When they do come out lesbian mothers therefore disturb these presumed definitions of family – potentially causing a re-evaluation of what a family can be, and sometimes organisational change, such as more inclusive language on a form asking about parents.

Lesbian families expose the heteronormative assumption of family. These include the assumptions of a mother and a father, a genetically related family, and the ways in which language is often awkward when lesbian mothers discuss their ways of being and doing family. These often work to deny lesbian sexuality, as well as abnegating the family itself. This unrecognition ties particular genders with particular performances within a family, which also places an increasing number of heterosexual families on the margins. Lesbian mothers find themselves repeatedly in spaces where hegemonic understandings of family are dominant, and continually have to decide whether to come out and outwardly queer these awkward family spaces, or instead maintain a heteronormative façade. The presence or absence of children influences decision-making, as lesbian mothers work to create feelings of pride in their family, and in the children themselves, within these spaces of heteronormative family. When lesbians maintain the heteronormativity of the space they can often feel awkward, and

conversations can be uncomfortable as they can feel unauthentic or disconnected. When lesbians disturb the heteronormativity of the space this can also produce awkwardness, as others work to reconcile the presence of queer bodies. These are also spaces of opportunity where performances of mother, family, queer and straight can be explored.

Lesbian mothers personalise two possible approaches to family creation: position versus motion (Thompson 2005), or the being of family versus the doing of family. Regardless of hegemonic heteronormativity, lesbians create their families and act in ways that both normalise and challenge the assumed heterosexuality of family spaces. Acts such as matching demonstrate this paradoxical space that lesbian families occupy, disorientating the fragile boundaries of man, woman, mother, father, family. Lesbian families, with the potential to separate out biological and caring aspects of parents and donors, offer new ways in which to examine the effects of genetics, the effects of time and care, the effects of space and place, and also what contributes towards a strong self-identity within children. A spatial account of lesbian families furthers this understanding, with a focus on where these effects are most pertinent, and where the opportunities for positive change are situated.

Due to the heteronormativity of many family spaces, coming out is a frequent and repetitive experience for lesbian parents. It is a continual decision-making process as lesbians and their children move through different family spaces. When straightness is presumed, through language or forms for instance, it can create an internal feeling of awkwardness, as the assumptions do not match onto reality. Whether lesbians choose to come out can depend on the familiarity with the person who has made the assumption, their age, and whether their child or children are present. If they choose to come out, and queer the space, lesbians expand this feeling of awkwardness to others, as it means other people are confronted with their assumptions. To reduce this uncomfortableness, lesbians sometimes use humour to endeavour to make others feel more at ease. Moving through awkwardness to a space of laughter and/or less tension provides opportunity for people to reconsider their assumptions, and potentially broaden their understanding of family, reducing future awkwardness.

CHAPTER 7:

CONCLUSION

There were two objectives of this research. The first objective was participant focused. I wanted to provide a space for lesbians to talk about their family, collect their creation stories, and validate their experiences through an academic process and mainstream publications. The second objective was to critically analyse their stories within a queer and feminist geographical framework, paying attention to power, bodies, place and awkwardness.

The research aimed to address three questions:

1. How do the decisions and experiences of lesbian women seeking pregnancy highlight heteronormative understandings of fertility, conception, mother and family?
2. Does the presence of lesbian couples within maternity spaces such as antenatal classes and hospital maternity wards, expose and trouble heteronormative assumptions around bodies and mothering? And if so, in what ways?
3. In what ways do lesbian mothers with children support and/or subvert understandings of family?

I used a foundation of queer and feminist geography to examine the decision-making and spatial experiences of lesbian mothers, and expectant lesbian mothers. This allowed spaces for different understandings specific to times and places, and fluidity in identities, and enabled me to examine how places and people co-reproduce, and disturb, hegemonic heteronormativity across a variety of spaces.

I used Allen and Mendez's (2018) queer theory to interrogate hegemonic heteronormative spaces and examine the specific ways in which homonormativity is encouraged to be performed. Hegemonic heteronormativity recognises that not all ways of performing heterosexuality are rewarded. Instead the heterosexuality that is privileged is a narrow performance, based around three aspects: cis-normativity (where gender and gender performances match), mononormativity (where two parents

are presented as the ideal) and homonormativity (where queer families may fit, if they imitate a similarly narrow performance of family, which is also racially and economically specific). Homonormativity is similarly a narrow performance of queer sexuality that maps clearly upon hegemonic heterosexuality, and where queer ways of being and doing family do not challenge a capitalist and neo-liberal framework. An examination of normative spaces provides a basis for further critique of how such spaces and bodies may be disturbed.

