

2022

Reimagining kinship: explorations of QTPOC family and reproductive health

<https://hdl.handle.net/2144/45669>

"Downloaded from OpenBU. Boston University's institutional repository."

BOSTON UNIVERSITY
SCHOOL OF MEDICINE

Thesis

**REIMAGINING KINSHIP:
EXPLORATIONS OF QTPOC FAMILY AND REPRODUCTIVE HEALTH**

by

SANGEETA SUBEDI

B.A., Swarthmore College, 2018

Submitted in partial fulfillment of the
requirements for the degree of
Master of Science

2022

Approved by

First Reader

Linda L. Barnes, Ph.D., M.T.S., M.A.
Professor, Department of Family Medicine
Professor, Division of Religious and Theological Studies
Director, Master of Science Program in Medical Anthropology and
Cross-Cultural Practice, Graduate Medical Sciences

Second Reader

Lance D. Laird, M.Div., Th.D.
Assistant Professor, Department of Family Medicine
Assistant Professor, Graduate Division of Religious Studies
Assistant Director, Master of Science Program in Medical
Anthropology and Cross-Cultural Practice, Graduate Medical Sciences

Third Reader

Shawn N. Mendez, Ph.D., M.S.
Assistant Professor, Department of Sociology
University of North Carolina Asheville

DEDICATION

This work is dedicated to all the QTPOC who were gracious enough to share their stories
with me.

ACKNOWLEDGMENTS

To Dr. Linda Barnes, Dr. Lance Laird, and Pietra Check – thank you for supporting me through this program and for all your guidance on how to be a better anthropologist. To Dr. Shawn Mendez – thank you for being part of this project and for the fresh perspective you brought to my work.

To my peers in the MACCP program – thank you for laughing with me, commiserating with me, and holding me in the hallways of the Instructional Building on more occasions than one.

To all the friends and family who have been there for me through the thesis writing process – thank you for cheering me on as I spent far too many nights holed up in my room and far too few nights with you all.

And to all the QTPOC I had the privilege of talking to – thank you for sharing your stories with me and for allowing me to share your stories with others.

**REIMAGINING KINSHIP:
EXPLORATIONS OF QTPOC FAMILY AND REPRODUCTIVE HEALTH
SANGEETA SUBEDI**

ABSTRACT

The model of the biological nuclear family is deeply embedded in the American cultural imaginary. The privileging of this model – through healthcare systems, legal systems, and the media – contributes to the erasure of diverse family forms that exist among marginalized communities. In this study, I focus specifically on the experiences of family among queer and trans people of color (QTPOC), who have been actively excluded from normative reproductive processes at the intersections of race, gender, and sexuality. I ask the following questions: 1. How do QTPOC think about family and make decisions about whether or not to have children? How do QTPOC describe their experiences with reproductive health services, specifically those pertaining to fertility and family planning? What barriers do QTPOC describe facing in their family formation processes?

Through an analysis of 11 semi-structured interviews, participant observation, and media analysis, I find that QTPOC contest raced and classed expectations for family, imagining a form of kinship that blends biological, extended, and chosen families. However, they also face pressure to adhere to normative models of family and encounter micro- and macro-level barriers to actualizing their ideal family forms. I therefore call for reproductive healthcare systems, as well as legal systems, to reconceptualize family and support QTPOC kinship outside the bounds of cisheteronormative nuclear family.

TABLE OF CONTENTS

DEDICATION.....	iv
ACKNOWLEDGMENTS	v
ABSTRACT.....	vi
TABLE OF CONTENTS.....	vii
LIST OF TABLES.....	x
LIST OF FIGURES.....	xi
LIST OF ABBREVIATIONS.....	xii
CHAPTER ONE: Introduction	1
A Note on Positionality.....	3
Arguments and Chapter Overviews	6
CHAPTER TWO: Background.....	10
What is Kinship?.....	11
Theorizing the Family: History, Politics, and Power.....	14
Policing Family: Race, Class, and Non-Normative Kinship	18
The Regulation of Reproduction.....	20
Challenges to Normativity: Fictive and Extended Kinship	22
Evolving Kinship: The Embrace of Reproductive Technologies	25
Kinship Revisited: The Intersections of Race and Sexuality in a Technological Age .	30
CHAPTER THREE: Methods	33
IRB Delays.....	35
“You don’t need patients, you need people”	36

Data Collection	40
Data Analysis	49
CHAPTER FOUR: The Pressure to Conform	51
Family and Symbolic Anthropology.....	52
Normative Queer Family?	53
The “Right” Queer Family: The Role of Images in Establishing Queer Normativity..	56
Normativity in Adoption Spaces.....	62
The Influence of Interpersonal Relationships.....	64
Conclusions.....	67
CHAPTER FIVE: QTPOC Visions for Family	70
Heterogeneous Visions of Family.....	71
Desired Kinship Structures: Extended and Fictive/Chosen Family.....	73
Intersectional Identities: Connecting Extended and Fictive/Chosen Family.....	87
QTPOC Family: From Theoretical Desires to Tangible Visions	90
CHAPTER SIX: Barriers to the Actualization of Family.....	95
Queer Family and Stratified Reproduction.....	96
Class, Reproduction, and the Infiltration of Neoliberalism	98
The Intersections of Race and Neoliberalism.....	104
Pregnancy and the Fear of Medical Racism	107
Gender and the Institutionalization of Cisnormativity	110
Conclusions.....	116
CHAPTER SEVEN: Conclusion	119

Micro-Level Changes: Improving Provider Relationships	121
Macro-level Changes: Reframing the Roles of Health and Law	125
REFERENCES.....	127
CURRICULUM VITAE.....	134

LIST OF TABLES

Table 1. Participants.....	43
Table 2. Participants' Family Desires.....	72

LIST OF FIGURES

Figure 1. "Love Makes a Family".....	56
Figure 2. "Love, Pride & Parenthood".....	57
Figure 3. "All of Us LGBTQ".....	57
Figures 4 & 5. "Chris and Raf Hope to Adopt".....	62

LIST OF ABBREVIATIONS

AFAB.....	Assigned Female at Birth
ART.....	Assisted Reproductive Technology
BIPOC.....	Black, Indigenous, and People of Color
BU.....	Boston University
IRB.....	Institutional Review Board
IUI.....	Intrauterine Insemination
IVF.....	In Vitro Fertilization
LGBTQ+.....	Lesbian, Gay, Bisexual, Transgender, Queer+
QTPOC.....	Queer and Trans People of Color

CHAPTER ONE: Introduction

“What do we mean when we say queer family? What about queer parenting?”

It’s June 2021. Pride month. I have been searching for events to attend, and I have just entered the Zoom room for a panel titled “Proud Families, Queer Parents” hosted by a local university. As I take in my surroundings, the facilitator, a woman with pink hair who seems to be in her mid-50s, continues to muse about the meaning of “queer family.”

“When we were planning this event, nobody could figure out if we meant parenting queer kids or being queer parents or both. This panel is both.”

Indeed, the panelists chosen for the event had each built a different kind of queer family. Some had queer and/or trans children, some were queer parents, and some were queer parents with queer and/or trans children. Some had adopted their children, others had given birth to their children, and others yet had stood by their partners as they gave birth to their children. I was intrigued by the diversity of experiences that the panelists described, although I quickly noted that three quarters of them were white and all of them identified as cisgender.

One woman, a white attorney who said she had been married to her wife for 27 years, told the audience about her experience adopting a child with her partner:

“The state didn’t want to release a child to two women,” she recalled. “We had to go through three therapy sessions and were still told not to do it.”

Another woman, a white biologist who seemed to be in her mid 30s, described her decision to become pregnant using reciprocal IVF, implanting her partner’s egg into her uterus and giving birth to their child:

“When we were shopping for sperm, we felt like the most judgmental people. We looked at the characteristics of the donors and tried to match them to me since I wasn’t [going to be] biologically related [to the child]. . . Now we have one more embryo in the freezer, but rent’s not cheap in a cryo world.”

Yet another woman, a South Korean professor in her late thirties, discussed the process of starting an interracial family with her partner:

“My wife carried because she wanted to. She’s white, and I’m South Korean, so we chose to use a South Korean donor. There were thousands of white donors, but maybe four South Korean ones... It made it easier in some ways. We chose the one who fit.”

Through their stories, these panelists spoke – explicitly or implicitly – about the intersections of race, class, and gender in the processes of queer family formation. They all described encountering barriers to the actualization of their desired families, from the discrimination built into adoption processes to the cost of accessing reproductive technologies to the difficulty of finding sperm donors of color. The barriers they encountered, however, did not ultimately prevent any of these panelists from creating family. As the facilitator of the panel made sure to state, *“As long as the queer community has existed, there has been queer family. It’s created in many different ways, and all of them are valid.”*

This thesis seeks to address some of the same questions posed at this queer family event. What *do* we mean when we say queer family? What does it look like to start a queer family? Who is involved in the process and why? Unlike this panel, however, I focus specifically on the experiences of queer and trans people of color (QTPOC). I argue

that the privileging of the biological nuclear family model in the United States has contributed to the erasure of diverse family forms that have long existed among marginalized communities. In order to reconceptualize family and better support QTPOC in creating family outside the bounds of the cisheteronormative nuclear family, it is critical to begin with an acknowledgement of QTPOC's own visions for family and self-identified needs. Thus, I pose the following questions: How do QTPOC think about family and make decisions about whether or not to have children? How do QTPOC describe their experiences with reproductive health services, specifically those pertaining to fertility and family planning? What barriers do QTPOC describe facing in their family formation processes?

A Note on Positionality

The inspiration for this work derives largely from my own experiences as a queer biracial person. Growing up, there was nothing that my father – an immigrant from Nepal – emphasized to my siblings and I more often than the value of family. “In Nepal,” he would tell us, “There is an entire neighborhood of Subedis. If you need anything at any time, you can walk down the street knowing you’ll find a relative willing to help you.” He always seemed disappointed by the fact that, in the United States, people do not hesitate to move away from their families and create lives independent from their origins. To counteract the isolation he felt here, he invited a constant stream of aunts, uncles, and cousins from Nepal to come stay with us. Sometimes they would stay for days, sometimes weeks or months, sometimes even years. The rotation of family members

through my house was normal to me, integral to my understanding of the world, but to my friends (most of whom were white and did not have immigrant parents), my family's home became known as "the boarding house."

Years later, coming into my queerness in early adulthood, I began to rethink the role of family in my life. The process of coming out had sparked some tensions between me and certain members of my family, and I was wary of continuing to rely on people who didn't seem to understand all the facets of my identity. I leaned into the idea of queer family, and in many ways, I never looked back. For a number of years now, I have lived in intentional community with other queer and genderqueer people in Boston, sharing meals and chores and supporting each other through the trials of everyday life. To me, this kind of communal living feels as much like family as what you might find in a more nuclear family household.

Now, however, I find myself in yet another iteration of envisioning family for myself. As I watch my peers – primarily the straight, cisgender ones – start to have children, I question what kind of family I would like to create for myself in the long term. The connections to extended family that I developed through my childhood feel integral to my sense of self and especially to my Nepali identity; I would want any future children of mine to have those experiences and connections too. It also feels important to ground myself in queer family, to continue prioritizing connections with people who share an understanding of what it means to exist outside the bounds of heteronormativity. I would like to envision a future for myself that allows all these different pieces of family to exist in harmony.

But what would it look like to integrate these different kinds of family? I have struggled to combine biological nuclear family, extended family, and chosen family into a cohesive vision for my future. It's hard to imagine what the possibilities might be when the pressure to adhere to the model of the biological nuclear family is so strong, when the kinds of family I envision are so rarely modeled or even talked about. As I think about the routes to parenthood for queer people assigned female at birth (AFAB) – adoption, fostering, pregnancy through the use of reproductive technologies – the doubts only loom larger. Would each of those pathways to parenthood be accessible to me? If so, to whom would I have to justify myself and my desires in order to access each pathway? What would it look like to do so? I came into this project with a number of unanswered questions and the vague idea that more research should take an intersectional lens to questions of family, family formation, and reproductive health. I quickly realized that there are no easy answers to my questions, but I also realized that many other QTPOC are grappling with the same questions as I am.

I provide this context and position myself so explicitly in relation to this work for several reasons. First, while this project is primarily ethnographic and *not* autoethnographic, my own experiences and reflections on family are woven throughout this thesis. Adopting a feminist lens, I aim to center lived experiences as a valid form of knowledge, and I begin with the knowledge I have gained navigating my own families and reproductive healthcare spaces. Moreover, I cannot separate my own investment in addressing these questions from my interactions with other QTPOC, nor would I want to. I found that by acknowledging our shared identities, I was able to build trust with my

participants in a way that I would not have been able to had I not begun each conversation by introducing myself and the motivations for my work. This is not to say, of course, that QTPOC experiences are monolithic or that I have the authority to speak for all QTPOC; my participants' experiences of family differed wildly from my own and from each other, and I would not dare to presume that any singular definition of family would resonate with *all* QTPOC. Nonetheless, what this research adds to the literature on queer family is the intersectional lens it takes to understanding QTPOC's stories, stories that might not have been shared with me had I not come to this work holding the identities that I do.

Arguments and Chapter Overviews

My overarching argument in this work is that QTPOC visions for family often center forms of kinship that have been invisibilized by the American focus on the biological nuclear family. I argue that supporting QTPOC family requires expanding our understandings of kinship to include more expansive family structures, such as extended and chosen family networks. By recognizing QTPOC experiences of and desires for family, I also aim to reveal the failures of the biological nuclear family model more broadly. Queer communities, communities of color, low-income communities, and communities at the intersections of these identities would *all* benefit from a reconceptualization of American kinship and greater support for family formation outside the bounds of the cisheteronormative nuclear family.

In Chapter Two, I contextualize this project in the existing literature on kinship and queerness. Anthropologists have long been interested in understanding how kinship relations are developed and embedded in social structures. I focus specifically on understandings of kinship in the United States, detailing the ways in which the biological nuclear family has been positioned as the familial gold standard in the public imagination. Using theories of biopower and biopolitics, I explore how the image of the family is used to solidify social hierarchies along the lines of race, class, gender, and sexuality. I then turn to a review of the literature on non-normative family forms, investigating how marginalized communities have created networks of extended kin and chosen family in response to their exclusion from normative family forms. Narrowing in on queer and trans communities of color specifically, I locate their experiences of family within the context of an increasingly biomedicalized fertility sphere, in which reproductive technologies have altered the possibilities and expectations for queer kinship.

In Chapter Three, I detail the methodology of this project. The trajectory of my study – the questions I sought to answer, the methods by which I hoped to explore them, and the communities with whom I desired to work – all transformed drastically over the course of my research. In this chapter, I trace the arc of the research approval process as a way of illuminating the structural barriers that often impede this kind of research, as well as to provide insight into the methodological choices I ultimately made. I then outline the various forms of data I collected – from qualitative interviews to participant observations

to media analysis – in order to establish the scope of my project and its methodological orientation.

In Chapter Four, I ask what expectations for family are imposed on QTPOC. I unpack the symbolic meanings ascribed to the family in the United States and explore how queer people are pressured to adhere to normative family forms, even when those family forms are made impossible to access. Drawing from my participants' experiences, as well as my analysis of media representations of queer family, I examine the processes that shape public perceptions of what queer family can or should look like. I argue that a confluence of factors – the proliferation of reproductive technologies, the homonormativity of queer families represented in the media, the pressure from friends and family to reproduce in normative ways – all contribute to the expectation that all QTPOC should strive to one day create their own biological nuclear family units.

