

Lesbian Mothers, Still an Oxymoron?

Commitment and Agency in Lesbian Families Planning for a Biologically Related Child

Alexandra Gruian

Abstract

Lesbian couples are dependent on the medicalization of pregnancy and birth if they wish for a genetically related child. Most countries are unprepared to tackle the issues of same-sex families to say the least. Whereas in social and political contexts that are mostly hostile to LGBT persons the fear of “coming out” renders lesbians invisible, in less oppressive environments lesbian families make efforts in order to “normalize” their condition. Based on the existing literature on the subject, in the current paper I intend to underscore some of the main types of agency that lesbian women employ in order to become biological parents and claim legitimacy as mothers. I will discuss issues related to agency in the medical, social and legal realms.

Introduction

The issue of the medicalization of women's bodies has been of interest for scholars for some time now, bringing ethical, social and political questions from a feminist perspective into discussion. While the medical discourse and practices have enlarged their area of authority over most of our embodied experiences, the medicalization of pregnancy and birth are of special relevance due to their powerful symbolic associations with patriarchy and gender stereotypes. Nevertheless, there is a danger that when talking about the ability of giving life one assumes we are dealing with a homogenous category of women. Intersectional identities shape life experiences, attitudes and behaviors, giving way to different types of agency. This becomes more obvious in the context of the advent of techno-scientific bio medicalization (Clarke *et al*, 2003) and of changing family structures (Asch, 2012, Graham, 2012, Gurnham, 2012, Scheib, Hastings 2012, Shanley, Jesudason, 2012). For lesbian couples, not until long associated with bareness (Hayden, 1995), the possibilities offered through assisted reproduction have an impact on what motherhood and parenting entails.

The process lesbian couples undergo once having decided to have a baby implies somewhat different decisions, actions and negotiations from that of heterosexual couples in general and those facing the problem of sterility. However, in the medical world and in the social and political milieu that they live in, lesbians who wish to become parents find little support and understanding for their discrete struggles, having to find ways for counteracting hetero-normative assumptions and procedures.

In this context, in my paper I wish to point out a series of concerns related to the efforts of lesbian couples for having a genetically related child, based on the existing literature on the subject. I will focus on agency as a central concept that underlies their actions in their medical endeavor, however underscoring the fact that pregnancy, birth and mothering for these women unravel essential social and legal facets as well, which undermine the power of medicalization to a certain extent.

Method

The current paper is the result of a process of literature review focused on the subject of lesbian couples employing assisted reproductive technology in order to have a baby. The analysis was made in January and February 2014. The purpose was to discover and synthesize the key issues related to the obstacles they face from a medical, juridical and social point of view. Jstor and Ebsco databases were used for retrieving articles according to several combinations of key words: "lesbian pregnancy", "lesbian mothers", "medicalization of pregnancy", "lesbian kinship", "black lesbian mothers", as well as a combination between "lesbian mothers" and "intersectionality". Main criteria for articles selection was the focus on pregnancy in lesbian couples. Eventually, seven articles were selected according to their relevance, published no more than twenty years ago, a time frame that I considered to be short enough so that the older articles were not surpassed by technological and legal advances, but long enough so that I could include a more various set of issues.

The two databases did not retrieve any articles that focused on the experiences of marginalized groups of women based on other further criteria than sexual orientation (for instance, black lesbian parents, low-income lesbian parents etc.). Most of the findings in this paper are based on the accounts of white, middle-class women.

Unfortunately, the discussion presented here is based on research done in other countries than Romania, since here marriage or civil partnership for same-sex couples is not permitted. As a consequence, LGBT persons are deprived from a series of rights, including those regarding the possibility of co-parenting. What is more, homophobia is still strong among Romanian citizens (Sondaj CNCD, 2013).

Identity and personal agency

The decision of having a child is embedded in ethical issues¹. Charles Taylor (1989) makes a strong connection between identity, ethics and agency, combining the three according to the following definition: “My identity is defined by the commitments and identifications which provide the frame or horizon within which I can try to determine from case to case what is good or valuable or what ought to be done, or what I endorse or oppose. In other words, it is the horizon within which I am capable of taking a stand.” (*Ibidem*, p. 27). Thus, one’s sense of self is dependent on the choices one has to make, according to a framework that distinguishes between desirable and undesirable pathways and outcomes. Identity is therefore related to initiative, in the sense of a continuous negotiation of one’s alternative ways of actions.