I used insights from awkward geographies as a way to explore where opportunities exist for expanding understandings of lesbian, mother, and family. Awkward geographies incorporate queering space, space invaders, and embodied feelings of awkwardness. Queering space is a useful way to examine assumptions of heteronormativity of spaces and bodies and demonstrate how they are always potentially able to be disturbed. Queering demonstrates the temporal nature of presumed heterosexual space and presumed heterosexual bodies. Similarly, the notion of space invaders examines bodies and spaces, but the focus includes attention to embodied feelings, such as feelings of alienation and inclusion, that further demonstrate the ways in which place and bodies are connected and co-constituted. There was a lot of awkwardness throughout this research journey, and previous geographical scholarship pointed towards exploration of places of awkwardness as spaces for expanding understandings. It became apparent that laughter often accompanies uneasy and uncomfortable topics or situations, both covering and exposing the awkwardness.

I spoke with 38 women in their homes or in public spaces of libraries, workspaces, and the Charlotte Museum, a museum of lesbian history in Aotearoa New Zealand. I did 11 interviews with couples, and 16 were individual interviews. Another 204 women spoke to me through their writing from online surveys. While women identified as a number of sexual identities (including 'gay' 'mostly lesbian' 'queer' and 'queer/lesbian'), it is likely my language of 'lesbian' influenced who participated, particularly for interviews. I initially used Facebook posts in queer family-based groups, and this contributed to participants who were reasonably homogenous, based on subjectivities that tend to be highlighted, for instance ethnicity, wealth, education level. This provided

participants similar to research done with other lesbians in other locations within and outside of Aotearoa New Zealand.

I used a qualitative multi-method approach. I collected data through face-to-face in-person interviews and online surveys and analysed the data through discourse analysis and thematic analysis. Discourse analysis and thematic analysis are not about uncovering 'the truth' but rather the way participants construct their own realities and identities.

In Chapter 4 I explored fertility clinics and homes as sites of conception. Heterosexual ways of doing things are cemented through policy, interpretations, language and representations which influence not only who should be doing family, but also how family should be done. As different places and spaces are understood to be heterosexual, lesbian bodies are often read as heterosexual, and this creates situations where lesbians frequently have to decide whether to come out or not. Spaces of conception, such as fertility clinics and homes, do not necessarily adhere to binary understandings of 'clinical' and 'homely' and instead lesbian bodies within these spaces create insemination practices that queer heterosexual ways. Lesbian mothers are not just passive reflectors of space, they contest these heteronormative places, often creating awkward spaces of transgression and opportunity where these weavings of bodies and practices may be supported and/or sabotaged.

I addressed how lesbian women seeking pregnancy highlight heteronormative understandings of fertility, conception, mother and family. The decisions and experiences of lesbians seeking pregnancy demonstrate that the place of conception impacts on these understandings. Within homes spaces, definitions of mother and family can reside within the imagination of the lesbians seeking pregnancy. Within fertility clinics, lesbian women highlight how these are heteronormative spaces and lesbians disturb assumptions of families only having one mother, that all women seek pregnancy, and that bodies seeking pregnancy in fertility clinics are infertile. As a space of conception, fertility clinics disturb heterosexual procreational norms, which correlate amorous behaviour with pregnancy. Homes tend to highlight these heteronormative understandings of conception, with initial conception practices that associate pregnancy with sex.

In Chapter 5 I examined whether lesbians within maternity spaces expose and disturb heteronormative assumptions around bodies and mothering. The extent to which these assumptions were presumed depended upon the place. Sex, gender and the performance of gender are strongly heteronormative in ante-natal classes. Within ante-natal classes there was an expectation for particular bodies to behave in particular (prescribed and narrow) ways. These assumptions of heterosexuality and male and female partners taking on the appropriate gender roles of caring or ineffective (respectively) creates an expected closeness between mother and child, and distance between father and child.

In Chapter 6 I examined the ways in which lesbian mothers support and/or subvert understandings of family. Discursive heteronormative understandings of family consistently exclude lesbian mothers and their children. The presence of a father is presumed, which makes one of the mother invisible, denies the lesbian relationship, and also denies alternative ways to make family. In material spaces, due to the assumption of heterosexuality, lesbian mothers continually decide whether to maintain heteronormativity or queer the understandings of body, space and family. If they decide to subvert understandings of family by 'coming out' this can create a space which is often an awkward and uncomfortable place for everyone. These awkward spaces where expectation is disturbed by lived experience provide an opportunity to re-examine hegemonic heteronormativity and embrace other ways of doing and being. Family spaces where the family is together are a place where heteronormative understandings of family can be simultaneously disturbed and reinforced.

