

**Fit for Motherhood:  
Towards a Recognition of Multiplicity  
in Disabled Lesbian Mothers**

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Intersections of oppression have been of interest to disability studies scholars for many years. Academic interest in comparing gender and disability, race or ethnicity and disability and even economic condition and disability has led to cross-fertilization of theories and practices. The issues of women with disabilities have become more and more discussed in both women studies and disability studies. (See Fine and Asch, 1988; Morris, 1991 and 1992; Driedger, Feika, and Giron Batres, 1996; Russell, 1998 and Wendell, 1996). But there remains considerable reluctance in the disability and feminist arenas to addressing perceived overlap between disability and sexuality. That is a significant avoidance of investigations that might look at sexualities as if they were disabilities. This article presents the argument that we need to look at sexuality, disability and the pathologization of both in the context of motherhood. Women who are lesbians and who have disabilities are being challenged in courts and social service systems on the basis of perceived lack of fitness to parent. In part due to stigma, in part due to the seemingly lower frequency of the population, the issues of women with disabilities who are both lesbians and mothers have not been thoroughly addressed. This intersection will be used as an illustration of how we can begin negotiating these less-tread paths of multiplicity.

**Indefinite Definitions**

One of the areas most pursued by policy makers and statisticians is the accurate counting of people belonging to "discrete" categories. This counting not only identifies populations, but often determines resources and priorities for fiscal decision making. Statistics used by lay people (with or without citations) include the idea that one in ten women are lesbian, one in six women have disabilities and one in two women are mothers. If these estimates were even close to accurate, disabled lesbian mothers might be as many as 1 percent or 1 in 100 (16 disabled women in 100, 8 of the disabled women could be mothers and 1 of these mothers a lesbian). Not to disparage the important of this accounting of people, the experience of disabled lesbian mothers escapes documentation at least in part because of diffuse boundaries.

The difficulties emerge in defining or delineating who are the lesbian mothers with disabilities in part because of the components which make up this "compound identity." Categories which may appear relatively clear on the face eventually end up as a indefinite swirl of identities. Even though "mothers" and "women" appear to be obvious in terms of criteria for membership, they are not. For example how do people perceive aunts, grandmothers or neighbors who are the primary caregivers of non-biological children? And how are we accounting for transgendered and gender dysphoric people? When the box for "female" is checked by a respondent is there a subsequent DNA test? More specific to this paper, the challenges faced by lesbians (who either give birth, adopt or coparent) demonstrate that society may have a more rigid interpretation of who mothers and women are. "Real" women do not have sexual relationships with other women and "real" lesbians do not have children. (Armup, 1995; Lewin, 1993)

Discussions of the construction of disability (and impairment) have identified the cultural context in which any of these definitions reside. The measurement, testing or assessment of any functional or biological "difference" is determined to a large extent by what each context decides is normal, expected, desirable and average. (Higgins, 1992 and Lane, 1995) Disability is not a well defined category even within countries because of the myriad of policies and programs which each define eligibility and entitlement differently.

Disability benefits based on unemployability may be quite different than eligibility

for parking privileges or public transit rides. Mental and cognitive disabilities may be defined related to school or performance based measures rather than daily experiences. The "meaning" of human variation is very much culturally determined and situational. Differences in disability experience stem from broader social perceptions and interactions, such as interpersonal crises, perceived interference with social or personal relations, social support from family and friends (Zola, 1966 and Brown, 1995). Disability is so highly context based and seen differently across countries that it is not at all clear "who" are the women with disabilities which experience the multiplicity of conditions. Even if we could identify a large number of women with disabilities the chances of under reporting or a differential in reporting among disabilities is significant. Finding out which of these disabled women are also lesbian mothers poses an additional barrier to understanding this population.