Agency and autonomy have been long-debated concepts in feminist political theory and practice. Drawing on liberal political theory, early liberal feminism has embraced independence and individualism as its central values. Thus, under the protection of the laws that guaranteed gender equality, all individuals could employ a maximum of autonomy and agency in order to follow their interests (Miroiu, 2004). Consistent criticism arisen from two distinct directions: feminist care ethics and socialist feminism. Joan Tronto (1993) argued for the acknowledgement of the fact that all individuals, at certain moments during their lifetimes, are somehow dependent on the support of others. Thus, independence as a concept is replaced by autonomy, defined by Iris Marion Young as following: “within the bounds of justice, to be able to make choices about one’s life and to act on those choices without having to obey others, meet their conditions, or fear their threats and punishments” (Young, 1995, p. 15). This definition does not elude support and help from others in the pursuit of certain goals. Moreover, thinking of oneself as part of a social milieu is a step towards understanding that one’s actions have political implications and depend on power relations and access to resources in a society (*Ibidem*.). It thus becomes clear that, unlike the theoretical citizen in classical liberal theory, societies comprise different social groups, with a varying degree of power, depending on their members’ identities. This brings the discussion of agency to the realm of intersectionality.

The choices one can make regarding his/her life course depends on the multiple identities of one’s self. The concept of intersectionality was created especially in order to describe the fact that, in our case, women do not face the same obstacles unanimously, but may actually face

¹ Of course, there are other determinants to whether a person decides on having a child or not and these include the availability of resources – financial or temporal, the existence of social support, the cultural interpretations given to pregnancy and parenthood, or the legal framework, which will be discussed later in the paper.

circumstances of discrimination that vary according to some other factors, such as race, which Crenshaw focused upon in her first article on the subject (1991), ethnicity (Magyari-Vincze, 2006), class (Magyari-Vincze, 2006; Bell, 2009), age (Cherrington, Breheny, 2005; Brubacker, 2007), sexual orientation (Hayden, 1995; Hequembourg, Farrell, 1999; Dunne, 2000; Chabot, Ames, 2004; Levine, 2008; Peel, 2010) etc. Social, economic and cultural factors come at play to orientate and limit the choices of each person according to their interlocking identities (Gill, 2007). As reality shows, it is even possible that the availability or unavailability of a certain alternative path/resource to create opposing perceptions of what is desirable or not (Johnson, 2008).

Women's agency is closely connected to embodiment, since due to their capacity of giving birth their bodies have always been controlled for political purposes (Miroiu, 2004). The sexual revolution was the first manifestation of women reclaiming control over their reproductive capacities (hooks, 2000). However, once again, health policies ignored differences in race, ethnicity, class, age etc. and once again favored the ones already privileged (white, middle-class), continuing to do so even today (Hooks, 2000, Magyari-Vincze, 2006). Cultural prejudices and ideologies are both at play in creating structural inequalities that restrict the choices of marginalized groups of women, who are thus deemed more or less desirable by the political powers (Cherrington, Breheny, 2005; Magyari-Vincze, 2006; Waldby, Cooper, 2006; Johnson, 2008). The types of family that are culturally and politically encouraged (usually this is the case of the traditional, nuclear and heterosexual family), also determine the amount of autonomy and dependency that women experience (Cherrington, Breheny, 2005).

The centrality of agency in the case of lesbian parents is of special relevance due to the fact that they have two conflicting identities that require numerous adaptations in order to cope with the cultural, social, legal and medical settings. After deciding for a child, these women will be pressured towards negotiating the hierarchy between their lesbian and mother identity (Hequembourg, Farrell, 1999). Culturally, motherhood has been traditionally associated with heterosexuality, while gay couples were thought of as barren, since it was impossible for them to have genetically related children without heterosexual intercourse. Due to techno-scientific developments that took biomedicalization to new grounds, lesbians now have the opportunity to procreate. Nevertheless, the harmonization of the two identities is dependent on the relationships with the significant others (*Ibidem*), which is in accordance with Taylor's assumption that "a self can never be explained without reference to those who surround it" (Taylor, 1989, p. 35).