I move next to an exploration of QTPOC's own visions for family. Chapter Five focuses on the ways that QTPOC push back on normative expectations for kinship, both out of necessity and as an attempt to subvert norms that they find undesirable. I argue that, by virtue of their intersectional identities, many QTPOC have already had experience developing non-normative kinship relations. More specifically, the QTPOC I talked to hope to create families centered on community, in the form of extended kinship networks grounded in racial and ethnic community, as well as in the form of chosen family grounded in queer community. These visions speak to both the existence and desirability of non-normative family forms, illuminating the potential to reconceptualize

what family can look like and move on from a singular focus on the biological nuclear family.

Whereas the majority of this study locates discussions of family in the realm of the symbolic, Chapter Six turns to the concrete, as I investigate the factors that shape QTPOC's decision-making processes about family formation. Normative family forms are encoded in medicolegal systems, and my participants regularly faced difficulty accessing reproductive healthcare due to their marginalization at the intersections of race, class, gender, and sexuality. I argue, in this chapter, that the barriers QTPOC face in accessing everyday reproductive healthcare make them skeptical of creating family in ways that require ongoing engagement with medical systems. This skepticism influences QTPOC's family visions and speaks, ultimately, to how people's desires are mediated by the contexts within which they live.

Finally, I end in Chapter Seven with a number of recommendations about how to better support QTPOC in their pursuit of family. These recommendations span from the micro-level, exploring how providers can more competently interact with their QTPOC patients, to the macro-level, exploring broader structural changes that would allow for the legitimation of a wider array of family forms. It is my ultimate aim, in writing this thesis, to present QTPOC stories as a lens into the ways that we, as a society, can reconceptualize family and move away from the biological nuclear family model, a model that has never succeeded at representing the vast majority of people in the United States.

CHAPTER TWO: Background

*“The cultural meaning of family life not only reflects large-scale political and economic forces but also provides some of the normative ‘glue’ that holds other institutions, and public policy, together. The language of family life is highly political. It is used to blame the poor for their lack of respectability in turn-of-the-century New York or ‘Outcast’ London. It also informs the discourse on how the evolving social services redistribute responsibilities between the private sector and the state in twentieth-century France. And, of course, it is key to the struggles over civil rights for Black Americans following Daniel Moynihan’s 1965 report, *The Negro Family*. Cultural meanings flow in many directions, radiating in, out, and around the institutions we Euro-Americans bound as normative nuclear families, overflowing and legitimizing public policies and attitudes through the language of familism.”*

-Rayna Rapp 1987, 124

As anthropologist Rayna Rapp suggests, the family is a key social, economic, and political unit in the United States. However, despite the symbolic centrality of the family in American society, recent scholarship has paid relatively little attention to the ways that different family forms have evolved over time. In this chapter, I will sketch the history of kinship studies in the United States, highlighting the ways in which normative family forms have been constructed, contested, and reimagined across time and space. By demonstrating the embeddedness of kinship in the political economy, I aim to draw attention to the impacts of normative kinship on marginalized groups, specifically queer communities, communities of color, and people living at the intersections of those identities.

Ultimately, I reflect on the relatively recent tensions in conceptualizing kinship that have arisen in response to the proliferation of reproductive technologies. In queer communities specifically, the embrace of reproductive technologies has led to questions

about what queer kinship can and should look like. My goal, in tracing these histories and illuminating the operation of power through kinship discourses, is to contextualize the spaces within which queer and trans people of color imagine family and navigate the processes of family formation. QTPOC are active agents navigating these processes, as well as objects of the power relations that shape these processes.

What is Kinship?

“If the study of kinship was defined largely by anthropologists, it is equally true that anthropology as an academic discipline was itself defined by kinship”

-Janet Carsten 2012, 1

Anthropologists have long taken an interest in exploring kinship, defined most broadly as the systems of social organization that define what it means to “be kin.” Indeed, it would be impossible for anthropology – a discipline focused on understanding the factors that shape human interaction and the social order – not to concern itself with kinship and the role that family plays in the maintenance of society. How are particular understandings of relationships expressed? How are these relationships institutionalized through processes like marriage, death, and birth? How are these relationships shaped by power and its operation through the categories of gender, sexuality, race, and class? These questions have been central to the study of anthropology for centuries, but the methods for exploring them have evolved over time, as anthropologists have grappled with the complex legacies of colonialism and imperialism that undergird much of the kinship literature.

Historically, anthropologists concerned with kinship focused their work on non-Western societies, often attempting to understand “primitive” family structures and the role of family in social organization and group decision-making (see, for example, the works of Malinowski 1913, Radcliffe-Brown 1931, and Levi-Strauss 1949). These researchers assumed that kinship played a more central role in the development of the social order in non-Western societies than in industrialized states, largely because they considered Western kinship to be a private, domestic domain rather than a central feature of social life (Carsten 2012). For these anthropologists, the study of kinship was part of a much larger colonial project, in which non-Western forms of kinship were portrayed as morally inferior in order to justify ongoing imperialist and nationalist efforts (Carsten 2012, Herzfeld 2007).

To further justify their colonial endeavors, 19th and 20th century anthropologists also began to engage in comparative kinship studies, developing highly mathematical, technical models to explain the organization of societies around different kinship structures (Carsten 2012). These models sought to explain the evolution of family forms from the most “primitive” to the most “civilized.” The patriarchal monogamous family was presented as the epitome of modernity, while family forms that did not regulate sex or marriage were said to reflect “primitive promiscuity,” and a variety of other family forms – including group marriage, matriarchy, and polygamy – were sequenced as intermediate stages between the two (Carsten 2012). Through these models, kinship research reinforced rigid Eurocentric views of contrast between the West and the “rest” (Peletz 1995).

Moreover, the portrayal of patriarchal monogamous family forms as natural – and thereby timeless – contributed to the erasure of other family forms that have existed, even in the Western world, for centuries. The nuclear family is, itself, a relatively new construct. For much of history, little value was placed on creating a private sphere of interaction for married couples and their children, and households regularly included boarders, lodgers, and more distant kin (Coontz 2000, 284). Cohabitation, out-of-wedlock birth, and nonmarital sex were widespread throughout much of Western history (Coontz 2004, 974), but this reality was ignored by anthropologists who sought only to develop kinship models that positioned their particular family forms at the top of a familial hierarchy. It wasn't until more recent years – as feminist scholars began to push back on household gender roles (Carsten 2012) – that anthropologists began to question the assumption that Western kinship models reflect the natural order.

The first in-depth exploration of normative kinship in contemporary American society was conducted by anthropologist David Schneider in the 1960s. In his book *American Kinship: A Cultural Account*, Schneider characterizes kinship in the United States as a “folk theory of biological reproduction” (1968, 37). Normative kinship, according to Schneider, is constituted through two main metaphors: that of blood (or “shared biogenetic substance”), and that of love and contract (or “enduring diffuse solidarity”) (1968). Through these two metaphors, heterosexual sex, marriage, and procreation become the familial norms, and the biological nuclear family is construed as the standard for all kinship. Importantly, however, the references to blood and genetics within kinship discourses do not reflect biology as natural fact; rather, they reflect the

cultural and symbolic role that biology has assumed in Western societies. That is to say, the biological nuclear family is not the only legitimate family form, but it is naturalized as such through the symbols that operate in American discourse on the family.

By pointing out the socially constructed nature of the ideal American family, Schneider and other contemporary anthropologists have begun to subtly challenge the colonial roots of kinship studies, turning a critical eye toward Western models of kinship. And yet, as anthropologist Michael Herzfeld argues, “The role of kinship around the world remains entangled with the aftershocks of colonialism” (2007, 316). In the decades since the publishing of Schneider’s work, the language of the family has continued to be used to justify the enforcement of hierarchies and to develop a particular kind of moral order, in which certain family forms are celebrated while others are invisibilized. And yet, little attention is paid to the factors – social, political, and economic – that have contributed to the emergence of the biological nuclear family as the familial gold standard. The task of today’s anthropologists, then, is to continue to explore kinship in ways that challenge the colonial underpinnings of the field – by illuminating how symbols of the family operate in the social, political, and economic spheres and by highlighting the ways that normative family models fail to encompass the lived realities of most people around the world.

Theorizing the Family: History, Politics, and Power

Here, it is useful to think more deeply about the positioning of the family in the public and private spheres. In the United States, the family has often been construed as an

essentially private institution, signifying the separation of “women’s” work in the domestic sphere from “men’s” work in the public sphere (Carsten 2012). This dichotomization of the public and the private through the segregation of the sexes is intimately tied to state interests, particularly within the context of capitalism. To draw from a Marxist framework, the survival of the state depends on the labor power of the people; the *production* of goods cannot exist without the *reproduction* of people. While the state thus takes a direct interest in the processes of reproduction, it also situates those processes as *separate* from economic labor to maintain a system of distinction and hierarchy that privileges male labor (Peletz 1995). This “separate sphere” ideology, which emerged largely during periods of mass urbanization and alongside campaigns to remove women and children from production in the 18th and 19th centuries (Rapp 1987), continues to underlie much of the discourse concerning kinship in Western societies even today.

Foucault’s work on biopower and biopolitics is also relevant to theorizing the family’s role in the political economy. Biopower, as conceptualized by Foucault, refers to a form of power that operates through the body, in which the body and its basic features are made the object of a political strategy (Foucault 2007). This form of power began to emerge with the development of a new technology of power in the eighteenth century: population control. Interested in maximizing labor capacity, eighteenth century governments began to focus on ways to encourage health on a *population* level rather than an *individual* level – often through the surveillance of health metrics like birth rates, fertility trends, and marriage rates. Individuals were encouraged to regulate their own

bodies using these metrics to fit the standard for the ideal citizen and worker. The operation of power in biopolitical regimes thereby became deindividuated and diffused through social practices, institutions, and normative patterns of behavior.

This shift in focus from the individual to the population reflected a larger shift in the operation of power from discipline to biopolitics. Prior to the development of biopolitical tools, power operated primarily through discipline, a process that required people to *actively enforce* power through their control over individual bodies – the control over individual life and death (Foucault 2004). Conversely, biopower does not require individuals to enforce power; it operates subtly, through the normalization of certain behaviors and the broad expectation for *all* citizens to meet those norms. As Foucault suggests, “Where discipline is the technology deployed to make individuals behave, to be efficient and productive workers, biopolitics is deployed to manage population; for example, to ensure a healthy workforce” (Foucault 2004, 239). Those who do not, or cannot, embody the expectations set by society are not physically disciplined, but instead are cast as morally deviant through the dichotomization of *normal* vs. *abnormal* identities.

The question then becomes: Why is the family such an important site for the operation of biopower and biopolitics? Because only certain kinds of people are seen as capable of contributing to the development of the nation, the family – as the site of reproduction – becomes integral to the regulation of appropriate citizenship. Here, distinctions between normative and non-normative sexuality encourage the creation of certain family forms and the dissolution, or outright rejection, of others. As Foucault

argues, normative sexuality takes shape through the creation of the procreative heterosexual nuclear family unit, while non-normative sexualities take shape through the creation of identities like the nervous woman, the frigid wife, the perverse husband, or the homosexual who rejects marriage or neglects his wife (Foucault 1978). Those deemed abnormal in their sexualities are castigated, portrayed as the “Other” against which the normative family is compared. To put it differently, by providing a space for the policing of deviant identities, the family becomes “the crystal” in the deployment of sexuality, appearing to be the source of a sexuality which it actually only reflects and diffracts (Foucault 1978, 111).

Overall, it would be misguided to view the family as standing apart from social and political economies; instead, the naturalization of certain family forms over others plays a critical role in the perpetuation of a national identity that is grounded in particular moral understandings of citizenship and belonging. The heterosexual family functions not only as a symbolic unit, but also as an economic and political unit, with the two-parent household – mother at home, father at work – representing the ideal toward which every American is expected to strive. As anthropologist Rayna Rapp states in her work exploring the gender politics of kinship, “‘The family’ is a key symbol in American culture; everyone grows up in its shadow” (1987, 128). I turn next to what it means to live in the shadow of the family, exploring the ways that normative kinship structures have both been imposed on and resisted by various groups.

Policing Family: Race, Class, and Non-Normative Kinship

Biological nuclear family structures continue to be positioned at the top of the American moral order, and yet these structures have not gone uncontested. Certain kin relations have been intentionally excluded from normativity, defined as deviant specifically to provide a point of contrast for the normative and further consolidate the authority of the norm. As such, Schneider's kinship model fails to encompass the diversity of family forms in the United States that exist outside of the biological nuclear family unit. This is particularly true for marginalized groups; many critics have pointed out that Schneider's kinship model does not adequately account for the role of gender, age, ethnicity, race, or class (Hayden 1995, Collier and Yanagisako 1987, Strathern 1992b). The operation of power through these categories and in relation to kinship was left relatively unexamined in much of the kinship research conducted throughout the late 20th century.

Moreover, the tendency to unproblematically accept the dichotomization of the public and private spheres, without paying attention to the embeddedness of kinship in the political economy and biopolitical regimes, replicates and legitimates the sense that family is inherently gendered and rooted in biology – relegating alternative patterns of kinship to a lower status as extensions of or exceptions to the rule (Rapp 1987). What would it look like for kinship research to reverse this pattern? To explicitly explore the use of kinship norms in upholding racist, classist, and heterosexist ideology? To shed light on the ways people have resisted normative kinship models and reimagined what kinship can look like? In this section, I bring an intersectional lens to the study of kinship

and family formation, exploring both how kinship norms have been imposed on communities as a way of policing certain identities, as well as how these norms have been resisted and subverted.

In her piece, “It’s All in the Family: Intersections of Gender, Race, and Nation,” Patricia Hill Collins describes the centrality of the family in maintaining social hierarchies. As she argues, people learn their assigned place in hierarchies of race, gender, ethnicity, sexuality, nation, and social class through their families of origin. These hierarchies are solidified through their association with the seemingly “natural” processes of the family, obscuring the reality of their social construction (1998). Moreover, the idealization of the family as the core of a *national* identity leads to the portrayal of the United States as a national family, in which the “contributions of family members in heterosexual, married-couple households with children become foundational for assessing group contributions to overall national well-being” (1998, 66). The maintenance of this national wellbeing necessitates that distinctions be drawn between first- and second-class citizenship in the context of the racialized, classed family.

Indeed, the language of family life has been employed to blame the poor for their lack of respectability, to redistribute funding for social services between the public and private sectors, and to justify state interventions into non-normative families (Rapp 1987). Daniel Moynihan’s 1965 report, *The Negro Family*, commonly referenced today as “The Moynihan Report,” is a particularly charged example of the ways in which the rhetoric of family has been used to justify racist ideology. In this report, Moynihan posits that the fundamental problem underlying racial disparities between white and Black

communities is the Black family structure. He argues that Black families, specifically in low-income communities, are “highly unstable,” as evidenced by high rates of male unemployment, divorce, female-headed households, illegitimate births, and welfare dependency (Geary 2015, Cohen 1997). His core argument rests on the assumption that the *family* structure itself is to blame for racial disparities, rather than the *institutional* structures that shape Black family life. What this example demonstrates is that the white nuclear family unit has been so deeply naturalized in the American cultural imaginary that any deviation from that norm is seen as a moral failure in and of itself.