Women who are parenting together need to have time, energy and money to challenge heteronormativity in spaces of parenting (Luzia 2013). Luzia (2013) recognises that lesbians are not negotiating and challenging these spaces in order to be a family but rather to be recognised and protected as a family. Similarly, lesbian mothers who didn't give birth, consider themselves as part of the family, but struggle to get recognised as a mother. My research shows that lesbian women creating a family have to make many decisions, and some decisions they make support discriminatory systems, generally for reasons of recognition which provides legal protection and safety for their families. Other decisions they make challenge understandings of hegemonic family, and their rationale focuses on inclusion and social justice. Binaries present a simplistic

either/or scenario, but life and living and embodiment mean things are more complex, and they are complex in different places in different times, or the same places in different times.

There have been changes to laws in Aotearoa New Zealand, including the Marriage (definition of Marriage) Amendment Act 2013 (which now recognises marriage between two women or two men), amendments to the Human Rights Act 1993 (which makes decision-making in public institutions based on sexuality illegal), and recognising two mothers on a birth certificate. This legal framework contributes to this research being unique to Aotearoa New Zealand, and has created space and opportunity for queer families to be recognised and valued, as long as their ways of doing and being family reproduce the normativities of hegemonic heteronormativity. The rewarding of homonormativity within legal spaces is problematic as it is the weaving of both spaces and bodies, of people and places, that co-construct understanding. Even homonormative lesbians seeking to create families often struggle to find a place with the different spaces of parenthood, as they continually do not fit, and are often uncomfortable as they move through these places. For lesbian mothers, the doing of family entails repeatedly explaining, justifying and educating, and this becomes a normalised part of lesbian parenting.

One objective of this research was to provide a space for lesbian mothers to talk about their experiences and decision-making. The second objective was to critically analyse their stories. In doing these, this thesis explores the variety of ways conception, maternity and family places and spaces are heteronormative. Critically engaging with the stories of the participants provides many opportunities to prompt transformative changes to policies, laws, and everyday spaces. An examination of the policy and practice of fertility clinics could allow for an easier and less awkward experience for not only lesbian couples, but also for those that are single, non-binary, and transgender, and the staff of the clinics as well. Organisations that run ante-natal classes could pay particular attention to their language and the messages they are conveying within their approach, e.g. when they separate men and women. Creating an inclusive space allows for all potential parents to feel they belong, but simultaneously provides a space where meanings of family, mother and father can be queered and extended. Such changes prompt not only wider social change through

policy and law, but promote change in everyday spaces, contributing to a future where there is less assumption and awkwardness within family spaces.

As Nash (2015) argues, there is strength in examining the 'unresolvable'. My points are not prescriptive or universal, rather places to explore from. Research inevitably calls for more research, and this is particularly appropriate for discussions within human geography, where place and people are important, and when place and people are continually changing. Scholarship and examination of these spaces and bodies should continue alongside these changes.

I found many directions for possible research in the writing of this thesis. The 'imagined' resurfaced throughout, as a dominant discourse within conception, maternity and family spaces – the imagined father, the imagined family – and examining the words of the participants through a framework of imaginings and realities would open up further spaces and places where these digress and merge. It is also vital for change to create spaces where alternative imaginings and language can develop (Butler 1990; Puwar 2004).

I feel a lost opportunity in not adapting a hurtful geography approach of emotion and affect to emphasise the repetitive everyday experiences when heteronormativities deny the reality of lesbian mothers and their children – something I phrase 'heteronormative hurt'. There needs to be more awareness of the times and places this occurs, but currently this responsibility lies on the shoulders of lesbian mothers, who do not always have the time, strength and energy for continually educating others.

My research left me pondering the experiences of trans and gender non-binary people within conception and maternity spaces – do their pregnant bodies, which disturb the link between sex, gender and gender performance – also create awkward spaces? Lesbians can choose the time and place where and when they come out, and create potential sites of opportunities for re-imaginings. When choice is not an option, do awkward spaces allow for safe elaboration of gender and gender performance and understandings of mother, father, and family? Do these people experience awkward spaces and if so, in what ways? How are their bodies understood and where is the awkwardness situated?