The issue of conflicting identities has different relevance for the women in lesbian couples. This is the reason for which, before moving on, I would like to give some attention to the terminology used in the literature about lesbian families, in the context of assisted reproduction. The use of assisted reproduction in the case of lesbian couples usually implies three parties: the two women involved in the relationship and the donor, the supplier of male gametes. The *biological mother* is the woman actually undergoing the procedures of assisted reproduction, the one providing the female gametes, thus being genetically related to the baby (Hayden, 1995; Hequembourg, Farrell, 1999; Dunne, 2000; Chabot, Ames, 2004; Levine, 2008). Sometimes, the biological mother also appears under the name of *birth mother* (Dunne, 2000; Peel, 2010). The biological mother's partner is usually called *co-mother* (Hayden, 1995; Hequembourg, Farrell, 1999; Levine, 2008), *non-biological mother* (Hayden, 1995; Chabot, Ames, 2004), or *social mother* (Hayden, 1995; Dunne, 2000; Levine, 2008; Peel, 2010), since she is usually not genetically related to the child, but takes on the social role of parent. The picture becomes more blurry when one woman offers to give her gametes in order to be fertilized *in vitro*, and then the embryo is transferred to the first woman's partner, who then gives birth. In this case, both women develop a physical bond with the future child, but the mother who only bears the child is, again, genetically unrelated to it. In this type of cases, one woman is often called *genetic mother*, the other, the *birth mother* (Hayden, 1995). The third party in this equation is the donor, which can be known or unknown, depending on the couple's wishes.

Returning to the issue of identity negotiation, while this process may be simpler for the biological mother, for whom the genetic bond with the child gives her legitimacy as a parent, the co-parent faces the risk of a more marginal role (Hequembourg, Farrell, 1999). By tackling with the medical practices involved in assisted reproduction, some women symbolically take on the biological role of the "father" while assisting their partners during the medical procedures done by professionals or inseminating them themselves, thus negotiating the bond with the future baby (Hayden, 1995). Although lesbian couples may be regarded as challenging heterosexual families by displacing the blood tie as the foundational element with choice (Hayden, 1995; Levine, 2008), it is clear that biology still plays an important role in shaping lesbian women's relationships with their baby (Hayden, 1995). However, lesbian families usually build different types of kinship than heterosexual ones, between the couple and the children on the one hand and between the family and the extended families and other social networks on the other (Dunne, 2000; Scheib, Hastings, 2012). There are several strategies that can be used for this purpose; the most frequent employ medical, legal and social agency.

Agency in the medical realm

In the last years, lesbian family structures have changed – while in the past most lesbian couples had children from formal heterosexual relationships, today more and more appeal to donor insemination programs (Scheib, Hastings, 2012), thus requesting medical interventions. However, women, in their efforts to have a child, do not completely give in to the techno-medical imperatives and practices, combining subjective and scientific knowledge, low-tech and high-tech practices, underscoring a continuous negotiation between nature and culture (Mamo, 2007).

Unlike the case of heterosexual couples, lesbian women undergo a complex and lengthy process of deliberation and preparation before having a child – in this case, there is no risk of children by mistake (Chabot, Ames, 2004; Peel, 2010). There are a few aspects that need to be taken into consideration and one of the first is the source of the sperm for insemination. Generally, there are two types of choices: most of the women rely on donors from their social milieu, usually friends, but some may turn to unknown donors, with the help of specialized clinics.

Irrespective of the insemination strategy they choose, lesbian women rely on medical expertise in order to get pregnant. Nevertheless, the extent to which they techno-medicalise their experience varies greatly, with women combining high and low-tech methods both during the preparation period and the insemination itself (Mamo, 2007). For instance, what is essential for a successful procedure is determining the ovulation period as accurately as possible, which can be done with the help of a more classical instrument, like the calendar, or by using an ovulation predictor kit (OPK), which is already a much more sophisticated method. Nevertheless, women do not entrust technology with 100% authority, as they often include their own bodily experiences in their decisions and actions. Subjective knowledge based on embodiment comes into play here, as women learn to read their own body signs, which for example may sometimes be better predictors of fertility than OPKs (*Ibidem*).