The Regulation of Reproduction

Given the significance of blood ties in American kinship models, interventions into reproduction have also played a particularly important role in designating some families as normative and others as deviant, especially along the lines of race and class. Situated within a long national history of eugenics (see Lombardo 2008, Bruinius 2006, Stern 2005, Lawrence 2000), the state has taken an interest in differentially regulating women’s [sic] reproduction as a means of producing particular family forms for a particular national population. Middle- and upper-class white women have been tasked with keeping their family bloodlines “pure,” necessitating the development of social taboos that eschew premarital sex and interracial relations, while also promoting reproduction within the context of white heterosexual marriage (Hill Collins 1998).

Meanwhile, poor women and women of color have been subjected to moralizing discourses that frame them as unable to control their sexual impulses or reproductive

decision making and incapable of raising their children with the right moral fiber (Cohen 1997). Designations like that of the Black “welfare queen” and “hypersexual” immigrant mother serve to legitimize interventions into the reproduction of marginalized groups, all under the guise of protecting the sanctity of the family. Whether it be through the legacy of forced sterilization among indigenous and immigrant communities (Lawrence 2000), the federal financing of birth control clinics in poor neighborhoods (Washington 2007), or the prosecution of pregnant women suspected of using drugs (Cohen 1997), the state has routinely intervened in communities of color in ways designed to limit or even erase the existence of “undesirable” bodies and family forms.

As state interest in regulating reproduction has grown, the institution of marriage has come to play an especially important role in codifying the supremacy of the white heterosexual nuclear family. As described in Schneider’s kinship model, the American family is understood not only through “shared biogenetic substance” (or blood ties), but also through “enduring diffuse solidarity,” a form of love contractually defined through marriage and other legal obligations. Importantly, the right to marriage – and therefore the right to normative family – has not been equally applied. White supremacist and cisheterosexist ideologies have used the state and its power over marriage to designate which individuals and families are “fit” for the full privileges of citizenship (Cohen 1997). This regulation of marriage has taken multiple forms, from the barring of marriage between enslaved Black men and women, to the prohibition of all interracial marriage up through 1967, to the ban on gay marriage at a federal level through 2015 (Cohen 1997, Hill Collins 1998, Liptak 2015). In concert with interventions into family through

medical procedures, legal systems have thus played a critical role in deciding who is allowed to start family and in what ways.

Challenges to Normativity: Fictive and Extended Kinship

The language of the family, and its operation through medical and legal institutions, serves to sanction certain identities while castigating others. Discourse on the family constitutes its own form of biopower, symbolically shaping the possibilities for family that are made available to people in gendered, raced, and classed ways. In response to the subtle operation of power through the family, an important question arises: How have those deemed “deviant” responded to their exclusion from normative family forms? While it may seem as though the imposition of normative family is a unilateral process, in which people with deviant identities are prevented from actualizing family, in reality, marginalized communities have long enacted their own forms of family that call into question the assumed naturalness of the biological nuclear family unit.

One of the primary ways in which marginalized groups in the United States have created family outside of normativity is through the development of “fictive kinship” networks. Anthropologists coined the term fictive kinship to refer to familial ties forged between people who are not biologically or maritally connected, originally focusing on the ways these relationships are incorporated into dominant family models in non-Western societies. For example, in Latin American countries with large Catholic communities, godparents often play an integral role in families and take on childrearing responsibilities considered equally important as those of biological parents (Ebaugh and

Curry 2000). Similar ritual kinship relationships are commonly seen in Asian countries, sometimes grounded in Islamic and Hindu traditions, and sometimes grounded in a broader desire for social and cultural solidarity within communities (Ebaugh and Curry 2000). The fact that these relationships are central to family life in nations around the world but are still deemed “fictive” by anthropologists reveals a deep-seated ethnocentrism within the field; by framing biological relationships as “real” and non-biological relationships as “fictive,” anthropologists have continued to privilege a very particular Western vision for family that is not reflective of global kinship patterns, nor even of all kinship in the United States.

In the US, networks of fictive kinship are often established in response to structural exclusion (Weston 1991, Oswald 2002, Stack 1974). For example, in her seminal book, *All Our Kin: Strategies for Survival in a Black Community*, anthropologist Carol Stack (1974) explores the ways in which poor Black communities respond to the conditions of social and economic fragmentation that structure their worlds. To survive in conditions of abject poverty and racism, the Black communities within which Stack worked evolved patterns of co-residence and kinship that linked multiple intergenerational households in networks of mutual obligation and exchange. This allowed them to diffuse, for example, the responsibilities of childrearing and resource sharing. Understandings of kinship that deemphasize the two-parent household and instead emphasize community accountability date back to the times of formal slavery and continue in many Black communities even today, as friends continue to be made into brothers, sisters, aunts, uncles, and cousins as a way of increasing social solidarity (Rapp

1987). Similar kinship networks can be seen in other immigrant communities of color, as well as many low-income white communities, where intergenerational community enclaves serve not only as a resource for material and economic exchange but also as important sites for the maintenance of shared cultural identity.

Fictive kin relations figure centrally in the family lives of many queer Americans as well. Queer communities, which of course overlap with racially and ethnically marginalized communities, constitute another group for whom the expectations of normative family remain unattainable, particularly with regards to the role of biology and heterosexual marriage in American kinship models. As anthropologist Kath Weston argues in her pivotal work, *Families We Choose: Lesbians, Gays, Kinship*, “Familial ties between persons of the same sex that may be erotic but are not grounded in biology or procreation do not fit any tidy division of kinship into relations of blood and marriage” (1991, 3). Indeed, many queer people configure their families in ways that decenter biological ties and instead center dependence, vulnerability, relationality, choice and love (Epstein 2018). Weston terms this particular kind of fictive kinship “families of choice” and argues that chosen families are often crucial to queer communities because they provide understanding and acceptance of queer identities in a way that biological families often do not. Forging kinship ties beyond the nuclear family unit has thus also been a survival strategy for some queer people, as well as a way of pushing back on heteronormative family expectations. The creation of queer families, in any form, “make[s] explicit the fact that there was *always* a choice as to whether or not biology is made the foundation of relationships” (Strathern 1992a, 3).

These examples of extended fictive kinship networks in the United States illuminate the existence of counterhegemonic alternatives to the nuclear family. Forms of kinship that do not center blood ties, marriage, and the two-parent household challenge the portrayal of the United States as a society characterized by internal coherence and with uniform models of kinship. Fictive kinship networks have always existed in the United States, and although these family forms are deemed socially peripheral and morally inferior, they are symbolically central to the study of kinship (Peletz 1995), encouraging us to question the processes by which normativity is developed and ascribed.

However, it is also important to recognize that fictive kinship networks in the United States have historically been developed out of necessity rather than choice. Their existence demonstrates how powerfully biopolitical regimes have forced communities of color to decentralize genetic relationships and build non-biological kinship networks as an act of resistance, as the only way to ensure survival and the sharing of important cultural rituals and practice (Karpman et al. 2018). Thus, even as marginalized communities have acted creatively and strategically to build their own networks of family, they have remained “locked into an intimate, ongoing bond with white [cisheterosexist] culture and white [cisheterosexist] values” (Stack 1974, 125).

Evolving Kinship: The Embrace of Reproductive Technologies

In the simplest terms, contemporary American society values biological nuclear family ties over all other relational structures. However, the division between biological and fictive kinship has not remained stable over time. Adoption practices, for example, have leveled a challenge to the primacy of biology in models of the family, even as the

nuclear family unit overall has remained intact. Moreover, as reproductive technologies have proliferated in recent decades, new routes to family formation have emerged through fertility interventions ranging from intrauterine insemination (IUI) to in-vitro fertilization (IVF) to surrogacy. As these interventions have become increasingly available to certain subsets of the American population, additional questions about kinship have arisen.

The technologization of reproduction blurs the lines between biological and chosen family, destabilizing the presumed dominance of the white heterosexual family while simultaneously reinforcing the primacy of biology in our conceptualizations of family. Here, it is useful to take a moment to trace the history of reproductive technologies, specifically with regards to the medicalization of reproduction and the envelopment of reproductive technologies into kinship discourse. In doing so, it becomes clear that the interactions between technology and kinship are constantly evolving, opening spaces for new forms of kinship to emerge in some ways while simultaneously reinforcing the boundaries of normativity in others.

Assisted reproductive technologies (ARTs) have emerged in a health landscape characterized by the sweeping medicalization of reproductive processes. Medicalization describes the processes through which non-medical or social problems become defined and treated as medical problems, usually in terms of illnesses or disorders (Conrad 1992, Lock 2004). These processes are heavily gendered, with ideologies of biological determinism and scientific rationality justifying intervention into the “female” [sic] body as a means of constructing sexual difference and solidifying gendered hierarchies (Riska

2010). Thus, although reproduction was once seen primarily as a natural process, reproductive processes have been increasingly medicalized over the past several decades – through ARTs, interventions into childbirth, and the refinement of various birth control measures.

In some ways, the medicalization of reproduction was inevitable, as technological advancements have arisen in response to the social desire for greater control over reproductive health. However, this medicalization has not been a neutral process; bringing reproduction under the jurisdiction of medicine has allowed the “medical gaze” to emerge as a new form of social control, providing physicians with the authority to decide whose reproduction is normal and whose is not (Conrad 1992; Foucault 1978). By turning people into patients, and by relying on supposedly neutral medical knowledge about the body, providers are able to gatekeep reproduction in ways that are gendered, classed, and raced. As anthropologist Emily Martin (2001) argues, this gendered medicalization connects to common understandings of the “female” [sic] body as a machine, expected to produce children who will one day become productive members of a capitalist society. Only particular kinds of women, however, are seen as capable of raising children in this morally proper way. Thus, medicalization is intimately tied to the operation of biopower within larger capitalist structures, granting medical providers the authority to decide which bodies are capable of reproducing the “right” kind of citizen.

It is within this context of medicalization that reproductive technologies have been developed. The first reproductive technologies date back many decades. Physicians and researchers, tasked with answering the questions of why infertility exists and how it

can be remedied, started to perform unofficial reproductive experiments as early as the 1800s. In 1884, for example, a Philadelphia physician by the name of Dr. William Pancoast inseminated a woman whose husband was sterile with the sperm of a medical student; the procedure was successful and a baby boy was soon born (Braun 2016). Later, in 1965, English physiologist Dr. Robert Edwards successfully created a human embryo by injecting his own semen into a petri dish containing a female ovum, although he later destroyed all evidence of his work (Braun 2016). Ten years later, when Edwards joined forces with gynecological surgeon Dr. Patrick Steptoe in 1978, the first “test tube” baby was created for an infertile couple in the UK (Braun 2016).

Since that time, assisted reproductive technologies have proliferated in the US and across the world, with services ranging from fertility treatments to surrogacy to in-vitro fertilization (IVF). To date, over a million children have been born in the United States using assisted reproductive techniques (Fox 2017). The success of these reproductive technologies has been lauded globally, and hundreds of thousands of children born each year owe their existence to these technological developments. At the same time, the ways in which these technologies have been employed raise questions about who can reproduce and what it means to create a family.

Often, reproductive technologies serve as a new means to perpetuate understandings of kinship already solidified in the American cultural imaginary. Infertility, as a construct, has historically been framed as a heterosexual issue; in fact, the World Health Organization’s definition of infertility requires that a person try – and fail – to conceive a child through “regular sexual intercourse” for at least one to two years

before being designated as infertile (Inhorn and van Balen 2002). Many queer people trying to conceive cannot meet these criteria, and as such, the development of reproductive technologies has been framed primarily as a solution for heterosexual couples unable to reproduce “naturally.” Until at least the late 1980s, most medical professionals refused to inseminate openly queer people, even though they are also unable to reproduce “naturally” (Karpman et al. 2018). Physicians cited religious and moral opposition to treating queer couples, health professionals refused to work with “single women” (in the decades before same-sex marriage), and insurance companies routinely refused to cover fertility treatment for same-sex partners (Rank 2010). All these positions point to the ongoing operation of biopower in kinship discourse and the power of health professionals in gatekeeping family formation processes.

This is not to say, however, that queer communities have not found ways to exert agency over their reproductive processes. Long before the existence of reproductive technologies, queer people found ways to create their own biological families (Batza 2016). For example, lesbians denied access to sperm banks often worked with “sperm runners” to create an underground system of anonymous donation, a sort of “fertility relay race” during which a sperm runner would pick up the sperm from the donor and transport it to the next sperm runner until it eventually ended up with the intended recipient (Batza 2016, 84). However, this form of underground donation left queer women vulnerable in multiple ways, as they were denied the immunity to paternity claims normally granted to patients at sperm banks and were medically at risk for venereal diseases found in sperm that had not been screened in advance of self-

insemination (Batza 2016). Thus, even as queer communities sought to fit their reproductive experiences into the biomedical model that had been strengthened by new technologies, they were prevented by the very system they sought to enter – categorically deemed unworthy of reproduction and withheld services that had been framed by heterosexual people as an equalizing tool.

Kinship Revisited: The Intersections of Race and Sexuality in a Technological Age

In some ways, the existence of reproductive technologies has destabilized the meaning of biological relationships; no longer is heterosexual sex – a key symbol in American kinship discourse – the only way to achieve pregnancy and create biological family. In other ways, reproductive technologies have further solidified the role of biology in family; while the meanings of biological relationships themselves have been called into question, at least a desire for some version of the biological nuclear family remains intact (Epstein 2018). The tensions and unease that surround the emergence of “new” family forms through reproductive technologies have become a topic of interest among kinship scholars. As anthropologist Corinne Hayden argues:

“The creation of lesbian and gay families with children cannot be discussed in exactly the same terms as chosen families, since each indexes somewhat different notions of biology. Where chosen families may decentralize biology, lesbian families’ explicit mobilization of biological ties challenges the notion of biology as a singular category through which kin ties are reckoned. Far from depleting its symbolic capital, the dispersal of the biological tie seems here to highlight its elasticity within the symbolic matrix of American kinship.” (1995, 45)

Research situating queer biological family within larger discussions of biological relatedness abounds. What much of this scholarship on queer kinship and reproductive

technologies has ignored, however, is the question of *who* has access to the fertility industry, and *who* is able to mobilize biological ties in ways that bring queer family into the realm of the normative. Indeed, much of the queer activism around issues of access to ARTs has centered around the assimilation to normative family forms. Historically, this kind of assimilationist activism has functioned only to make the status quo accessible for more privileged members of marginalized groups, while continuing to stigmatize and oppress more vulnerable members of our communities (Cohen 1997). This ongoing stigmatization has certainly been apparent in queer and trans communities of color.

QTPOC have been multiply excluded from the model of the normative family, forced to contend not only with heteronormative expectations for family, but also with the ways that heteronormativity interacts with institutional racism, patriarchy, and class exploitation (Cohen 1997). Thus, while ARTs have expanded the options for family for some subsets of the queer community, for QTPOC, they have often only reinforced the boundaries of what is possible:

“Futurity has never been given to queers of color, children of color, and other marginalized communities that live under the violence of the state and social erasure, a violence whose daily injustices exceed the register of a politics organized solely around sexuality, even as they are enmeshed within a logic of sexuality that is always already racialized through an imagined ideal citizen-subject.” (Leibetseder 2018, 139)

In the remainder of my work, I will focus on the ways that QTPOC themselves navigate the competing discourses of family that surround them. How have reproductive technologies brought normative expectations for family to bear on QTPOC in new ways? How are these expectations imposed on QTPOC even as they are made unattainable? In what ways do QTPOC embrace these norms, and in what ways do they push back against

them? As anthropologist Rayna Rapp argues, “Ironically and dialectically, experiences with nonnormative, pathologized reproduction can also provide the material for self-reflection and mobilization of new social and political identities” (2001, 469). With the goal of recognizing and validating the social and political identities that QTPOC claim, I turn now to a deeper analysis of QTPOC experiences with family and family formation processes.