The sites of conception (and also the sites of masturbation which pre-empt insemination) also raise many interesting questions. Straight masturbation in this research always took place outside the home of the lesbian or lesbians. Is this typical or an anomaly? Are there queer practices of insemination that are more successful in achieving pregnancy than others? Such research would contribute to scholarship on reproduction, as well as contributing on a very practical level.

Within this thesis I have shown that laughter both covers awkward moments and exposes awkward moments, and that within this space is the potential for provoking and broadening understandings of lesbian, mother and family. Another area of potential research is further investigation into the potential of laughter and/or other emotions to create and support transformative spaces.

This research expands scholarship on family, lesbian family, queer parenting geographies, reproductive geographies and conception spaces. It provides evidence of continual heteronormativity of conception, maternity and family spaces, and offers possibilities to prompt transformative change across policy, law and everyday interactions. Investigation into the themes above, and other connected ideas, can continue expanding knowledge and understandings of mother, father, parent, family, and when and where it matters.

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APPENDICES

APPENDIX 1: ETHICS APPROVAL

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THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

Lisa Melville
Professor Lynda Johnston
Professor Robyn Longhurst

Geography Programme

12 January 2016

Dear Lisa

Re: **FS2015-41 Lesbians having babies: decisions, spaces, and power around donor sperm**

Thank you for sending me your amendments. You have addressed all the matters in my previous letter very satisfactorily and I am happy to give you formal ethical approval.

I wish you well with your research.

Kind regards,

Ruth Walker
Chair
Faculty of Arts and Social Sciences Human Research Ethics Committee.

APPENDIX 2: DEMOGRAPHIC FORM FOR INTERVIEWS



LESBIAN MOTHERS In Aotearoa New Zealand

CONFIDENTIAL

Name: _____

Age:

18-24	<input type="checkbox"/>	45-49	<input type="checkbox"/>
25-29	<input type="checkbox"/>	50-54	<input type="checkbox"/>
30-34	<input type="checkbox"/>	55-59	<input type="checkbox"/>
35-39	<input type="checkbox"/>	60-64	<input type="checkbox"/>
40-44	<input type="checkbox"/>	65 and over	<input type="checkbox"/>

Gender: _____

Sexuality: _____

Ethnicity: _____

Occupation: _____

If you have any questions at any point during this research please do not hesitate to contact me.

Lisa Melville

xxxx@waikato.students.ac.nz

Ph xxx xxx xxx

*Thank you for being an important part of the research about lesbian mothers
in Aotearoa New Zealand*



This research project has been approved by the Human Research Ethics Committee of the Faculty of Arts and Social Sciences of the University of Waikato. Any questions about the ethical conduct of this research may be sent to the Secretary of the Committee, email fass-ethics@waikato.ac.nz postal address: Faculty of Arts and Social Sciences, University of Waikato, Te Whare Wānanga o Waikato, Private Bag 3105, Hamilton 3240.



APPENDIX 3: INTERVIEW QUESTION GUIDE

Starting off:

- * So tell me about your family.

Other questions (if not covered):

- * Before you started your family, what sorts of things were you thinking about? (were they generic parent things like how will they pay the mortgage? Or lesbian specific things like who will get pregnant?)
- * And how did you start your family?
- * So X was the donor – why him and not someone else? (known donor)
- * So you're at the clinic and they give you the different donors to choose from - how did you decide which donor to use? (unknown donor)
- * So you chose to [whatever way they chose]. How's that going?

Further questions:

If co-parenting with sperm donor:

How did you decide who would do what? Responsible for what? Who decided? Was it an informal or formal understanding? What makes co-parenting work? What is everyone called?

If known donor:

What are they called? How much interaction do they have? In what ways has it been what you expected? What has been unexpected?

If anonymous donor:

Have you made any contact with the donor, or do you plan to? What were the reasons? Has there been anything unexpected?

- * If more than one child - was it any different for your subsequent child/children?
- * As a lesbian/as lesbians, what were your experiences with the different services, like fertility clinics? Your midwife? Ante natal? Hospital? Home birth? Post birth care – e.g. Plunket?

Finishing off:

- * So looking back to when you started this family, is there anything you know now that you wish you knew then?
- * Do you have any advice for other prospective lesbian parents?
- * Is there anything else you'd like to say? Anything we have covered that you'd like to talk about further?

APPENDIX 4: INTERVIEW INFORMATION SHEET

Decisions and experiences of lesbians making families

: participating in an interview

What is the research about?