Alongside the lay, non-scientific knowledge that is involved in becoming pregnant, alternative discourses accompany the process, softening the “objective”, detached medical discourse. They play an emotional role and facilitate the bonding between the future baby and the non-biological mother. The lesbian discourse related to lesbian insemination tends to picture a romantic endeavor

that is based on technology, but only to a certain extent; most lesbian couples prefer the coziness of their home to that of clinics or hospitals. The whole event is staged so as to favor the intimacy between the partners. The non-biological mother is usually the one performing the insemination, symbolically reifying her role as a parent. In the cases in which medical support is needed and the operation has to take place in a clinic or hospital, the presence of the co-parent is crucial in experiencing a less traumatic intervention (*Ibidem*).

Although probably it is not the main motivation for lesbian couples preferring to do the insemination at home, the heterosexist culture of many medical institutions has an effect on many lesbian's experience with the medical staff and procedures (Peel, 2010). Homophobia is still a major problem among doctors and nurses, whose attitudes become visible in their interactions with LGBT persons. Behaviors ranging from ignorance to lesbian's special problems, inattentiveness and a low level of involvement to rudeness only build up to the anxiety that lesbian patients already bear because of their efforts for having a baby (Irwin, 2007; Peel, 2010). The hetero-normative culture of the medical staff and institutions is also revealed by the forms that patients often need to fill in and which automatically presume their heterosexuality. As a consequence of all this, when it is possible, lesbian women refuse to 'come out' even when faced with hetero-normative biases in diagnosis and treatment (Irwin, 2007).

One of the greatest problems faced by lesbian couples during their efforts for having a child resides in the lack of acknowledgment for the non-biological mother as an authorized party to be involved in the process. This is actually a legal issue that reflects on the way lesbian women negotiate the medical, psychological and emotional facets of the endeavor. Pregnancy and birth are not only physical events, since they have ethical implications and psychological and social consequences. For the biological mother, the support of the co-mother reduces the impact of the medicalised procedures, while for the non-biological mother, her involvement in the process is, as I have already stated, a means for compensating her genetic non-participation in the procreation (Hequembourg, Farrell, 1999; Mamo, 2000; Scheib, Hastings, 2012; Chabot, Ames, 2004; Peel, 2009). This should not be understood as a disadvantage of lesbian couples since, as interestingly as it may seem, some women desire the status of mothers, but without having to pass through the biological processes of conceiving, bearing and delivering a pregnancy (Dunne, 2000). Nevertheless, social, non-biological mothers are most of the times the most important person offering support for the biological mother. However, the lack of an appropriate legal status often makes their attendance at various medical appointments together with the biological mother impossible. The lack of an

official, legalized relationship between lesbian women, due to unrecognized same-sex marriages, together with a certain degree of homophobia determines the medical staff to marginalize or ignore co-parents during medical procedures (Chabot, Ames, 2004; Irwin, 2007; Levine, 2008; Peel, 2010).

Legal and social issues intertwined

While it is difficult to separate medical issues from social and legal ones, it is impossible to do so when it comes to the latter two. Not only that heterosexual relationships are so deeply ingrained culturally that they appear to be natural, but when a legal heterosexual framework is applied to nontraditional types of family, their social acceptability of the latter increases. Consequently, this is the case with lesbian families in relation with their extended families. In regard to lesbian couples' interaction with the medical staff, I have already underscored the main concerns that involved legal problems.

Lesbian couples usually create a vast social network and it is quite usual for friends to occupy a more central role in their lives than their extended families. This is explicable since, as I have mentioned earlier, blood ties are still seen as the centerpiece of kinship. Although lesbian families do not reject the role of genetics, they succeed in adding other foundational elements, like choice and love, to the definition of kin. Motherhood is thus redefined through a continuous negotiation between biological and social involvement, so as to accommodate both mothers (Hayden, 1995; Levine, 2008).

Despite the initial optimistic view that lesbian families would be free of power imbalances, due to the lack of gender hierarchies, the genetic connection between the biological mother and the child may cause tension between the two parents or between the social mother and the extended families. Hetero-normativity and the nuclear family model, in which the children are biologically connected to both parents, are still very powerful not only at a social and cultural level, but also at a political one, where this family ideal is still, consciously or not, supported at a discourse and policy level (Cherrington, Breheney, 2005). Therefore, the lack of genetic contribution on the part of the non-biological mother results, in the eyes of those outside the couple, in a reduced legitimacy over the child – it is like the partner of the biological mother is a lesser parent (Hayden, 1995; Levine, 2008). As a consequence, inside the couple, the lack of genetic bondage may lead in some countries

to legal restrictions regarding co-parenting, especially for LGBT persons. The fact the biological mother's partner has no legal rights over the baby can bring in the couple certain instability, since one parent is deemed by an external authority, the state, as more important than the other (Hayden, 1995). When it comes to the relationships with the extended family, it is the social mother who benefits from the existence of an inclusive legal framework. The possibility of co-parenting, that gives the social mother the same parenting rights as that of the biological mother, strengthens the co-mothers' relationship with her partner's family. The explanation rests with the fact that the lack of blood ties is to a great extent compensated by the juridical arrangements that link the child to the social mother. However, this possibility is not available for couples in which at least one of the partners has a child from a heterosexual relationship (Hequembourg, Farrell, 1999).