CHAPTER THREE: Methods

This ethnographic study explores the relationships between kinship norms, QTPOC visions for family, and reproductive healthcare systems. Coming into this year, I knew it would be a challenge to find a research site that would allow me to explore my specific interests. I was confident that I wanted to work with queer and trans people of color, but, despite the fact that I knew this to be a broad categorization, my advisors and those around me often seemed concerned that my interests were too niche. Would I be able to find a research site that not only served queer communities, but specifically queer communities of color? It took many months for me to figure out the answer to this question, and the trajectory of my project was far from linear. The process through which this project was developed, however, speaks to the complicated landscape of queer health in the United States, particularly as gender and sexuality intersect with race and class.

As I began talking to my advisors and other connections about potential research sites, I was immediately, and repeatedly, referred to a health network that I will call Harbor Healthcare (all organization names used throughout this thesis are pseudonyms). Harbor is a network dedicated specifically to serving queer and trans people in the Greater Boston area and is well known for both its clinical and research services. Unfortunately, however, in an effort to protect their patients' wellbeing, Harbor's research department has strict regulations about who can collaborate with them. Outside researchers are strictly prohibited from working with Harbor affiliates, a prohibition that includes any community programs that are connected to or receive funding from Harbor.

Moreover, with the ongoing COVID-19 pandemic, many community organizations serving queer communities were overwhelmed and at capacity, unable to take on a student intern and researcher. With the options for community collaboration seemingly so limited, I began looking for organizations serving a slightly broader population, with the idea that I would narrow the scope of my research later in the process, once I had established connections in the community. Knowing that I wanted to focus on reproductive healthcare and family formation, I began searching for reproductive healthcare clinics I could work with in some capacity. This search quickly but unexpectedly led me to Northeast Medical.

Northeast Medical is a large safety net hospital in the Greater Boston area with a patient base composed largely of low-income, elderly, and immigrant patients. In November 2020, I was connected to the research team at the Refugee Reproductive Health Center (RRHC), a small reproductive healthcare clinic and research arm at Northeast Medical. I joined a study that had been recently approved to investigate the impacts of the COVID-19 pandemic on the reproductive healthcare experiences of the clinic's patients, most of whom are newly settled immigrants and refugees from countries in Eastern Africa. In my role, I assisted the other members of the research team with the development of interview guides, recruitment, participant interviews, and coding and analysis. Unfortunately, because this clinic is located in a major hospital, and because COVID-19 was at its peak for much of the year, my work was entirely remote. All of the team meetings I attended were held over Zoom, and I conducted all of my interviews over the phone.

My original intention in working with RRHC was to develop a deeper understanding of reproductive healthcare systems in the Boston area while building relationships with patients and providers who could eventually help connect me with a more specific population: queer and trans people of color. I imagined that the providers on my research team – who also work in the regular OBGYN clinic at Northeast Medical – would have insights into how their patients’ identities influence the kinds of reproductive healthcare they provide. I also imagined that they would be able to refer me to some of their QTPOC patients, or at least have relationships with other providers who could refer me to their QTPOC patients. I thus developed an IRB protocol centered on the recruitment of QTPOC from Northeast Medical clinics and affiliated community organizations, as well as more informal interviews with reproductive healthcare providers in the area. The connections I envisioned between Northeast Medical and my intended research population of queer and trans people of color, however, were not so easily found.

IRB Delays

The first roadblocks to my research took the form of a series of bureaucratic delays, specifically as I tried to develop a project that would be approved both by the Boston University IRB and the leadership of Northeast Medical. Although Northeast Medical is a major research hospital, the vast majority of research conducted in the hospital is clinical and quantitative; coming in as an outsider, as a student, and as a qualitative researcher proved to be a major challenge. When I submitted my IRB protocol in the spring of 2021, it only took two weeks for me to receive a notification that the

sign-offs necessary to send my proposal to the IRB had been denied. Leadership at Northeast Medical were concerned about the lack of clinical oversight for my project, given that I intended to work with “a sensitive study population and study question” (Email Communication 2021). Although I attempted to clarify that the kind of ethnographic, interview-based research I hoped to do would pose minimal risks to participants compared to clinical trials or other forms of experimental research, hospital leadership was adamant that I must work with a co-investigator from Northeast Medical if I wanted to recruit through their clinics. I was open to – and even excited about – the possibility of working with Northeast Medical staff who were similarly interested in supporting QTPOC family. However, I was worried about the time it would take to find a collaborator who shared my interests, especially given that I was unable to find such a person in my initial search for research placements.

“You don’t need patients, you need people”

By this point, it was late April, and as the rest of my peers awaited approval for their completed IRB proposals, I found myself frantically trying to rework my project. Still hoping to somehow build on my work with the RRHC at Northeast Medical, I set up a meeting with my advisor, my research supervisor, and Meg, another seasoned researcher and MD at Northeast Medical. I presented a spiel about my research goals and the population with whom I’d like to work, hoping that once the team had a better sense of my vision, they would be able to help me brainstorm recruitment strategies that could

target QTPOC patients from their clinics in addition to their community affiliates. Instead of being met with enthusiasm or support, however, I was met with skepticism.

Meg began by saying that recruiting through Northeast Medical clinics would be hard. She seemed confused about how Northeast Medical could help me reach the people I want to connect with. “You don’t need patients, you need people,” she told me. I fully agreed with this point – of course I wanted to talk to people – but it also made me think about what distinctions we draw between “patients” and “people.” When do people become patients? Who exactly would be a person but not a patient? . . . Meg also said that right now is a difficult time for recruitment across the board, given that a lot of care is being provided through telehealth and fewer patients are actually coming into the hospital. She said that I probably wouldn’t have any better luck recruiting through Northeast Medical than I would through community sites or online platforms.

-Excerpt from fieldnotes 04.27.21

Although Meg’s insights were hard to hear, having spent months developing a research protocol that centered on the stories of Northeast Medical patients and staff, I knew she was largely right. There was no reason my research had to be limited to patients in the clinic, and in fact, I would probably stand to learn a lot from the stories of people who could not access or intentionally chose not to engage with reproductive healthcare systems. At the same time, I was taken aback by the distinction Meg drew between people and patients, as well as the idea that QTPOC don’t constitute a distinct patient group at Northeast Medical.

Meg told me that she did not mean to be pessimistic but that my population [sounded] very narrow . . . She said that patients don’t often bring up being LGBTQ+ in their visits, and patients who do need specialized care aren’t often seen in the general OBGYN department, so those providers do not really provide different care for QTPOC than they would for any other patient. I found this interesting: are there really no QTPOC patients seen in the regular clinics or do they just feel uncomfortable bringing up their identities? Is providing the same care for all patients working? Should all clinics be thinking more explicitly about their patients’ identities or is it actually better to have separate, specialized services for marginalized groups like QTPOC?

-Excerpt from fieldnotes 04.27.21

I left this meeting feeling confused and discouraged. I was deeply appreciative of Meg's honesty and candor about what would – or would not – be feasible within the bounds of Northeast Medical research; however, I was also frustrated that I had encountered yet another roadblock to engaging in the research that I had envisioned. Why was it so hard to find institutional support for queer and trans patients in medical spaces, and even more so for queer and trans patients of color? Would it still be possible for me to engage in the work I originally envisioned? Are these kinds of institutional hurdles part of the reason why so little research working with QTPOC exists? Ultimately, I felt as though I had two options: 1. Adjust my research questions to a broader population so that I could continue with my original research strategy of collaborating with Northeast Medical, or 2. Adjust my research strategy to more effectively address my research questions with the group I originally envisioned collaborating with. After some contemplation, I chose the latter.

Quickly, I began to revise my IRB protocol for resubmission. It became clear to me that my research questions would be best explored through a focus on the collective experiences of an identity *group* – QTPOC – with regards to a specific *topic* – family and reproductive health – rather than a focus on any particular research *setting*. I therefore altered my protocol to reflect a new recruitment strategy, one in which I circulated information about my study through social media forums, organizational newsletters, and word-of-mouth through my own personal networks. I would attempt to maintain my relationships with Northeast Medical providers by conducting informal interviews with reproductive healthcare providers, who would be able to provide me with insight into the reproductive healthcare contexts which many of my QTPOC participants would discuss.

But, expanding beyond the hyperlocal context of Northeast Medical, I would also supplement my interviews with observations at LGBTQ+ and QTPOC specific community events (both virtual and in-person), conversations with community organizers, and autoethnographic reflections on the experience of conducting this research. I would no longer limit my QTPOC interviews to patients I could recruit through Northeast Medical and their affiliate organizations but would invite anyone who met my eligibility criteria to participate, a process made easier by the ongoing use of Zoom as an interview platform during the COVID-19 pandemic.

I include the full trajectory of this project's development here, in the methods chapter of this thesis, not to indict the IRB or belabor the challenges of engaging in work that centers the voices of marginalized groups; indeed, I am now glad that the conversations I had with my advisors and researchers at Northeast Medical led me to a more expansive research sample and a renewed focus on QTPOC community *outside of* medicalized spaces. Rather, I present this process in such rich detail because I see the challenges that arose in the development of this research as reflective of the challenges that many QTPOC face in their attempts to access and navigate reproductive healthcare related to family. As I learned through the process of gaining approval for my research, there is a lack of space within health organizations like Northeast Medical dedicated to understanding intersectional identities and the ways in which those identities interact with normative frameworks for family and reproductive health. My participants, as I will discuss in much more depth later, often noted a similar experience – feeling that health institutions did not fully see or understand them. Thus, I hope that this account of my

interactions with the gatekeepers of academic research can be understood in conjunction with the stories that my participants tell about their experiences to illuminate some of the areas of growth for reproductive healthcare systems in the United States. The research approval process, in this case, cannot be separated from the research question itself.

Data Collection

Recruitment and Sampling

The primary form of data I collected consisted of one-one-one interviews with queer and trans people of color. My recruitment strategy for these interviews originally centered on referral sampling through Northeast Medical and other community health clinics, in which doctors and clinic staff would provide information about my study to their patients, who would then contact me if they were interested in participating. Once it became clear that I would have to conduct my research independent from Northeast Medical, I developed an entirely different recruitment strategy that targeted QTPOC through existing community networks. I still used purposive sampling to target QTPOC who met my eligibility criteria, but by using social media as my primary recruitment tool, my recruitment pool expanded to include people who were not currently patients at any reproductive healthcare clinics or who were not presently living in Boston.

I developed and shared research flyers advertising my study through a variety of social media platforms, including my own networks, forums that specifically cater to QTPOC in Boston, and community organizations dedicated to supporting various facets of queer and trans health and fertility. The research flyers I circulated included a link to a research interest form created using Google Forms, in which people were invited to share

their name, email address, and phone number if they were interested in participating in the study. For every individual who completed this form, I reached out via their preferred method of communication to further screen their eligibility. People were eligible to participate if they: 1. Were between 18 and 49 years old; 2. Self-identified as LGBTQ+ and as a person of color; 3. Self-identified as a cisgender woman, nonbinary individual assigned female at birth, or transgender man; and 4. Had received reproductive healthcare services at least once in their life. There was only one exclusion criteria, an inability to complete the interview in English, as I did not have the language skills to conduct interviews in any other language.

I developed these criteria because I wanted to speak to QTPOC who were adults of reproductive age (following standards set by the World Health Organization) and who were likely to have had relatively recent conversations with healthcare professionals about family planning. Moreover, I chose to focus on the experiences of people assigned female at birth (AFAB); while the family desires and reproductive healthcare experiences of trans women are equally important areas of research, I felt that their reproductive healthcare needs would be quite different from AFAB QTPOC, particularly regarding the available routes to family formation. Thus, given the scope of my project, and given my particular interest in understanding the influence of reproductive technologies on AFAB people, I chose to narrow in on this more specific subset of QTPOC.

Through the above methods, I was able to connect with a total of 19 QTPOC. Five individuals did not follow through with the second round of screening, and two additional people were deemed ineligible because they had never seen a health

professional for a reproductive health related issue. This left me with a final interview sample of 11 QTPOC (see Table 1).

My participants ranged in age from their early twenties through their late thirties. I asked each participant to self-identify their race/ethnicity, as well as their gender and pronouns. Four of my participants identified themselves as Black or African, two as South Asian, two as East Asian, one as Latinx, and two as mixed race (South Asian/White and African/White). Six of my participants identified as cisgender women, and five identified as different variations on nonbinary or genderqueer (see Table 1 for the specific descriptors my participants chose to use). In order to protect my participants' anonymity and confidentiality, all names used here and throughout this thesis are pseudonyms.

None of my interview participants were parents at the time of our conversation. This is important to note both to acknowledge the limits of my recruitment methodology on my final sample, and to properly frame my key findings. In a study about family formation and desire, one might expect the focus to be on people who have already created families for themselves through long-term partnerships and/or childrearing. And indeed, the first iteration of my study design focused on recruiting people who had recently been seen in OBGYN clinics, a sample that would have been significantly more likely to include QTPOC who were actively engaged in the process of becoming pregnant or who already had children. When I altered my research plan to recruit QTPOC primarily through social media, this skewed my sample in a different direction – toward

younger, more educated, and technologically savvy QTPOC who were less likely to already have established families of their own.

Although this methodological shift was driven primarily by circumstance, and I wish I had had the opportunity to talk with people who had already started families as well, there are several benefits to my final recruitment strategy that became clear over the course of this project. By expanding beyond the realm of the biomedical, I was able to decenter the role of childbearing and biological family in my study, connecting, for example, with people who had no desire to ever have children or who actively chose to avoid reproductive healthcare spaces. My recruitment strategy ultimately led me to focus on how QTPOC *desires* for family – rather than actual experiences of family – are shaped by their identities, the social landscapes in which they live, and their interactions within healthcare spaces.

Name	Age Range	Race/Ethnicity	Gender/Pronouns
Celine	Early 20s	Mixed Race (African/White)	Cisgender woman (she/her)
Dani	Mid 20s	Non-white Latinx	Nonbinary (they/them)
Emery	Early 20s	East Asian	Transmasculine nonbinary (they/them; he/him)
Hope	Late 30s	Black	Cisgender woman (she/her)
Jay	Mid 20s	South Asian	Nonbinary (they/them)
Linda	Early 20s	East Asian	Cisgender woman (she/her)
Mars	Mid 20s	Mixed Race (South Asian/White)	Nonbinary, Agender (they/them)
Miriam	Mid 30s	Black	Cisgender woman (she/her)
Morgan	Late 20s	Black/African	Genderqueer (they/them; she/her)
Shreya	Mid 20s	South Asian	Cisgender woman (she/her)
Zola	Early 20s	Black	Cisgender woman (she/her)

Table 1. Participants.