The aims of the research are to explore lesbians' decision making when creating a family (to enable informed decision making for other lesbians and also to share stories), their experiences of health services such as fertility clinics, home births and hospitals (to raise awareness with health professionals) and to collect demographic data (to help inform legislative decision making). The interviews will cover the first two parts. This research is being conducted as part of the requirements for a doctoral degree at the University of Waikato.

What will it mean for you?

- A face-to-face interview
- It would take about an hour
- You can do this by yourself, with your partner, or with the other parents of your children
- Questions would be around how you decided to make your family (i.e. tell me about your family?), and the experiences of the services used when trying to conceive or being pregnant. I am interested in the experiences of both the pregnant and non-pregnant partner
- If you agreed, it would be audio recorded. Following the interview, if you chose to, you would get a transcript of the interview and have a month to make any alterations to anything you said (if you wish).

What if you change your mind?

Your involvement is completely voluntary. If you do choose to participate in an interview, you can choose not to answer questions, (if you have agreed) stopped the audio recording at any time, or stop the interview completely. You can withdraw your information for up to a month after the interview.

How will your identity and information be protected?

Pseudonyms (fake names) will be used when transcribing interviews and in any further use, for instance, where comments by you are used to illustrate particular trends or ideas in the research. Sometimes what you say might be attributed to more than one pseudonym if it seems you might be identifiable by associating the information with the same name.

What will be done with the data?

All of the information (including audio-recordings, signed consent forms, transcripts, and any other correspondence) will be stored in a locked cabinet in my home. Any information on computer databases will be accessible by at least two passwords and these passwords are changed regularly. As required by the university, all documents and recordings that connect you to the study will be kept for 5 years in secure storage before being destroyed.

I will do some basic analysis of some of the data from the online surveys during the collection period and put graphs on the private website.

The information gathered throughout the research process will be used to write my doctoral thesis. It is likely that this information will also be used in conference presentations, journal publications and media releases. An electronic copy of the final thesis will become widely available through the University of Waikato Research Commons at <http://researchcommons.waikato.ac.nz/>. If you indicate on the consent form to receive a copy of the findings you will be notified at this time (with a link).

What if you have questions about the research?

If you have any questions about the research, either now or in the future, please feel free to contact either me or my supervisor. You can also contact the Human Research Ethics Committee.

Lisa Melville
University of Waikato Doctoral Candidate
ljm13@students.waikato.ac.nz
Phone: xxx xxx xxx

Chief supervisor: Professor Lynda Johnston
University of Waikato Professor in Geography,
lyndaj@waikato.ac.nz
Phone: xxx xxx xxx

This research project has been approved by the Human Research Ethics Committee of the Faculty of Arts and Social Sciences of the University of Waikato. Any questions about the ethical conduct of this research may be sent to the Secretary of the Committee, email fass-ethics@waikato.ac.nz postal address, Faculty of Arts and Social Sciences, Te Kura Kete Aronui, University of Waikato, Te Whare Wananga o Waikato, Private Bag 3105, Hamilton 3240.

What if you want to participate or want more information?

For more information, or to be added to the private research website, please contact me:

Lisa Melville ljm13@students.waikato.ac.nz xxx xxx xxx

APPENDIX 5: INTERVIEW CONSENT FORM



the decisions and experiences of LESBIANS HAVING BABIES

Consent form
For an interview (individual or couple)

Your name: _____

I have received a copy of the information sheet describing the research project. Any questions that I have, relating to the research, have been answered to my satisfaction. I understand that I can ask further questions about the research at any time during my participation, and that I can withdraw my participation at any time—up to a month—after signing this form.

During the interview I understand that I do not have to answer questions. I can stop the interview at any time, and I can ask to have the recording device turned off at any time.

When I sign this consent form, I will retain ownership of my interview, but I give consent for the researcher to use the Interview for the purposes of the research outlined in the Information Sheet. I understand that my identity will remain confidential in the presentation of the research findings.

Please complete the following checklist. Tick [✓] the appropriate box for each point.		
	Yes	No
I wish to view the transcript of the interview		
I wish to choose my pseudonym/s		
If yes, please provide pseudonym/s below:		
1.		
2.		



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lesbian mothers



Participant's name: _____

Signature: _____

Date: _____

Contact details: _____

Researcher's name: _____

Signature: _____

Date: _____

Contact details: _____

Thank you for being an important part of the research about lesbian mothers in Aotearoa New Zealand.



This research project has been approved by the Human Research Ethics Committee of the Faculty of Arts and Social Sciences of the University of Waikato. Any questions about the ethical conduct of this research may be sent to the Secretary of the Committee, email fass-ethics@waikato.ac.nz postal address: Faculty of Arts and Social Sciences, University of Waikato, Te Whare Wananga o Waikato, Private Bag 3105, Hamilton 3240.