It is also important to note that views of sexual identity and sexual behavior can vary significantly across cultures and among racial and ethnic groups, so it should not be assumed that a lesbian sexual orientation or identity is the same for lesbians of different racial, ethnic, or cultural backgrounds. In particular, it should not be assumed that racial and ethnic minority cultures share views of lesbian sexual orientation identical with those of the dominant culture in various parts of the world. There is a dearth of research on racial and ethnic minority lesbians.

There is a lack of quantitative data on disabled lesbian mothers not simply because it would be too difficult to count them. A large factor in the gap in knowledge is that this topic is not seen by most policy makers as a priority area, at least in part due to the invisibility or even incomprehensibility that lesbian mothers with disabilities exist.

One of the qualitative pieces of information gleaned from reading scholarship on lesbian parenting and disability is that various conditions "mask" others. For example, being a "mother" apparently masks the status of lesbian because women with children are assumed to be heterosexual (Lewin, 1993 and Robson, 1992); being disabled has a dual impact of masking potential lesbianism because women with disabilities are presumed to be asexual (see Thompson & Andrezejewski, 1988) and preventing the possibility of parenthood because it is thought that women with disabilities ought not be parents. (See Doucette, 1990; Corbett, 1994, D'aoust, 1995; and Martin, 1992)

Interestingly enough, the opposite effect may also happen for a woman without a significantly visible disability and a child. The visibility of the child (and the assumed motherhood of the woman) may produce a belief that the mother "couldn't" be disabled because society would not expect a woman with a disability to cope with raising a child. Because of the pervasiveness of negative attitudes, women with disabilities who are successful are often no longer perceived as disabled (Women and Disability Awareness Project, 1989; Deegan and Brooks, 1985). Disability myths are incompatible with cultural images of success. Accomplishments of disabled women are discounted on both gender and disability (Fine and Asch 1988, 1981).

The invisibility of disabled lesbian mothers both protects and isolates and therefore there is a constant underlying tension about self-disclosure and identity management. These confounding conditions and interacting responses of the "public" produce several closets and masks. Whether a woman chooses to "out" herself as a mother, a lesbian or a woman with a disability is not always without her power.

Much of modern North American society sees disability and sexuality as mutually exclusive; the first automatically precluding the second. Historically deaf, blind, mentally and physically disabled men and women were purposely sterilized to ensure any sexual activity did not produce offspring (Pfeiffer, 1993). More recently mothers with disabilities have lost their children to state authorities. (Corbett, 1989; Doe, 1996; Shaul, Dowling and Laden, 1985) For disabled women, the bias and stereotypes surrounding disability are compounded by the rampant gender bias in North American society. Bias against racial or ethnic minority women, linguistic minorities and immigrants add even more difficulty to meeting an elusive societal expectation. Disabled people are perceived to be dependent, helpless, in need of protection from a more powerful person (Fine and Asch 1988). While these myths are used to define both disabled females and disabled males, disabled females face the additional burden of sexism

(Women and Disability Awareness Project, 1989). A traditionally expected role of the woman is to be caregiver and the traditionally expected role of a person with a disability is to receive care. A disabled woman cannot possibly (in the minds of the public) perform both roles.

The role of mother is a caregiving role, and the role of lesbian is primarily seen as a sexual role so disabled women are also denied the expectation of being lesbian mothers because of the role conflict. This does not even begin to address the fact that lesbians are not "supposed" to be mothers in the first place, just that disabled women do not qualify as either mothers or lesbians. Continuing to ignore the multiplicity of issues facing disabled females results in exclusion and invisibility (O'Toole and Bregante, 1992).

### **Roleless, Resistant or Roleful?**

In one of the modern classic collections of work on the issues of women (and girls) with disabilities, Fine and Asch described a situation of "rolelessness" that has been extensively cited in the literature. Without roles to adopt, or reject, and without role models to emulate or deviate from, disabled girls grow up feeling not just different but inferior. Role models alone would not solve the problem, their presence may introduce feelings of self worth that could alleviate some of the complications of disability. (Fine and Asch, 1988)

Disabled girls may find themselves unable to estimate their actual abilities or speculate on what are realistic aspirations. Nondisabled parents, siblings and teachers discourage these girls from using nondisabled role models because they, as much as the rest of society, believe the disability is the most salient and defining characteristic for the child. (Fine and Asch 1981:12)

The absence of role models and of people who girls and women with disabilities could aspire to be like leads to a difficult and frustration position. Or does it?