Interviews

I conducted all interviews through Zoom, with the exception of two participants who preferred to be interviewed over the phone. All participants except the two who chose to be interviewed via phone also consented to audio recording our conversations, and I took written notes on the phone interviews. In our semi-structured interviews, we focused on two main topics: conceptualizations of family and experiences with reproductive healthcare services. Although I had questions prepared for both topics, I began each conversation by stating that my primary goal was to hear people's stories and learn from their experiences with family and reproductive healthcare. I told each participant that we could move flexibly through the interview guide and that they should feel free to share their thoughts above and beyond the questions I had prepared. My goal in explicitly stating this was to leave space for participants' own narratives about their lived experiences.

After sharing information about the study and obtaining informed consent, I began each interview by asking participants to introduce themselves, talk a little bit about their own families, and describe why they were interested in participating in the study. I then asked that they participate in a free association task, in which I told them to describe what comes to mind when they think of the word "family." I designed this task to both elicit participants' thoughts on family as an abstract concept (see Barton 2015 on the benefits of elicitation techniques for analyzing abstract ideas) and provide insights into the concrete ways participants think about family in their personal lives. After completing this task, we moved into the questions about participants' families, family planning goals,

and reproductive healthcare experiences. Each interview was designed to take up to an hour, with most interviews lasting between 45 and 55 minutes.

Although I originally planned to supplement my QTPOC interviews with informal interviews of reproductive healthcare professionals, I quickly realized after the first few interviews that my central interest lay in the narratives QTPOC themselves shared about their experiences, and not in the juxtaposition of QTPOC and provider narratives. In particular, my participants spent a lot of time talking about their experiences with family on a conceptual level, weaving together stories about their personal lives and their experiences with medical, social, and legal systems; these experiences, it quickly became clear, were far from monolithic. I wanted to allow adequate space to explore the nuances of my participants' stories, and thus, I chose to forego provider interviews. Instead, I gathered contextual information about reproductive healthcare systems from QTPOC interviews, and by attending events about queer reproduction and analyzing media related to queer family, as will be discussed in the next section. This is not to say that it would not be a worthwhile endeavor for future research to explore the areas of (dis)continuity between QTPOC and provider experiences of family and health. However, for the sake of time and the clarity of my research questions, I chose to limit this study to my interviews with QTPOC.

Participant Observation

In addition to interviews, I sought as many opportunities as possible to engage with community events and spaces centering QTPOC. Through participant observation, an ethnographic technique in which researchers more fully immerse themselves in the

lifeworlds of their participants (Creswell and Creswell 2018, Bourgois and Schonberg 2009, Ashburn et al. 2015), I hoped to learn more about the nuances of QTPOC family than I could capture through one-off interviews. However, given that my research did not focus on a specific physical site, I had to think carefully about what kinds of engagement with the community were available to me. I knew that I could gain access to many QTPOC spaces based on my own identities, but I felt uncomfortable trying to join support groups or enter other safe spaces while in my role as a researcher. Moreover, many of the more casual recurring events often attended by QTPOC – such as open mic nights, poetry performances, and queer karaoke nights – were put on hold due to the pandemic. Given these COVID-related restrictions, local individuals, groups, and communities had greater reason to pursue online versions of such activities. Thus, I opted to expand my search for queer community beyond Boston and into the virtual world.

Ultimately, I connected with QTPOC community in a number of distinct ways, including: attending virtual events hosted by organizations around the United States that focused on family formation among queer communities; attending in-person poetry, arts, and activism events centering QTPOC in Boston; and organizing informal conversations with advocates for queer and trans communities in Massachusetts, particularly with regards to healthcare and fertility. I found a majority of the events I attended through their advertisements on Facebook, using key terms – e.g. “queer family,” “QTPOC,” “queer fertility” – to search and filter results on the Facebook Events page. These events were thus chosen primarily through convenience and their alignment with the research timeline, with the only criteria for my attendance being their mention of at least one term

related to queer family. By the end of my data collection period, I had attended five virtual panels and webinars concerning queer family formation, a queer open mic night, a queer concert, and a day-long celebration and march for trans resistance. I also had four informal conversations with queer and trans activists and scholars in the Boston-area.

I took fieldnotes on my observations at all these events and on each of my conversations, using “all relevant human faculties” to gather as much information as possible about both the content of the discussions as well as interpersonal dynamics (Dewalt and Dewalt 2010). Adopting an auto-ethnographic lens as well, I took notes on my own reactions to these conversations and events, as well as on my own personal conversations about family with queer peers, friends, and acquaintances during the duration of my data collection. By taking notes on these events and conversations, I hoped to contextualize my interviews within the broader landscapes of queer community and reproductive healthcare, triangulating these multiple forms of data collection to provide a richer picture of QTPOC family.

Media Analysis

Finally, in addition to interviews and observations, I conducted an analysis of the ways in which family, and specifically queer family, is portrayed in the media. My approach to this analysis was both ethnographic and autoethnographic, as my access to queer media was somewhat driven by my own involvement in virtual queer spaces. Over the course of a year, I collected dozens of social media advertisements related to family formation and the fertility industry: egg donation, sperm donation, surrogacy, and adoption. Methodologically, I came across most of these posts as targeted ads; social

media algorithms had pinned me as a queer person who might be interested in fertility services, and once I began clicking on the ads, I was quickly inundated with suggested posts each time I opened my personal Facebook or Instagram account. I took screenshots of any ad that featured a queer couple and compiled notes on my own reactions to the images, focusing on what kinds of representation I saw in the advertisements and how accurate they felt to my own experiences of and desires for family. I later returned to these advertisements in relation to themes that came up in my interviews, comparing the kinds of representation my participants wanted to see in fertility spaces to the kinds of representation present in the ads.

I supplemented these advertisements with newsletters and informational pamphlets about options for LGBTQ+ family formation that I collected from local and national healthcare organizations. For the most part, the images in these documents were quite similar to the images I had found in my social media analysis, and I used the same autoethnographic approach to analyzing their content. I also immersed myself as fully as possible in the realm of queer television and film. I found and analyzed two documentaries specifically about queer family and the fertility industry and watched dozens of episodes of television exploring queerness more broadly, taking notes on what kinds of family were represented and in what ways.

Overall, my goal in doing this analysis was to further contextualize my own and other QTPOC's experiences navigating a media landscape that increasingly includes particular forms of queer family. I let the following questions guide my analysis: what commonalities might exist across the ways that QTPOC describe their visions of family

and the ways the media portrays queer family? What points of contrast exist? What meaning can be found in these continuities and discontinuities?

Data Analysis

My guiding framework for data analysis was *modified grounded theory*, an approach that allows theory to emerge directly from data itself (Strauss and Corbin 1994). In general, grounded theory analysis draws from patterns of social interaction to illuminate common experiences, themes, and relationships; grounded theory is “open-ended yet directed, shaped yet emergent, and paced yet unrestricted” (Charmaz 2014, 85). *Modified grounded theory* is slightly less open-ended, focusing on how individuals experience a particular *phenomenon*, attending to power dynamics and structural constraints while still allowing themes to emerge organically from empirical research (Creswell 2012, Charmaz 2006). By taking a modified grounded theory approach to my data analysis, I hoped to illuminate themes and patterns that arose from QTPOC’s lived experiences of family, rather than imposing my own theories and frameworks onto their experiences.

As I conducted each interview, I submitted the audio files to Otter.ai for transcription, in accordance with the BU IRB security regulations. I uploaded the transcribed interviews to the NVivo data management software for coding, and using an iterative process, I developed a codebook consisting primarily of inductive codes (e.g., “Ideal Visions of Family”), as well as a few deductive codes developed in advance related to existing theories on kinship (e.g. “Nuclear Family/Families of Origin”),

stratified reproduction (e.g. “Barriers to Creating Family”), and reproductive justice (e.g. “Exercising Agency”). I also applied these codes to the written notes from my phone interviews and fieldnotes taken during my observations, updating my codebook as needed along the way.

After coding for all modalities of data collection was complete, I returned to the codebook to eliminate redundancies across codes and highlight emerging themes. I noted a number of commonalities across my participants’ stories, related to: 1. the imposition of normative family ideals on their lives, 2. the desire to expand understandings of family beyond the nuclear family model, and 3. frustrations arising from encounters with health and legal systems that are unsupportive of QTPOC family formation. These themes, which were reinforced by my observations and media analysis, form the basis for my results and are discussed more fully in the coming chapters.

.

CHAPTER FOUR: The Pressure to Conform

“Well, when you asked about family, I was thinking about, like, biological family. Like I have this cut out of like, parents and kids, in my mind. Yeah. I didn't actually think about like – because like, my queer family, like my friends and stuff, I see them as my family – but when you said family, that wasn't my first thought. Yeah, and why do I think those things?”

–Mars, a nonbinary mixed race (South Asian/white) person in their mid 20s

Like Mars, a majority of the QTPOC I interviewed struggled to come up with a cohesive definition of family and its role in their lives. When I asked my participants to do a free association task, naming what comes to mind when they think of the word “family,” their first responses were almost always variations on “parents” and “kids.” Many of my participants also named more affective aspects of family – “closeness,” “togetherness,” “familiarity,” “love” – that they connected both to their families of origin and to their chosen families. However, their initial responses consistently referenced relationships between parents and children in biological nuclear family units, revealing just how embedded the model of the nuclear family is in my participants’ minds.

In this chapter, I explore the forces that influence QTPOC’s conceptualizations of family. I argue that the expectation to create normative family is imposed on QTPOC, even as they are symbolically and representationally excluded from such norms. This pressure to conform to familial norms comes from various places – the media, the fertility industry, as well as QTPOC’s own interpersonal networks. By framing this chapter through the lens of symbolic anthropology, I will explore how each of these influences contribute to the unattainable expectation that QTPOC create normative family.

Family and Symbolic Anthropology

It is impossible for QTPOC to escape the omnipresent symbols of the normative family in American society. To understand the role of these symbols in enforcing certain expectations for family, it is useful to delve more deeply into the realm of symbolic anthropology. As a discipline, symbolic anthropology focuses on analyzing the ways that symbols – be they objects, activities, words, relationships, events, gestures, or even spatial units – define and transform society (Deflem 1991, 5). As Victor Turner argues in his work on ritual and symbols, society itself is made sensorily perceptible through symbols, which coalesce into “harmoniously interrelated sets of significata” (1966, 302) that shape norms, and, in turn, shape human attitudes and behavior. In the realm of the family, these symbols include everything from metaphors of blood ties (e.g. “blood is thicker than water”) to the contractual obligations defined through the ritual of heterosexual marriage (e.g. “I pronounce you husband and wife”) (Schneider 1968).

Importantly, symbols of the family do not simply *reflect* static understandings of family and its function in society; rather, they play a key role in *defining* what family can and should look like. This is what Judith Butler calls the “power of discourse to produce that which it names” (1993, 17) – the power of the ways we talk about family to cement the family’s place in the American cultural imaginary. The dual role of symbols – in both reflecting and defining norms – makes it difficult for anyone to challenge their dominance. In other words, people’s social identities are unavoidably configured in relation to norms, regardless of whether individuals adhere to those norms themselves. To draw on the work of Judith Butler once more:

“There is no subject who is “free” to stand outside these norms or to negotiate them at a distance; on the contrary, the subject is retroactively produced by these norms in their repetition, precisely as their effect. What we might call “agency” or “freedom” or “possibility” is always a specific political prerogative that is produced by the gaps opened up in regulatory norms, in the interpellating work of such norms, in the process of their self-repetition. Freedom, possibility, agency do not have an abstract or pre-social status, but are always negotiated within a matrix of power.” (1993, 22)

In the context of QTPOC family, I aim to explore how queer subjectivities are produced and constrained by these matrices of power and through regulatory family norms. What are the specific symbolic representations of family that QTPOC encounter? How do these symbols translate into moralizing expectations for QTPOC family? How do these expectations filter through institutions and interpersonal relationships?

Normative Queer Family?

One of the most striking findings from my work was the consistency with which my participants described themselves as feeling excluded from dominant constructions of family. It is important to recognize that, while queer communities in general have faced barriers to normative family formation, the exclusions that my participants described are unique to their experiences existing at the intersections of both racial and sexual marginalization. Although reproductive technologies have been framed as equalizing tools that universally expand access to biological family formation, most of the efforts within the queer rights movement to gain access to ARTs were spearheaded by white, middle-class lesbians (Batza 2016). Their activism was grounded in a sense of entitlement to fertility services and motherhood, an entitlement that derived in part from their race and class-based privileges and in part from the positive depictions of white

middle-class mothers in the media and by the state (Batza 2016, 86). In other words, the successful incorporation of queer family formation processes into the fertility industry depended heavily on the portrayal of the queer family as analogous to the white, middle class, heterosexual family.

Unsurprisingly, the rhetoric of success surrounding the incorporation of queer family into traditional family paradigms has had profound implications for queer people who are *not* white or middle class. Queer white activists' assumption of a "universalized female ethical subject" has contributed to a view of reproductive health that fails to connect family formation to wider contexts of racism, politics, or the economy (Whittaker 2015, 262). QTPOC are shown new and exciting pathways to parenthood that are presented in universal terms but are nonetheless grounded in exclusionary understandings of what family should look like. Thus, QTPOC are placed in a double bind: As dominant portrayals of queer family shift away from older paradigms of chosen family and toward more normative models of biological family, QTPOC face new pressures to conform to traditional family forms, even as the underlying structures that regulate family formation in racialized, gendered, and classed ways have not changed. That is to say, QTPOC are expected to embrace reproductive technologies in order to conform to a universalized view of family that was never actually meant to encompass their identities.

My conversation with Hope, a cisgender Black woman in her late 30s, illuminates some of the ways that QTPOC's visions of family are impacted by the lack of support for QTPOC family formation. Hope spent a large portion of our interview describing her

desire to freeze her eggs and preserve her capacity to have biological children once she felt ready. However, she felt increasingly frustrated by the process of accessing the resources she would need to begin that process. When I asked her how the process of family planning had been for her so far, she immediately responded with “shitty,” describing how most of the resources she had found were targeted at married white women who could afford to spend thousands of dollars on their treatment. She described feeling a sense of shame for not being in a place – financially or socially – to start family in this way. When I asked where the shame she felt came from, she responded with the following:

Sometimes it's just even in how you visit a site, even in how it's worded, even in how, like, what the pictures are in the background. Of ‘This is what family means. This is what it looks like. This is what it looks like, or this is what you should look like, if you're going to enter into this process.’ And, like, people always do the, you know, ‘representation matters’ shit, but like it does, it does. Because if I go to a website, and I'm looking around, and families don't look like what my family will look like, there's not a one, like how am I supposed to interpret that?

In this conversation, Hope clearly articulates the ways that racialized and classed representations of family are designed to encourage feelings of shame and unworthiness among those whose family aspirations are deemed deviant. The symbols of the family that Hope encountered during her research into fertility preservation – specifically the images of motherhood as white, wealthy, and heterosexual – led her to feel as though her own vision of family could not be realized. When images like these circulate, QTPOC are turned into the gatekeepers of their own experience. As Foucault and Butler would argue, QTPOC are encouraged to self-discipline, to internalize ideas about who makes an

“appropriate” candidate for ARTs, and in doing so, to reinforce the symbolic power of existing norms.

To more fully investigate the sources of the pressure my participants felt to create certain family forms, I compiled as much media related to queer family as possible. I watched documentaries and tv episodes centering queer families and browsed the websites of health clinics purporting to serve queer communities. Thanks to targeted ads on social media, I also came across dozens of advertisements related to the fertility industry – from fertility banks seeking egg donors to prospective parents seeking to adopt. The portrayals of queerness in these advertisements became the basis for my analysis of the representations of family that QTPOC encounter in their daily lives.