APPENDIX 6: LIST OF QUESTIONS IN LESBIAN MOTHERS: ALL ABOUT YOU SURVEY

What is your date of birth?

Where were you born?

What ethnic group or groups do you belong to?

What is your gender identity?

Which of the following options best describes how you think of yourself? (Sexuality)

What is your current relationship status?

What is your highest qualification?

Which of the following apply to your current situation? (Labour force status)

In which languages could you have a conversation about a lot of everyday things?

Do you have a long-term disability (lasting 6 months or more) that stops you from doing everyday things that other people can do?

What is your religion?

In the last 12 months, what was your total income before tax or anything else was taken out?

Which region do you live in?

How many years have you lived in your current house?

How many bedrooms are there in the house you live in?

Do you rent or own the house you live in?

Do you currently volunteer for any group or organisation? This includes mahi aroha.

Which of the following do you live with? (Partner/children/other people/none – I live alone)

APPENDIX 7: SUMMARY OF QUESTIONS FOR LESBIAN MOTHERS IN AOTEAROA SURVEY

This is an indicative list of questions. This ignores routing and inserts. Sometimes answers are added in brackets to clarify what the question is asking, as the context is lost in this format.

Do you have children?

Which of the following best describes the event of your first child?
(Birth/whāngai/adopted/fostered/other)

How long did it take from deciding to have a baby to the first attempt at insemination?

Is there anything you would like to say about this process?

In which country did you or your partner get pregnant?

How did you approach parenting?

Did you already know the donor, use an unknown donor, or get to know a donor along the way?

What were you looking for in a donor?

What was your experience [with your known donor/unknown donor/sought donor]?

Do you do self-insemination or use a clinic?

What was your experience [with self-insemination/ using a clinic]?

Were you pregnant or was your partner pregnant?

Did you use a midwife?

What were your experiences with your midwife?

Did you attend ante-natal classes?

What were your experiences with ante-natal classes?

Where did you/your partner give birth?

What were your experiences with the hospital?

Questions about surnames for children.

Demographic questions: date of birth/region/ethnicity/relationship status

APPENDIX 8: SUMMARY OF QUESTIONS FOR LESBIAN MOTHERS: TRYING TO BE ONE SURVEY

This is an indicative list of questions. This ignores routing and inserts. Sometimes answers are added in brackets to clarify what the question is asking, as the context is lost in this format.

Which of the following best describes the stage you are at? (waiting for the first insemination/ have had one or more inseminations/other)

How long did it take from deciding to have a baby to the first attempt at insemination?

Is there anything you would like to say about this process?

Are you trying to get pregnant in Aotearoa New Zealand?

How did you approach parenting?

Are you or your partner trying to get pregnant?

Did you already know the donor, use an unknown donor, or get to know a donor along the way?

What were you looking for in a donor?

What are your experience [with your known donor/unknown donor/sought donor] so far?

Do you do self-insemination or use a clinic?

What was your experience [with self-insemination/using a clinic]?

Demographic questions: date of birth/region/ethnicity/relationship status

APPENDIX 9: GUIDE TO POSSIBLE FERTILITY COSTS

Although it doesn't necessarily cost \$28 000 for one child, it can. Below is a quick summary of the cheapest possibilities:

a) IUI (Intrauterine insemination)

If you get pregnant the first time and use IUI with a clinic donor then the cost is around **\$3 000**.

Using a known donor has an extra \$1800 cost the first time, but then it is \$2200 each time after that.

b) IVF (in vitro fertilisation)

If you get pregnant the first time and use IVF with a clinic donor and the cheapest medication, then the cost is around **\$14 400**.

IVF costs can be more: medication for example can be another \$3 000 per cycle.

There are other costs involved, such as:

- each cycle: there are blood tests you do at a general blood clinic for several days prior to insemination (around another \$100 per cycle)
- storage costs for eggs, sperm, or embryos (\$150 per 6 months).

There are also other options, such as:

- tests or scans on the man or woman
- other IVF choices, such as ICSI.

One fertility clinic provides an estimate of \$11 500 - \$17 000 for one IVF cycle (<https://www.repromed.co.nz/cost-of-ivf-infertility-treatment/>).

Another fertility clinic provides costs, but not estimates (<https://www.fertilityassociates.co.nz/treatment-costs-and-payment-options/costs/>).