While clearly there are significant benefits to having strong role models, accurate information and support from peers, Fine and Asch have suggested that it is possible that this rolelessness may contribute to a form of resistance to rigid gender norms. "Exempted from the 'male' productive role and the 'female' nurturing one, having the glory of neither, disabled women are arguably doubly oppressed - or, perhaps, 'freer' to be nontraditional. Should they pursue what has been thought nontraditional, however, the decision to work, to be a single mother, to be involved in a lesbian relationship, or to enter politics may be regarded as a default rather than a preference." (Fine and Asch, 1988:13)

Similarly, lesbians who choose to be pregnant, or who are co-parenting their partner's child, are pioneers in parenting. They are pioneers because of the social taboo against being pregnant as a lesbian (something straight women do) and also a form of self-validation that contests the lack of lesbian parents available to youth as role models. Not every lesbian is seen as equally able to be a parent, though. In a handbook on lesbian and gay parenting a lesbian author advises prospective parents to thoroughly check into their medical status and while acknowledging a difference between illness and disability, there is no encouragement to seek parenthood as a disabled lesbian. It might be considered noteworthy too that the author did suggest lesbians might adopt disabled children, but did not at any point discuss raising children as a disabled lesbian mother (Martin, 1992).

When single lesbians attempt to adopt they are often steered towards older, bi-racial, international or special needs adoptions because the placement of these children is done with less scrutiny than for the white, healthy, infant. Some of us have reaped the benefits of this twisted double standard because we wanted to adopt children with disabilities or who were from other countries. Even our participation in the process was resisting imposed norms.

For lesbians with children, who also have disabilities, their family lives may in fact be acts of resistance to what are constraining social expectations. In addition to protesting and contesting what is expected of them, these women are not roleless at all. Even if they may have experienced a type of anomie or confusion, they certainly are not occupying a passive position. What they are doing is acting in social roles which may create even more argument or protest,

but which makes them "roleful, not roleless." Disabled lesbians who parent their own biological or adopted children, or the children of their partners, are certainly acting against the expectation that they can neither give care nor be sexual as a disabled woman. This is clearly the type of resistance described by Mairs (1996) and Wendell (1996).

If disabled women are culturally invisible (Fine and Asch 1988), then disabled lesbian mothers are culturally non-existent. Both by breaking the restriction of not being sexual, and by bending the rules of being a mother while a lesbian, the disabled lesbian mother fights a battle of not just visibility but existence. Assignment of the disabled girl children rigidly defined roles of helpless, vulnerable, grateful and dependent is common in North American families. But being a lesbian, and especially being a lesbian mother challenges the expected gender roles and even the sexuality oriented norms. Disabled mothers who are lesbians may experience the opposite of rolelessness. Even while society presumes them to NOT exist and to not be active members of their various communities, they are actually saturated with roles: the role of mother (caring for children is often a full time job), the role of managing disability issues, access and identity (again often a full time job) and the role of being a lesbian (sometimes relegated to a part time job, but often an all-consuming passion).