The “Right” Queer Family: The Role of Images in Establishing Queer Normativity

California Cryobank
Sponsored · 🌐

Ready to start yours? We're here to help. We offer over 400 highly screened sperm donors with free photos and profiles.

LOVE MAKES A FAMILY

CRYOBANK

CRYOBANK.COM
View Free Donor Profiles & Photos
Financing Available

Learn More

Figure 1. “Love Makes a Family”

 **CCRM (Boston)**
Sponsored · 🌐

Our clinics are open and ready to help you on your path to the healthiest baby. For your convenience, we are also offering telehealth appointments. Learn more about the options available for your family building journey.



CCRMIVF.COM
Love, Pride & Parenthood. [Book Now](#)

Figure 2. “Love, Pride & Parenthood”

 **All of Us LGBTQ**
Sponsored · 🌐

Representation in health research matters! That's why one of the core values at @AllofUsResearch Program is to have participants who reflect the rich diversity of America. #JoinAllOfUsLGBTQ and help pave a healthier future for generations to come. You can sign up for @AllofUsResearch at JoinAllOfUs.org/lgbt



JOINALLOFUS.ORG
LGBTQ+ | Join All of Us [Learn More](#)

Figure 3. “All of Us LGBTQ”

An overwhelming majority of the images of queer family I encountered featured white couples consisting of two (seemingly) cisgender women at various stages of the biological family formation process. The three images included above exemplify this pattern, with two of them portraying visibly pregnant couples and the third portraying a couple with their new baby. “Love makes a family,” asserts the first image, while encouraging the reader to start their family through artificial insemination – a technical

process very much separated from any notion of love. The second image also attempts to persuade queer couples to build family through reproductive technologies by promoting the co-occurrence of “love, pride, and parenthood” in their tagline. The third image, picturing two women holding the printed results of an ultrasound, encourages LGBTQ+ communities to participate in health research in order to increase representation and pave a better future for “generations to come.” In each of the images, both members of the couple are smiling and holding each other, seemingly unconcerned with anything but the joy of starting a family together. I found myself questioning who, exactly, would feel represented or inspired to action by these images. More broadly, I found myself wondering what these images reveal about the place of the queer family in the American imaginary.

On a surface level, these images demonstrate that the queer family has become increasingly visible in American society, and particularly in the media. However, as Suzanna Walters argues in her analysis of queer kinship in US culture, “As the family becomes more ‘queer’ so queerness becomes familiarized as a site of homonormativity” (2012, 929). The queer family has been increasingly transformed into a media-friendly version of itself, a version that is “predicated on an erasure of feminist and queer critiques of gender normativity and the nuclear family” (2012, 919). Queer families are portrayed as just like their neighbors – two parent households in which one parent serves as the primary breadwinner and the other serves as the primary caretaker (Walters 2012). Meanwhile, alternative family forms – including families of choice and extended kinship networks – continue to be stigmatized and made invisible in popular media, even media

focused on queer families. These non-normative families thus become re-entrenched as the Other by which the norm of the nuclear family is maintained and replicated (Mamo 2007, 92). Newly popularized images of the queer nuclear family serve as a subtle regulatory mechanism, encouraging queer people to shift their visions of family away from more radical forms in favor of the socially legitimate nuclear family.

Further, these images emphasize the affective components of family building – love, partnership, fulfillment – while deemphasizing the more technical and biomedical realities of creating biological family through ARTs. The way that the media downplays the medical details of queer reproduction also contributes to the presentation of the queer family as universally accessible, requiring only the capacity to love and the desire to become a parent. This obscures the extent to which queer people must actually engage with reproductive technologies, and the economies in which they are entangled, throughout their (normative) family building processes. The silent expectation for queer people to use these technologies reflects what anthropologist Mary Jo DelVecchio Good terms the *biotechnical embrace*.

The Biotechnical Embrace

The biotechnical embrace refers to the ways in which medical professionals, patients, and the public find themselves enveloped by the affective and imaginative dimensions of biomedicine (DelVecchio Good 2010, 273). As life processes have become increasingly medicalized, so too has medicine become increasingly incorporated into daily life. People in the United States see medicine infiltrate professional and popular culture on a daily basis, through advertisements, medical journalism, and the abundance

of medical dramas on television (DelVecchio Good 2010, 274). All of these representations of medicine constitute what DelVecchio Good calls the *medical imaginary* – that which “energizes medicine and makes it a fun and intriguing enterprise” (2010, 273). A critical component of this medical imaginary is the *hope* that it engenders; this hope is grounded not necessarily in medical realities or material products, but in the production of ideas that emphasize the potential of biomedical technologies to shape – and theoretically improve – people’s lives (DelVecchio Good 2010, 274).

In the context of QTPOC family, the expectation to embrace reproductive technologies is pervasive. Even as the technical aspects of queer family formation are deemphasized, queer prospective parents are presented with a range of options for pursuing biological parenthood – from at-home insemination to intrauterine insemination (IUI) to in-vitro fertilization (IVF) to reciprocal IVF to surrogacy. In *Queering Reproduction: Achieving Pregnancy in the Age of Technoscience*, Laura Mamo investigates the impacts of these reproductive technologies on queer women’s family building processes. She describes the push to incorporate queer women’s families into the realm of the normative as an “ideological shift from compulsory heterosexuality to compulsory motherhood” (2007, 22). By making biological reproduction a possibility for queer communities, reproductive technologies have denaturalized the assumed links between heterosexuality and parenthood; however, they have also introduced queerness to heteronormativity in a new way, as queer people increasingly face the expectation to be biological parents. The question then becomes: how do QTPOC navigate these expectations when thinking about the role of family in their own lives?

Theoretically, people always have a choice as to whether or not they would like to pursue family through reproductive technologies; however, the “choices” made available to people are shaped by larger discourses on the family and the racism and classism that underlie those discourses. More specifically, the emergence of reproductive technologies has shaped the family building choices that QTPOC make in two key ways. First, the increasingly normative rhetoric used to describe queer family, as built through reproductive technologies, has created and enforced a new boundary between acceptable and unacceptable queer family forms. QTPOC who are uninterested in building biological family – and are instead interested in building chosen family, extended kinship networks, or other non-normative family structures – face increasing stigma and marginalization for not adhering to normative models of family.

Second, the framing of reproductive technologies as an equalizing tool that allows marginalized groups access to the ideal of the nuclear family unit ignores the reality that these technologies were developed with heterosexual, middle- to upper-class white women in mind (Quiroga 2007). QTPOC who are interested in building biological family are expected to do so within the context of a fertility industry that was not designed with their needs in mind, and the costs, insurance regulations, and discriminatory screening policies required to access fertility services continue to be insurmountable barriers for many QTPOC attempting to access these technologies (Quiroga 2007, Karpman et al. 2018, Adashi and Dean 2016). Thus, while the abundance of choices available in the biotechnical era may appear to increase the freedoms available to people, in reality, they further enact the “usual stratifications, conventions, and norms” (Mamo 2007, 188).

Normativity in Adoption Spaces

The pressure to adhere to a certain vision for family exists even outside the expectation to create *biological* family. The image of the idealized nuclear family exists in adoption spaces as well as fertility spaces, signaling the entrenchment of a raced and classed two-parent ideal beyond biology alone. For queer people who seek to escape the reign of the biological family unit by building family through adoption, there is a lingering pressure to embrace all the other norms for family: to be in a stable, long-term monogamous relationship; to have adequate financial resources to raise a child; to meet racialized expectations for how to care for a child in “appropriate” ways.

In the advertisements I found regarding adoption, each of these expectations was apparent. Every advertisement I came across featured queer *couples* rather than single people or people seeking to raise children in more communal ways. Moreover, each of the couples in the advertisements clearly sought to present themselves as fitting the imagined ideal for family. See, for example, the images below:

The image shows two screenshots of a Facebook advertisement. The left screenshot shows the ad's header and text, while the right screenshot shows the ad's contact information and a promotional graphic.

Left Screenshot:

- Profile picture: A man and a woman (Chris and Raf).
- Name: Chris and Raf Hope To Adopt
- Status: Sponsored · 🛡️
- Text:

Adoption
Hi, we're Chris and Raf. We love children and hope to adopt a baby. Please reach out to us anytime if you're thinking about adoption.
We would love to give a baby a happy, financially secure, creative family full of fun, adventure and unconditional love. Chris is an attorney, was a former actor and Raf is a creative executive, was a former musician and we've been together for 17 years.
We have a valid home study conducted by a licensed adoption agency and our ready to adopt anytime. Our experienced and ethical adoption attorney said social media is the way to find someone who is considering adoption.
Please check out our website: <https://chrisandrafhopetoadopt.com>

Right Screenshot:

- Page title: Chris and Raf Hope To Adopt's Post
- URL: chrisandrafhopetoadopt.com
- Contact: email@chrisandrafhopetoadopt.com
- Text:

Please call or text toll free adoption line 1-800-990-7667.
Please let other people know too in case they know someone who might be considering adoption.
We hope to hear from you. Thank you, Chris and Raf
- Graphic:

Adoption
Chris and Raf hope to adopt a baby.
Chris is an attorney (former actor) & Raf is a creative executive (former musician). We'd love to give your baby a life filled with laughter, music, creativity, family, opportunities & unconditional love.
Please contact us anytime so we can hear about your hopes & dreams for your baby.
Valid Home Study Approved. Expenses Paid.

Figures 4 & 5. “Chris and Raf Hope to Adopt”

In this sponsored Facebook advertisement, two seemingly cisgender queer men, Chris and Raf, describe their desire to adopt a child. They seek to appeal to potential birth parents by demonstrating their worthiness as a couple. First, they establish their financial security, citing their respective careers as an attorney and a creative executive. They refer, as well, to the stability of their relationship, noting that they have been together for 17 years. To signal their ability to raise a child in socially sanctioned ways, they emphasize their desire to provide their baby with laughter, music, creativity, and unconditional love. Collectively, each of these appeals to normativity reflects the ways that queer people must construct particular narratives about their families in order to be deemed worthy of adoptive parenthood.

For my participants, crafting acceptable narratives about their family desires often felt unrealistic or even impossible. When I spoke to Miriam, a cisgender Black woman in her mid 30s, she told me that she wants to adopt a child but feels unsure about whether or not the state would allow her to do so. Her interest in communal childrearing, and specifically in communal childrearing outside the context of romantic relationships, led her to question whether her vision of family would be viewed as legitimate:

The fact that I want to foster or adopt means that I have to work within the legal system, right? And as much as I would love to avoid that whole process, it's something that's front and center. Oh, and also they do like home studies, where they come in, they do a home visit, and they assess you based on that. So there is a level of social adherence in a way, like if I do show up with a ragtag – not ragtag, but like a whole bunch of people – and I'm like, they're all going to be co-parents, or like, two of these people are going to be co-parents and some of them are just going to be folks who live here, who are friendly to us, or whatever the situation may be, filing that with the state makes me look like a threat. Because that's not who they see as family. I don't look as stable as someone else, right? Filing as a single person who lives with lots of people who are not my "family" makes me look even less stable. So, thinking about those dynamics, that plays into

my queerness, too. They're gonna ask who I'm dating and how that's related because they think that the romantic side of things is the parenting side of things. And that's not necessarily true.

The point that Miriam raises here about social adherence reflects a similar recognition to the one that Hope came to in our discussion: queer family can often only be realized through an acceptance of certain family ideals, ideals that portray the queer family as an analog of the heterosexual family. The images of queer family that can be found in the media, fertility clinics, and adoption spaces all serve to reinforce this expectation, encouraging people who do not conform to normative representations of family – like QTPOC – to internalize a sense of their own unworthiness to have family.

The Influence of Interpersonal Relationships

As images of queer family circulate, the pressure to create normative family also filters through QTPOC's social networks. Individual people often play the most active role in monitoring and (de)legitimizing queer visions of family. Indeed, as Mamo argues, "Others figure centrally in family recognition: recognition is not just about state or government entitlements, but about how one is treated socially" (2007, 122). Given their opposition to the recognizable image of the nuclear family, non-normative queer family forms have been subject to scrutiny on an interpersonal level. Families of choice are not socially perceived as "complete," and queer people often face pressure from those around them to adhere to more normative expectations for family if they want to achieve recognition and belonging (Mamo 2007, 119). This pressure has only intensified as reproductive technologies have come to figure more centrally in people's imaginations.

A number of my participants, especially those who were uninterested in creating family through biological means, described how the pressure they feel to have biological children often comes most directly from their friends, families, and peers. For example, when I asked Mars about their thoughts on family, they described feeling frustrated that society places such an emphasis on biological family. They lamented the isolation they felt because of their lack of desire for biological children, a feeling that had been reinforced by their peers over the course of their life:

Like even people I knew growing up, though, you know – it was like, very normal to talk about starting a family. And I never went – like, when I was in sixth grade . . . I was in [Southern town]. And so I was with the girls from my class. And, you know, it was like these five white Southern girls. And they were talking about, like, starting families and how they wanted to have kids and they were just so excited to be moms. And we were in a car with someone's mom, and I just straight up, I was like, 'I don't want to have kids. I want to get my tubes tied.' And the car was just, like, silent. And I was like, is that not? I was like, what? I was like, should I not have said that? Yeah, that's just anecdotal. Like, oh, it's seen as normal to have kids and it's acceptable to talk about that. And it's like, 'Oh, look at the little children, they're so cute talking about having more children.' But it's like, if you say [anything] other than that, it's like, 'Wait, what? You're not going to - oh, that's... okay.' That's not the norm.

Stories like Mars' highlight the ways in which expectations for family intersect with broader gender norms within a framework of heterosexuality. The macro-level forces that structure norms – i.e. the creation and circulation of family symbols – are then internalized and policed on the micro-level – through the communities and individuals with whom QTPOC interact.

The expectation to have biological children is also often articulated by QTPOC's immediate relatives, most often parents, who generally want their children to fit within the cisheteronormative model for family. When I asked Jay, a nonbinary South Asian

person in their mid 20s, to describe what family means to them, one of the first things they mentioned was that they have no desire to have kids. Although they had a clear vision for what their family could look like without children, their vision clashed with their parents' expectations:

It is something that my mom cries about to me on the phone sometimes. . . like when she would see little kids' clothes at the store. And she's loved little kids' clothing since she was young. Just loves dressing children up like little dolls. It's like her favorite thing in the world. You should see the pictures of me, I'm in full frills and ruffles and, it's horrifying, it's like the least me thing you could possibly think of. With her, it's like, I tell her these things, I'm like, you need to stop. I'm not having children. And then she'll cry. And then she'll tell me like, 'You know what? When I was your age I didn't wanna have kids, either. You'll change your mind.

Here, Jay describes how the nuclear family model is so embedded in their mother's mind that the idea of *not* embracing such a model, of building a future *without* biological children, is unimaginable to her. Of course, the pressure to have biological children is imposed on many people, not just queer communities or queer communities of color, and much scholarship has explored the gendered underpinnings of the assumption that all AFAB people desire to be parents. Nonetheless, as queer kinship has become increasingly entwined with images of biological parenthood, queer communities have been newly subjected to these rigid gender expectations, in ways that often clash directly with the queer desire to reject or subvert the gender binary and its associated norms.