Besides the extended families of the lesbian couple, there may be other parties involved requiring special attention from a legal point of view. The biological fathers of children that have remained with their mothers who later chose to enter a lesbian relationship may maintain close relationships with their former family; however, there have also been attempts on the part of fathers for trying to gain the custody of their child invoking the mother's sexual orientation (*Ibidem*). This raises the question of what "good mothering" entails, pointing towards the patriarchal and heterosexist assumptions that underlie the concept and practice of motherhood (Barlow, 2005).

The claims that biological fathers may have towards their children are also taken into consideration by lesbian couples who use donor insemination. The fear that a known donor might one day request custody over their offspring influences lesbian women in their choice (Chabot, Ames, 2004). The need for a masculine presence is sometimes dealt with differently. Male friends or ex-husbands may participate in parenting; some lesbians have expressed their preference in having gay friends around because of their alternative, more positive masculinity; relevant to this latter choice is also the smaller probability for gay male friends to claim any rights in connection to the child, due to unfriendly legislation (Dunne, 2000).

Conclusion

In their efforts for having a baby, lesbian couples need to employ different types of agency in order to cope with the medical, social and legal hindrances. Women have to permanently negotiate their lesbian and mother identities in the quest for “normalizing” their kinship model. With this scope in mind, they make use of technology and scientific knowledge, which they combine with embodied subjective knowledge that underscores their proactivity in challenging medicalised discourses of pregnancy in general and lesbian pregnancy in particular. This whole medical process is enmeshed in symbolic interpretations and social networks that may require legal adjustments in order to become acceptable.

Lesbian families challenge traditional family arrangements by reconfiguring the basis for kinship and power. This subject still leaves enough room for future research, especially due to the fact that most studies lack a longitudinal approach, which is understandable in the context of social and political animosity towards LGBT persons. What is more, most of the lesbians included in the papers analyzed have the same socio-demographic characteristics: white, middle-class. Little is known about lesbians with a less privileged position in society. Returning to my home country, the picture is even dimmer, since for most LGBT persons the idea of “coming out” is unappealing and there are serious reasons why this is still so. Learning about the lives of lesbians in Romania will require some more time, depending on the political and cultural advances.

Analyzed papers

Chabot, Jennifer, Ames, Barbara, (2004). “It Wasn’t ‘Let’s Get Pregnant and Go Do It’: Decision Making in Lesbian Couples Planning Motherhood via Donor Insemination” *Family Relations* 53 (4): 348-356.

Dunne, Gillian, (2000). “Opting into Motherhood: Lesbians Blurring the Boundaries and Transforming the Meaning of Parenthood and Kinship”, *Gender and Society* 14 (1): 11-35.

Hayden, Corinne, (1995). "Gender, Genetics and Generations: Reformulating Biology in Lesbian Kinship", *Cultural Anthropology* 10 (1): 41-63.

Hequembourg, Amy, **Farrell**, Michael, (1999). "Lesbian Motherhood: Negotiating Marginal-Mainstream Identities", *Gender and Society* 13 (4): 540-557.

Levine, Nancy, (2008). "Alternative Kinship, Marriage, and Reproduction", *Annual Review of Anthropology* 37: 375-389.

Mamo, Laura, (2007). "Negociating Conception: Lesbians' Hybrid-Technological Practices", *Science, Technology, and Human Values* 32 (3): 369-393.

Peel, Elizabeth, (2010). "Pregnancy Loss in Lesbian and Bisexual Women: an Online Survey of Experiences", *Human Reproduction* 25 (3): 721-727.

Bibliography

Asch, Adrienne, (2012). "Licensing Parents: Regulating Assisted Reproduction", in Daniela Cutas, Sarah Chan (eds.) *Families – Beyond the Nuclear Ideal*. London, New York, New Delhy, Sydney: Bloomsbury.