Perhaps the situation of the disabled lesbian mother is a competition among the roles, for time, for priority and for visibility and peers. Lesbian mothers may be able to find each other at support groups, disabled mothers might even reach each other at community organizations, and disabled lesbians could conceivably connect in social networks, but disabled lesbian mothers have a hard time establishing peer connections for sharing their roleful lives. One of the authors adds in the issue of having an interracial family and also parenting a child with a disability to the mix. If only we had time to attend all these groups, or better yet, if there were a group for women who experienced these multiple roles! (O'Toole, 1998) Depending on a mother's experiences, she might also be eligible for issues of single, working mothers groups or divorced or non-custodial mother's groups. The experiences of disabled lesbian mothers are as diverse of the wider populations. The problem, then, is that these diverse issues have not been examined in ways which respect the natural multiplicity of conditions. Usually the add on or layered effect of oppression is discussed without considering the reciprocity and interaction among the factors. Little documentation on lesbian mothers with disabilities seems to exist in the contentious area of mental health/illness.

### **Lesbianism and /as/ Disability**

Although it was not referring to lesbians, a women-authored book from 1985 coined the idea that being a woman and a disabled was a "double handicap." (Deegan and Brooks, 1985). Even employers and governments expect women to take disability leave when they are pregnant so the idea that gender could be disabling is not foreign. The idea that being a lesbian could be considered a disability has also been discussed quite seriously in modern medical-legal circles. Not only the status of self-identifying as a lesbian woman, but also the experience of being discriminated against and marginalized has created a sense of "handicap" due to sexual orientation.

While it has been years since the psychiatric establishment listed lesbianism as a psychiatric condition, there are still states in the United States where lesbian sex acts are illegal. (Robson, 1992) In many cases the sexual performance of lesbian relationships are seen as deviant (even if "being" a lesbian is no longer perceived as an illness). The idea that homosexuality constitutes a mental illness or disorder has been repudiated both by the American and Canadian Psychological Associations and by the American and Canadian Psychiatric Associations. Blumenfeld and Raymond (1988) wrote that the 1973 version of the DSM was the first that did not refer to homosexuality as a mental illness. However, there are still many specialized services designed to "cure" lesbians and entire journals, sections and professional training dedicated to addressing the psycho-sexual problems of homosexuals.

For lay people recent anti-gay proclamations in the popular media (on the Internet see [www.stopdrlaura.com](http://www.stopdrlaura.com)) have identified a pervasive belief that homosexuals are "biological errors." In much the same way are Dr. Peter Singer's controversial statements that disabled children are not "human" and that they are clearly genetically and biologically defective

(Singer, 1995). Singer's suggested that parents would rather raise non-disabled children who would have better qualities of life and this is akin to the notion that non-gay children are also preferred by (assumably) straight parents. The area where disability and lesbian intersect is not too far from the human genome issue.

If we find a gene for homosexuality, will we be able to prevent the reproduction of children who will become lesbians? If (when?) lesbianism is determined to be a "disease" or an "impairment" the resulting social condition of lesbians may be seen as disability. More specifically, and more obviously in recent decades, lesbians have been treated in psychiatric hospitals with medication, electro convulsive shock therapy and behavioral therapy to "treat" their lesbianism. (Stone, 1990; Lewin, 1993; Stefan, 1987) Add to this mix the very real possibility that many lesbians (especially young or recently identified lesbians) can and do experience mental health issues. Depression, post-traumatic stress and many other experiences of mental "ill-health" are probably a result of, if not compounded by, growing up feeling different, wrong, abused, or discriminated against. (Kaufman and Dundas, 1995; Lyons, 1983; Blumfeld and Raymond, 1988; Craine, Henson, Colliver and McLelan, 1988). The other issue that needs to be discussed is the fact that many women with disabilities (physical, sensory, cognitive or otherwise) do experience a need for support when they go through trauma and that they may be diagnosed, misdiagnosed, or re-diagnosed with psychiatric conditions when they disclose lesbianism to mental health professionals.