Even those participants who *do* one day hope to have children described feeling uncertain about how their families' would react to their visions. Dani, a nonbinary Latinx participant in their mid-20s, who also identifies as polyamorous and is potentially interested in creating family that revolves around multiple relationships, speculated about

this uncertainty extensively. When I asked what they want family to look like in their future, they responded with the following:

I think everyone hopes that their family will be an extension of their existing family. I think? I mean, maybe that's like, in my head, that's what families are supposed to want... or what people are supposed to want? And so like, I think it's kind of the expectation that... Like, I don't know if whatever I come up with will be welcomed or accepted by [my family]... And so like, I don't know, like I currently want, I'd like - I think like, ideally, like that would work. But like in the event that it doesn't then that seems like it would be a struggle.

Dani's struggle to expand their understanding of what family can look like, while also navigating the tensions between what they imagine for themselves and what their family imagines for them, is not unique. Most of the QTPOC I spoke to found it hard to articulate a clear vision for what their families could look like, especially given their concerns about whether their families would be seen as legitimate – by the state, by their communities, and most often by their families of origin.

Conclusions

In a biomedical era characterized by the widespread embrace of reproductive technologies, QTPOC face pressures to embody normative family ideals even as they are actively excluded from most representations of the ideal family. These contradictory expectations act in concert to encourage QTPOC to internalize beliefs about what is and is not possible for their futures. Issues of belonging and worthiness underlie the stories that QTPOC tell about their views on family, and my participants often struggled to push back against the standards that they felt were imposed on them. As Mars speculates:

I've heard my straight friends talk about family and stuff, in terms of like, starting a family and making one and, like, I really, I'm trying to think right now, if any of my queer friends – which are, like, most of my friends – talk about family, in

terms of like, you know, starting a family or having kids or the potential in the future. And like, I can't think of anyone doing that. So I just feel like that's, I don't know, that that says something about where we see ourselves in the world.

Throughout this chapter, I have argued that the difficulties QTPOC face in conceptualizing family are located not just in individuals, in how “we see ourselves in the world,” but also in broader cultural and medical imaginaries, in how we are *made* to see ourselves in the world. As ARTs have proliferated, it has become increasingly possible for people to imagine the QTPOC in their lives fitting into normative models of family. But the images of queer family that circulate through medical institutions, the media, and social networks do not portray all queer families equally, instead privileging those family forms that most closely resemble the heteronormative model already naturalized in the symbolic order. QTPOC, multiply marginalized at the intersections of their racial and sexual identities, often do not benefit from the increased representation of these family forms. In order to make space for alternative desires for family, visions that are grounded in understandings of race and class and the ongoing legacy of biopolitical control, greater attention must be paid to the ways in which the visibility of some queer families invisibilizes other queer families. As Walters suggests,

“We need to imagine, perhaps, a different relationship between visibility and being known; or, to put it another way, between the commodified spectacle and the desiring community. We need to insist that our families might just be radically different (not just modern or California hip) in ways that upend heterosexist business as usual and provide a template for imagining kinship in the future tense.” (2012, 930)

In the next chapter, I ask what these “radically different” visions of queer family can look like, focusing on the kinds of family that my participants desire for themselves and

exploring the implications of those visions for our understandings of kinship more broadly.

CHAPTER FIVE: QTPOC Visions for Family

“Thinking about queer family is always intentional. There is no way to accidentally end up in a queer family, really.”

-Miriam, a cisgender Black woman in her mid 30s

Like Miriam suggests, the fact that queer communities have historically been excluded from normative understandings of family means that, compared to their cisheterosexual counterparts, queer people are required to think much more intentionally about the role of family in their lives. This chapter explores QTPOC visions for family as they exist outside of normativity. The QTPOC with whom I spoke described a range of ideal family forms – from childfree families to biological nuclear families embedded in larger communities to families intentionally structured around communal childrearing. While my interviewees differed in the specific visions they held, they uniformly described a desire for family that expands current conceptualizations of kinship to include both extended family networks and fictive/chosen family. I argue that, when situated within broader discourses of race and sexuality, these visions reflect the ways that normative family forms have never encompassed the realities of QTPOC family life. QTPOC imaginings of family should be understood both as a response to structural exclusion from familial norms and as an act of resistance against those norms, providing examples of what kinship could look like if we were to decenter the biological nuclear family model.

Importantly, because none of my participants had children at the time of our interview, I do not argue that their stories speak to the *actual* decisions that QTPOC make about family formation or parenting. Rather, their visions for family speak to the dynamic

and structurally influenced forces that shape QTPOC desires and contribute to their *imaginings* of what family can look like. The question then becomes: what do QTPOC *imaginings* of family teach us even without regard to the *actual* decisions they ultimately make? I argue that there is a lot to learn about the operation of kinship norms through the language my participants use to describe their ideal families, and the types of family forms they reject or embrace.

Heterogeneous Visions of Family

Above all else, my goal in doing this work is to push back on monolithic understandings of family. Thus, it is critical for me to begin any discussion of QTPOC family visions by recognizing the diversity of family desires that people have, both within queer communities and in the broader American population. My participants' visions for family differed across multiple axes (see Table 2). First, there was the question of whether my participants' ideal families would include children: five of my participants were certain that they would one day like to have children, two were adamantly opposed to the idea of having children, two were uninterested in having kids but somewhat open to the eventual possibility, and two felt entirely unsure about whether their futures would involve children.

Among those interested in parenting, two further questions arose: first, with regard to *how* to have children; and second, with regard to *who* to include in the process of childrearing. Two of my participants were specifically interested in having biological children, while three were confident they would like to adopt, and the rest were uncertain about what route to family formation, if any, would make the most sense for them. In

terms of childrearing, four of my participants described wanting to create a more nuclear family structure embedded within broader community networks, four described explicitly wanting to raise children communally with other adults, and two specifically described an interest in raising children with multiple partners given their polyamorous identities.

Importantly, my participants' reflections on each of these questions provide insight not only into their own personal decision-making processes, but also into how their experiences with race, gender, and sexuality shape their desires.

Name	Desire for Kids	Desired Route to Family Formation	Desired Family Structure
Hope	Yes	Pregnancy (biological)	Nuclear family embedded in community
Jay	No	N/A	N/A
Mars	No	N/A	N/A
Miriam	Yes	Adoption/Fostering	Communal childrearing
Dani	Maybe	Unsure	Communal childrearing/ polyamorous parenting
Emery	Yes	Adoption	Communal childrearing
Zola	Yes	Pregnancy (biological)	Nuclear family embedded in community
Shreya	Maybe	Unsure	Nuclear family embedded in community
Linda	Yes	Adoption	Nuclear family embedded in community
Celine	No/Maybe	Pregnancy (biological)	Nuclear family embedded in community
Morgan	No/Maybe	Adoption/Fostering	Communal childrearing/polyamorous parenting

Table 2. Participants' Family Desires

Desired Kinship Structures: Extended and Fictive/Chosen Family

“I feel like there's way too much focus on biological family. And I think it makes people feel further apart from each other, like as a society and as a whole. And I think that, like, people would be kinder to each other if the idea of family was more expansive and less nuclear.”

-Mars, a nonbinary mixed race (South Asian/white) person in their mid 20s

Regardless of their particular family desires, all of the QTPOC I interviewed advocated for more expansive understandings of family. My participants felt the pressure to adhere to normative family forms, but, like Mars, they felt that the standard for family was far too limited to encompass their own experiences with and visions for family. Rather than focusing on biological nuclear family forms, the QTPOC I spoke with advocated for the normalization of two other overlapping kinds of kinship: extended family networks and fictive/chosen family networks.

To understand how these alternative forms of family figured in my participants' lives, it is important to take a moment to unpack some of the terminology I use in this chapter. Extended kinship is a term used to refer to any familial relation that exists outside of the immediate nuclear family unit. It is most often used to describe networks of biologically related kin beyond the parent/child dyad (i.e., grandparents, aunts, uncles, cousins) (Furstenberg 2020, Sena-Rivera 1979). Meanwhile, fictive kinship refers to relationships that are based on affective ties, rather than blood ties or marriage, but that still replicate the rights and obligations usually associated with family relationships (Ebaugh and Curry 2000, 189). Anthropologists have most often used the term fictive kinship when exploring family relationships in non-Western countries or in immigrant communities and communities of color (Ebaugh and Curry 2000). Finally, chosen family,

a concept my participants brought up frequently in our conversations, refers to kinship relations formed through *choice* rather than biological obligation (Weston 1991); this term is used to explain essentially the same kinds of relationships as those described by fictive kinship, with the only difference being its original focus on relationships within the queer community specifically.

There is significant overlap between the kinds of family relations described by each of these terms. Extended family networks can and do include fictive kin relations, as friends and community members are symbolically turned into aunts and uncles and cousins. The use of the word “fictive” reveals, in and of itself, a value judgment – suggesting that biological family is *real* family and non-biological family is not. Moreover, the use of separate terminology to describe non-biological relationships among queer communities (chosen family) compared to immigrant communities and communities of color (fictive kinship) reflects an artificial divide that anthropologists have drawn between race and sexuality. In this chapter, I hope to complicate these frameworks by taking an intersectional lens to the topic of kinship, highlighting the ways in which *multiple intersecting identities* influence QTPOC's visions for family.

Wherever possible, I use the combined term *fictive/chosen family* to refer to any non-biological family relationships. I do this to acknowledge the roots of these terms in the anthropological literature without perpetuating the idea that racial and sexual identities are discrete. I use the term *extended family* more broadly to encompass both biological and fictive kin relationships that exist outside of the nuclear family model, and I make sure to note throughout the chapter when I am referring to biological vs. fictive

extended kin. By clarifying my use of these terms, I hope to more precisely demonstrate the ways that expansive kinship forms have been fundamental to people's experiences of family – with regard to their racial identities, their sexual identities, and the intersections of the two.

Extended Kinship and Social Capital

Networks of extended kin – both biological and fictive – are most often found among marginalized groups, who develop these networks as a way of building social capital (Ebaugh and Curry 2000). Social capital, a concept defined by Pierre Bourdieu, refers to the “positions and relationships in groupings and social networks, including memberships, network ties, and social relations that can serve to enhance an individual's access to opportunities, information, material resources, and social status” (Ebaugh and Curry 2000, 90). For QTPOC, who have been excluded from normative family forms at the intersections of both race and sexuality, the development of extended kinship networks has facilitated the building of social capital in numerous ways: by providing solidarity among ethnic groups, by creating space for the exploration of queer identity and community, and by allowing for the sharing of material resources across these identity groups.

Despite their prevalence, extended kinship networks – both biological and fictive – are not commonly recognized in discourse on the family. Between 2005 and 2011, for example, only 7% of research articles on the family looked beyond the nuclear family to examine any other type of kin (Gerstel 2011, 3). The lack of attention to expansive family

networks reflects the continued moralization and dismissal of kinship structures other than the biological nuclear family unit. To challenge this moralization, I focus on the centrality of extended kinship networks in the lives of QTPOC, both with regard to their biological extended families of origin and their fictive/chosen extended family networks.

Communities of Color and the Role of Extended Biological Family

First, the independent nuclear family has never been a reality for everyone, and people of color have been shown to rely much more heavily on extended biological kin than their white counterparts (Gerstel 2011). This reliance on extended kin takes many forms but has been a consistently documented trend within communities of color for decades. In a 2011 survey, for example, researchers found that people of color are significantly more likely than white people to live with relatives other than their partners and children; approximately 40% of Black people and 30% of Latinx people surveyed reported living with extended family, compared to under 20% of white people surveyed (Gerstel 2011, 4). Moreover, over half of Black and Latinx people surveyed reported living within two miles of other family, compared to only a third of white people (Gerstel 2011, 4). More recently, research done in 2020 revealed that over 20 percent of Asian, Black, and Latinx people live specifically in *multigenerational* households, compared to 16 percent of white people (Brooks 2020). In addition to these living patterns, people of color are also more likely to regularly visit with extended kin, rely on their relatives to give and receive care, and assist each other with practical tasks such as household chores and childcare (Gerstel 2011, 4).

Reflecting these trends, when I asked my participants about their own families, most of them described growing up not just with their nuclear families but also with various members of their extended biological families. My participants almost always spoke of these experiences in positive terms, describing how they felt supported and cared for by a whole host of adults. They also often demonstrated an awareness that their experiences did not reflect the norm, but they actively pushed back on the narratives of disorder and disarray that regularly accompany discourse on non-normative family forms. Miriam, a cisgender Black woman in her mid 30s, described her thoughts on the matter as follows:

My biological family is really great. Um, I had three parental figures growing up. I had a single mother and then my older sister, who had a baby young, so I have a niece who's about my age. So we had them as, like, coparents. And then I also had an aunt who came up to the states to help with babysitting around that time. So I have my mother, my sister, my aunt to look up to. And they all took care of certain caretaking responsibilities when I was younger. And I think that's colored a lot of the way I see family now, because there are lots of people who I see with grandparents raising them – I'm a teacher, so I see students with grandparents raising them, or aunts or uncles raising them. And I find that often when I meet people in those situations, they're like, 'Oh, you know,' and they might talk about how a father is missing. They might talk about what's missing, as opposed to the richness of what they have.

Miriam's belief in the richness of extended family relationships was echoed in the stories a number of my other participants told as well. Celine, a cisgender mixed race (African/white) woman in her early 20s, also spent a long time talking about the value of growing up with extended biological family, particularly her grandparents:

I used to really enjoy spending time with my grandparents. . . Like, there's pictures of my grandma, like, playing with me on the playground, like running around with me, like when I was a kid and stuff. And like, we used to go, like, biking and hiking and all this stuff. . . They visited me when I studied abroad in [European country], we went hiking together, like we went to a bar. . . Um, it's

really interesting because a lot of my peers were really shocked. So, for example, my grandma, when I was in college, would bake cookies for me, like, every week, and send me nice little care packages. And they were like, ‘Your grandma sent you care packages?!’

Like Miriam, Celine comments on the “shock” that her peers felt when they learned about how involved her grandparents were in her upbringing. Because the white, middle-class ideal of the biological nuclear family is embedded in capitalist structures, which expect the family to exist as its own independent economic and social unit, any deviation from this norm becomes unimaginable to many Americans. Nonetheless, the nostalgia with which Celine, as well as my other participants, described their experiences with extended family speaks to how critical relationships with extended kin are for many families, and particularly for those who live in racially marginalized communities.

Extended Fictive/Chosen Family: Building Racial Solidarity through Community

Furthermore, some of the relationships my participants referenced valuing the most while growing up were not with biological relatives but with various kinds of fictive/chosen kin. In many communities of color, the support provided by racial and ethnic community members serves as a “haven against a racist world,” leading families to be constructed around the ideas of economic and social support as much as they are constructed around biological ties (Mezey 2008, 21; see also Espín 1997, hooks 1989, Moraga 1997). Extended fictive kin networks allow for the sharing of resources among family members and the development of greater social capital for the group as a whole, while also easing the burdens of everyday life on an individual level. The benefits of

these extended kinship networks have been shown for a number of different marginalized groups.

In Black communities, for example, networks of fictive kin can be traced back to the very beginnings of slavery in the United States. Many enslaved people were intentionally separated from their blood relatives, and in response to this separation, they often developed non-biological networks of family to rely on in the face of ongoing oppression (Pargas 2009, Williams 2012). The legacy of these kinship networks remains today, as friends continue to be turned into brothers, sisters, aunts, uncles, and cousins as a way of increasing social solidarity (Rapp 1987). In the context of childrearing, many Black people have also extended the concept of “motherhood” to include “othermothers” – people ranging from grandmothers, sisters, aunts, and cousins to close friends who take on childcare responsibilities for each other’s children and nurture the Black community as a whole (Collins 1990, as cited in Mezey 2008, 67).