Barlow, Kathleen, (2004). "Critiquing the 'Good Enough' Mother: A Perspective Based on the Murik of Papua New Guinea" *Ethos* 32 (4): 514-537.

Bell, Ann V. (2009). "It's Way out of My League: Low-income Women's Experiences of Medicalized Infertility". *Gender and Society* 23 (5): 688-709.

Brubacker, Sarah, Jane, (2007). "Denied, Embracing, and Resisting Medicalization: African American Teen Mother's Perceptions of Formal Pregnancy and Childbirth Care", *Gender and Society* 21 (4): 528-552.

Cherrington, Jane, Breheny, Mary, (2005). "Politicizing dominant discursive constructions about teenage pregnancy: re-locating the subject as social", *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* 9 (1): 89-111.

Clarke, Adele, Mamo, Laura, Fishman, Jennifer, Shim, Janet, Fosket, Jennifer, Ruth, (2003). "Biomedicalization: Techoscientific Transformations of Health, Illness and U.S. Biomedicine", *American Sociological Review* 68(2): 161-194.

CNCD (2013). "Percepții și atitudini privind discriminarea", <http://www.cncd.org.ro/files/file/Sondaj%20de%20opinie%20CNCD%202013.pdf>, access date 26.01.2014.

Gill, Rosalind, (2007). "Critical Respect: The Difficulties and Dilemmas of Agency and "Choice" in Feminism", *European Journal of Women's Studies* 14 (1): 69-80.

Graham, Susanna, (2012). "Choosing Single Motherhood? Single Women Negotiating the Nuclear Family Ideal", in Daniela Cutas, Sarah Chan (eds.) *Families – Beyond the Nuclear Ideal*, London, New York, New Delhy, Sydney: Bloomsbury.

Gurnham, David, (2012). "Donor-conception as a "Dangerous Supplement" to the Nuclear Family: What Can We Learn form Parents' Stories?" in Daniela Cutas, Sarah Chan (eds.) *Families – Beyond the Nuclear Ideal*. London, New York, New Delhy, Sydney: Bloomsbury.

Hooks, Bell, (2000). "Our bodies, ourselves" in Bell Hooks, *Feminism is for Everybody: Passionate Politics*, Cambridge: South End Press.

Irwin, Lyn, (2007). "Homophobia and Heterosexism: Implications for Nursing and Nursing Practice", *Australian Journal of Advanced Nursing* 25 (1): 70-77.

Johnson, Candance (2008). "The Political <<Nature>> of Pregnancy and Childbirth", *Canadian Journal of Political Science* 41 (4): 889-913.

Magyari-Vincze, Eniko, (2006). "Social Exclusion at the Crossroads of Gender, Ethnicity and Class: A View of Romani Women's Reproductive Health", International Policy Fellowship Program, Open Society Institute: Budapest.

Miroiu, Mihaela, (2004). "Drumul catre autonomie: teorii politice feminist", Iasi: Polirom.

Scheib, Joanna, **Hastings**, Paul, (2012). "Donor-conceived Children Raised by Lesbian Couples: Socialization and Development in a New Form of Planned Family" in Daniela Cutas, Sarah Chan (eds.) *Families – Beyond the Nuclear Ideal*. London, New York, New Delhy, Sydney: Bloomsbury.

Shanley, Lyndon, Mary, **Jesudason**, Sujatha, (2012). "Surrogacy: Reinscribing or Pluralizing Understandings of *Family*?" in Daniela Cutas, Sarah Chan (eds.) *Families – Beyond the Nuclear Ideal*. London, New York, New Delhy, Sydney: Bloomsbury.

Taylor, Charles, (1989). "Sources of the Self: The Making of the Modern Identity", Cambridge: Cambridge University Press.

Trontro, Joan, (1993). "Moral Boundaries. A Political Argument for an Ethic of Care", London: Routledge.

Young, Iris Marion, (1995). "Mothers, Citizenship and Independence: A Critique of Pure Family Values", *Ethics* 105 (3): 535-556.

Waldby, Catherine, **Cooper**, Melinda, (2006). "The Biopolitics of Reproduction: Post-Fordist Biotechnology and Women's Clinical Labour", *Australian Feminist Studies* 23 (55), 57-73.