Another important factor in looking at lesbianism as disability, and at disabled women who are lesbians, is the general argument about psychiatric labels and gender. As social model proponents argue that disability is to a great degree the result of social conditions and not impairment, then we should also look at how psychiatry has labeled women as deviant. (Walker, 1984; D'aoust, 1996; Corbett, 1994) If we can agree (and only some will) that being a lesbian is not a disability, we can begin to explore and investigate how many more of the labels psychiatry has created are also not disabilities, but actually life experiences. But the label, and the disadvantages ascribed by these labels, do not eliminate the core experiences of living as lesbian, a disabled woman or mother. Madness activists have long felt women are over medicated and over diagnosed for voicing their anger, their fear of violence and even their joy. (Sales and Frieze, 1984; Hannaford, 1985; see madnation.org) Women who experience a wide range of emotions, or who hear voices or think unconventionally are determined by medical professionals to be "sick." For many women, (and probably for many lesbians in the past) there is a social demand that they do everything they can to cure the illness or stop these experiences. Women with psychiatric labels who resist treatment are "noncompliant," yet lesbians are no longer expected to submit for treatment (although this does go on, just not as openly).

For mothers, the risks are great. The odds are stacked against the mother. If she fails to show commitment to treatment (for her "disability") or fails to show restraint and discretion as a lesbian, she may lose her child(ren). This very real and all too common experience constructs a cloud of illusions. The disabled lesbian mother must be well, fit, and not obvious about her love life in order to meet the criteria of "fit" motherhood.

Because we are also looking at the experience of disabled lesbian mothers, the issue of children's mental health is also raised (and will be addressed in more detail in the following sections). "The assumption that children reared by a lesbian mother might have an increased risk of poor peer relationships and of psychiatric disorder because teasing, ostracism or social disapproval will adversely affect the child" (Robson, 1993: 168).

Perhaps it is fear of negative impact that drives so many lesbian mothers to activism, social change efforts and public education. The fear can also drive women further into the closet, but there is a weighty penalty for secrecy and internalized homophobia. Internalized homophobia can have a negative effect on self esteem and depression as a woman and as a lesbian and the resultant sense of powerlessness combined with rejection by relatives or fear of losing employment may result in personal feelings of worthlessness or helplessness (Lyons, 1983). Certainly the fear of losing one's child(ren) is one of the most universally terrifying threats.

Is being a lesbian enough to be a disability - and psychiatric one at that? And, is being a disabled lesbian likely to lead to a psychiatric illness? This connects to motherhood in three direct ways. One, many disabled lesbians who give birth may experience one form or another

of post-partum depression. Two, disabled lesbians facing adoption, second-parent relationships, or co-parenting may develop stress-related psychological or emotional symptoms. Three, custody and access issues often require an independent review of the fitness of the mother and then courts make decisions which will be in the "best interests of the child(ren)." Lesbianism, disability, and psychiatric issues are brought together at this "nexus."

### **Courts Creating a Connection**

In the case of lesbian parenting, and of parents with disabilities, in Canada and the US a similar "rule" is used. Seemingly there are "good" lesbians and "bad" lesbians. The good lesbians are single, discrete and not public about their sexuality. The bad lesbians have lovers, tell people they are lesbians and participate actively in associations of other lesbians. (Arnup, 1995) The prevailing interpretation of the law is that lesbianism does not preclude a parent from being the primary caregiver. (Gross, 1991; Robson, 1993) Similarly, being disabled is not usually taken out of context to terminate parental rights, but fairly uneducated assumptions are made about the impact that any given disability will have on the child. (Doe, 1996; Budd and Greenspan, 1985; Shilling, Schinke, Blythe, and Bart, 1982). A "nexus" rule is used that states that a connection must be made between the lesbianism (and) or disability of the parent, and potential harm to the child. This is particularly applied for young children where presumably a child is more vulnerable and custody issues are more salient.

From a research perspective, this "nexus" rule would seem to take the burden of proof off the disabled lesbian mothers and expect that the court be shown the correlation or connection between the status of the mother and the impact on the child. However, courts are not necessarily basing their judgements on research, but on misinformed, commonly held beliefs. (Polikoff, 1986; Cramer, 1986; Green, 1982) A Virginia Supreme Court judge argued that it posed "an intolerable burden on the child to live with gay parent" (Roe vs Roe, Virginia Supreme Court, 228 VA 722, 324 SE 2nd 691, 1985). Other courts have removed children from mothers with persistent mental illness even though there was no abuse or neglect. The courts argue that the potential "future" risk is great enough to terminate parental rights. In one particular case, the potential of future "disability" of the child is specifically used as a reason to remove children from a disabled mother. In 1988, *I.T. v State Department of Health and Rehabilitative Services*, 532 SO 2nd 1085 (Florida), 3D DCA the court said: "the state makes an explicit connection between the parents past behavior and potential significant impairment of a child's physical mental or emotional health." A self-fulfilling prophecy is certainly at work in these nexus cases.

By virtue of making a judgement that endorses social oppression against lesbians and disabled women, a judge (and social workers and lawyers) can actually "create" the nexus. That is, the issue of whether or not a child might actually be negatively affected in the future by the status of his or her mother is replaced by the very real impact of a judicial decision that it might take place and therefore denies custody. There are some clear disadvantages to being raised by parents who are marginalized - whether by race, language, economic status, region, disability or sexuality. However, systemic disadvantage does not obligate us as a society to prevent children from being raised in these situations. It obligates us to recognize and address the inequalities.

### **The Next/Nexus Generation**

The issues faced by women with disabilities who are lesbian mothers come up when their status as mothers is questioned whether or not they have obvious disabilities. When two women are seen as primary caregivers the public response is to assume one is the "real" mother rather than the idea that both women are parenting a child. When one or both women have disabilities there is also an assumption that one adult is caring for the other one, or takes on more of the caregiving roles or even that the children take care of the mother (Jacobsen, 1999; Wates and Jade, 1999). Being disabled is viewed as being the recipient of care, not the giver of it. Racial differences also raise issues about biology, adoption and ethnic identity when children and parent have some obvious differences in coloring, facial features or bodies. Children raised by disabled lesbians experience a rich diversity of experiences.

Current lesbian parents who have disabilities are part of the first generation of women/disabled people able to live their lives outside of institutions (special education, hospital schools, or nursing homes). In order to stay alive and independent many of us have had to focus our working lives on defining the experience of disabled people and lesbians and fighting for our basic rights. The children of current disabled lesbian parents will be the next generation. Whether they are disabled or not, straight or not, or male or female, they are the products of the so called "nexus." They will experience the consequences of societal oppression against their parents (and them) AND enjoy the benefits of social progress.

When children of disabled lesbian parents come into a room of disabled women, a conference on disability rights or a meeting of gay parents they will know they belong. Not just because gay adults or disabled people are now familiar and recognized as significant others. Not just because the next generation has role models that our generation lacked. But also because our children represents our communities' hope for success and freedom. We have a vested interest in ensuring our children do transcend ignorance and violence. Children growing up with positive lesbian role models and exposure to a range of disabled women become the cultural torch bearers - whether or not they will be disabled or lesbian (or even female). Our children know who we are, understand the progress and struggle made to this point, and their everyday experiences are validated. Our children are loved and will be evidence of the "nexus" that disabled lesbian parents can raise healthy children.

Many of our own generation (the authors') have internalized negative images of being disabled, being lesbian and being women. It is significant that many who grew up disabled believed that they would either become nondisabled or die when they reached adulthood since they had never met a disabled adult (Saxton and Howe 1987; Browne, Connors, and Stern 1985). Through lives that personified achievement we were able to conquer the better-than/less-than construct so deeply ingrained in our minds. Adrienne Asch, a disabled researcher, points out: "Virtually all the difficulty today stems from the cruelty, discrimination, and ignorance of others and the neglect of disabled people by major economic and social institutions - not from the disability per se" (Women and Disability Awareness Project, 1989). To this we would like to add that the experience of disability (and impairment) is not all about difficulty. Our successes should not only be seen as opposites of the tragedy/charity model, but as representations of a thriving population.

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