In line with these patterns, my participants consistently named non-biological relatives as part of their families. Zola, a cisgender Black woman in her early twenties, told me about how she was raised by her mother, her uncle, and several live-in nannies. She was careful to clarify, though, that the nannies she had played just as critical a role in raising her as any other family member, which she explicitly connected to her family’s racial background:

I think it looks a lot different for, like, a Black child’s live-in nanny than, like, maybe a stereotypical two parent household with white people maybe. And so that was very much like family. We didn’t consider it a nanny, it was just like, like, an additional mother in some way.

Indeed, when I asked Zola to participate in my free-association task about the word family, the first words she mentioned after “mom” and “only child” were the names of all her nannies. These caregivers, although not related by blood, figured centrally into Zola’s childhood. When I later followed up with a question on how the family structure she grew up with had impacted her life and thoughts on family now, she responded with the following:

I feel like, yeah, there were a lot of people, and then some people might associate that with instability. But for me, it’s like the exact opposite. Um, because I was grounded in each of those people. Or, like, my values or, like, principles were valued in those people. And when I think about family for myself – whether that involves a partner, a child, or both, or like, either/or, right? – I think about wanting to involve other people, whether they’re related to me through blood or not. Um, because I think that was like one of the most endearing parts of my childhood.

Much like Celine and Miriam remember fondly the involvement of extended biological family in their upbringings, so too does Zola remember fondly the involvement of extended *fictive* kin in her upbringing. When I asked how her ideas about family connected to any of the identities she holds, Zola specifically linked these experiences to her racial identity as well:

Well, being Black, family just looks so different for Black people compared to any other group I think. So, we have... Well, Black American is like a very singular experience of family. So I think we have these generational ties and traditions of family that is not your blood. And like kinship through just, like, encountering people, whether they're, like, blood, married into your family, or you know, anything, really. So I think that's something that will influence the way I think about family and has. . . Because of what I mentioned, at first, like this tradition and generational tie to family without the necessity of blood relation is influenced by chattel slavery, and it's just generational, it's in us to, you know, form these bonds with people that are not technically our own.

While the Black experience of family is certainly unique given the history of slavery in the United States, extended fictive/chosen kinship networks have been central to other racial/ethnic minority groups as well. Within immigrant communities more broadly, fictive/chosen kin systems serve as a mechanism to enhance community solidarity and mitigate hostility and aggression in a xenophobic country (Ebaugh and Curry 2000, 201). In these communities, friends are turned into aunts and uncles and cousins in much the same way as they are in Black communities, and these individuals are extended the same respect, rights, and obligations as any other relative by blood or marriage (Ebaugh and Curry 2000, 198).

I want to be careful not to generalize too broadly here, as there is no monolithic “immigrant” experience or Black experience, nor is there a singular way of incorporating racial/ethnic community into family. But, on a structural level, extended kinship networks serve both as a response to oppression and as a subversion of family norms grounded in the experiences of the white upper/middle class. As sociologists Ebaugh and Curry argue:

“Regardless of differences in the types of fictive kin systems, the functions they serve for new immigrants are quite similar. These functions include assuring the spiritual development of the child and thereby reinforcing cultural continuity, exercising social control, providing material support, and assuring socioemotional support. That fictive kin provide these services for new immigrants, who often face dislocation, anomie, economic difficulties, cultural shock, and value conflicts in the new society, means that the institution serves as an important buffer and resource.” (2000, 199)

Although only one of my participants was an immigrant to the US themselves, a number of my participants described the influence of growing up with immigrant parents on their conceptualizations of family. For example, Shreya, a cisgender South Asian

woman in her mid 20s, told me about how her mother had a lot of other close South Asian friends who were involved in her life growing up. She reminisced about how nice it was to “have adults who can be around, to have someone to talk to other than your parents, to have role models.” She described this reliance on community as a formative part of her childhood, and she explicitly told me that she would like to replicate this experience in her own adulthood – by having her own queer friends of color act as aunts to her children one day. Like many others, Shreya also referenced the social capital developed through extended kinship networks, pointing out the benefits of “having people in your corner” when things get hard or emergency situations arise.

My participants’ experiences with extended fictive/chosen kinship networks profoundly shaped their own childhoods and understandings of family. Like Zola and Shreya, the majority of my participants wanted to model their own future families after some aspect of their own extended family structures. Although they recognized that their experiences had not been the norm among their peers, and often explicitly connected their experiences to their racial or ethnic identities, the fact that so many of the QTPOC I spoke to actively *wanted* to replicate this non-normative family form speaks to how successful extended fictive/chosen kinship networks can be at providing support that nuclear family units cannot. Their stories reveal the inability of the nuclear family model to encompass the realities of family life in the US and the need to reconceptualize common understandings of kinship to include much more than biological relatives.

Extended Fictive/Chosen Family: Building Queer Community

In addition to finding fictive/chosen family central to their experiences as people of color, the QTPOC I spoke to also believed that building fictive/chosen family networks helped them affirm their identities as queer people. An extensive body of literature explores the importance of fictive/chosen family for queer communities, often referring specifically to the relationships and networks of support that are built *within* queer communities themselves (Weston 1991, Strathern 1992a). The concept of “chosen family” (in this section, I use the term “chosen family,” rather than “fictive/chosen family,” when citing specific literature or the language my participants used) first emerged in relation to the process of coming out, to help explain the ways that many queer people built their own family structures after facing rejection by their families of origin (Weston 1991). This continues to be the case today, as chosen families often reconfigure the boundaries of family and friendship to foster closeness among those who are affirming of queerness while creating distance from those who are not (Oswald 2002, 376). Nonetheless, chosen family does not stand entirely in opposition to biolegal family, and many queer people describe their chosen family members as “co-existing with biolegal family in an expansive, inclusionist definition of family” (Hull and Ortyl 2019, 38).

Unlike other kinship terminology, which is often developed by scholars external to the communities they seek to describe, queer people themselves have embraced the use of the term chosen family, often articulating its role in their lives quite clearly and explicitly. Whereas membership in a biological nuclear family is assumed, membership

in a chosen family is intentional, allowing queer people to meld their visions for family with their experiences of identity-based community. As Weston finds in her work, “The notion of identity-based community opened new possibilities for using kinship terminology to imagine lesbians and gay men as members of a unified totality” (1991, 127). In much the same way that BIPOC learned to rely on fictive/chosen family networks to build solidarity around their racial identities, queer communities learned to rely on fictive/chosen families to share community resources and provide support for each other both materially and socially (Oswald 2002, 376); QTPOC, of course, have relied on these extended family networks to build solidarity around their overlapping identities.

Where the function of fictive/chosen family networks for queer communities sometimes diverges from its function for other identity groups is in relation to other biological kin. Coming out to one’s family of origin continues to be challenging for a lot of queer people, and it is often difficult for queer people to reconcile the role of different kinds of family in their life. Consequently, it is not unusual for the queer and cisheterosexual members of queer people’s family networks to be totally separate from one another (Oswald 2002, 376) – these boundaries between biological and fictive kin are often more porous among other identity groups.

The QTPOC I interviewed consistently referred to the importance of chosen family in their lives. Although I never directly asked my participants about chosen family, *every* QTPOC I talked to brought it up of their own volition, signaling the ongoing currency of the term in queer spaces. When I asked them to clarify what exactly

chosen family meant to them, most of the QTPOC I talked to juxtaposed their experiences of chosen family with their experiences of biological family. In line with the literature, they often described their chosen family as supporting them in ways their biological families could or would not. Hope, a cisgender Black woman in her late 30s, described her experience as follows:

I mean, obviously you would want the people who you're related to by blood to be able to value a lot of the same things you value and have similar perspectives on the world and how you move through it, but that's not always the case. And so in terms of chosen family, it's about being able to trust that, even if you have differences in – you know, granted, I don't think this would really be true but like – you know, politics or whatever, at the baseline, you still have the same core values in terms of how you function in this world as a human being, in terms of what you view respect to be, like, what you view integrity to be.

Hope articulates an ongoing struggle to feel seen by some members of her biological family. Although she wishes that her blood relatives could respect the way she moves through the world as a queer person, this has not always been the case, pushing her to instead create other forms of family grounded in shared values and respect.

Emery, a transmasculine nonbinary East Asian person in their early 20s, echoed a lot of the same sentiments as Hope, defining chosen family in terms of emotional connection and dependability:

I guess it's just like, I see family as just connections and bonds, basically more emotional than, like, biological. So like, choosing my family, are the people that are there for me, who support me, who are reliable, who I know I can depend on. Like, my biological family, in many ways, have failed me in that way and have been very dismissive or critical. Or [are] people that I just, like, if I saw them on the street, I would probably turn my head away and try to make sure they don't notice me so I don't have to interact with them. So I just, like, don't feel any type of connection with them.

Even more clearly than Hope, Emery situates their prioritization of chosen family within a larger rejection of the biological nuclear family model. For Emery, creating family is an active and ongoing process; biological family members should not presume to be included just because of their blood ties, especially when they have caused hurt in the past. Instead, Emery argues for an understanding of family that encompasses anyone who commits to validating and supporting one another.

Mars, a nonbinary mixed race (South Asian/white) person in their mid 20s, also drew clear distinctions between biological and chosen family, focusing on *why* they feel closer to their chosen family than their biological family:

I guess I felt like I needed to... I don't know. I don't want to say, like, 'earn my place' in the family or 'prove'... but yeah, but like, I had to, like, pay people back for their love. But my queer family is like completely opposite of that. Like, it's just, like, you just love each other just for existing. And that's enough.

The unconditional love that Mars references here reflects one of the key ways that networks of chosen family challenge normative kinship models – by emphasizing the centrality of *love* without biology. As Weston describes, the grounding of kinship in love “deemphasizes distinctions between erotic and nonerotic relations while bringing friends, lovers, and children together under a single concept” (1991, 107). Love is the perfect symbol for queer communities to call upon because it carries the “nuances of identity and unity so central to kinship in the United States” while also circumventing the “procreative assumption embedded in symbols like heterosexual intercourse and blood ties” (Weston 1991, 107). In other words, it is hard for people to deny the value of love, which allows queer people to locate their chosen families somewhat within the realm of the normative even as they push back against most expectations for family in the US.

Intersectional Identities: Connecting Extended and Fictive/Chosen Family

The desire to incorporate both biological extended kinship and fictive/chosen family into their future family structures emerged as a common theme across my interviews, suggesting that, above all else, the QTPOC I talked to were interested in building family centered around *community*. By existing at the intersections of racial and sexual marginalization, many of my participants were structurally excluded from participation in the nuclear family model; although the constraints my participants' families faced are clear, they also had the opportunity to see the benefits of more expansive family forms. The stories my participants told about their childhoods and visions for future family push back on the idea that everyone wants – or should want – to participate in the nuclear family model. Instead, the QTPOC I spoke with saw the inclusion of biological extended family and fictive/chosen family in their family visions as a way of validating and continuing on the legacy of their identities.

This is not to say, however, that my participants found it easy to envision a way of creating family that would replicate their experiences with biological extended family while also incorporating fictive/chosen family. Previous scholarship has shown that for queer people of color, coming out to the family can sometimes jeopardize not only intrafamily relationships, but also their association with their ethnic community, leaving them at risk of “feeling uprooted as an ethnic person” (Mezey 2008, 21). Compared to queer white people without a strong ethnic identification, who often describe coming out as a transition *into* community, queer people of color are more likely to see “conflicts *between* different identities instead of expressing a sense of relief and arrival” (Weston

1991, 134). As Emery and Mars' stories reveal, a number of the QTPOC I interviewed did, in fact, struggle to maintain relationships with their families of origin once they came out as queer. Even those QTPOC who did maintain decent relationships with their biological families often viewed those family members as existing in a separate realm than their queer family. As Shreya told me, for example, "Life is not black and white, maybe I don't need my entire extended family to know [about my queerness] . . . Maybe it's not realistic to say 'either my family supports me or I'm never going to see them again.'" With these complicated dynamics, figuring out how to incorporate fictive/chosen family into extended biological family networks became a challenge for a number of my participants.

Hope, like many other participants, described her ideal family as building on her experiences with identity-based community. She excitedly told me about all the aspects of extended kinship that she wanted to integrate into her parenting:

I want that atmosphere of, you know... [long pause] my kid knows that they can call auntie or uncle so and so if they have something going on. And [if] they don't feel comfortable, comfortable enough to talk to me, like that sort of communal family aspect that – I still want that to be present. Obviously, you know, I want my kids to be able to come and talk to me, but there usually is, especially for BIPOC folks, like that extended line in terms of family where there are other people that you go to, that you confide in, that you share with, that help mentor and raise you, it's present, it's there.

When trying to imagine what this extended family line would look like in her current life, however, Hope's tone shifted dramatically. She described feeling disconnected from many of her biological family members and reflected on how past trauma left her feeling isolated from her communities of origin:

I would [like to] have a community around me, that would be a key part of my child's life, right?. . . And I'm also recognizing that my kid is not going to have that unless I build it, which is painful. Like, it's painful to think about, that I need to build family in order to give that to my child, in order for them to have that sense of communal experience.

Hope has realized that, if she wants her children to feel connected both to queer community and to ethnic community, she will have to put in the work of intentionally building such an experience. She described this realization as painful, yet she was committed to figuring out a way to provide her future children with this structure, as she recognized her relationships with extended kin as vital to her own upbringing. Other QTPOC I talked to also expressed the desire to create community for their children, even if that community could not be biologically based. As Emery mused when I asked what concerns they had about their future family:

One thing that I do worry about is, like, not having a grandparent or something like that always there. . . I guess instead of a grandparent, I just need friends. Like, close friends that I know that are dependent and reliable to be my family, basically, and help me, because I feel like raising a child really isn't just mom and dad or mom and mom or whoever's taking care of the child. It is like all those other supports that are coming together and helping.

What these speculations suggest is that many of the QTPOC I talked to felt the need to replicate biological extended family structures within the context of fictive/chosen family. *Extended fictive/chosen* family members were a particularly important piece of many of my participants' visions, as they imagined friends becoming aunts and uncles to their future children. In imagining this future, however, my participants did not want their racial or ethnic community to be lost. Even if they could not maintain ties with biological family members, they still wanted to integrate their racial/ethnic identities into their fictive/chosen extended family networks. Miriam, for

example, imagined combining the intentionality of fictive/chosen family with the cultural traditions she learned through her experiences of biological family and racial community:

Yeah, um, I would say, in terms of queerness, the intentional aspect of family definitely has come from my being queer. Also the sense of togetherness, I think, comes from my Black identity, like, we only have each other. And that, that feels really important to me also. So whoever I end up raising these children with, like, I want them to be mostly people of color, or at least have some level where I'm not, I'm not the only one. Like, that seems really important. And I want there to be a sense of... because there's a lot of history that goes with the, you know, there's a lot of history, there's a lot of cultural context, there's a lot of, of things that we lose along the way, in code switching, in trying to survive. And it's hard to notice when you're losing all those things, if you're the only one.

QTPOC Family: From Theoretical Desires to Tangible Visions

The QTPOC I talked to had a variety of desires and concerns when it came to imagining family. Although they deeply valued their experiences growing up in biological extended kinship networks, in their adult lives those extended kinship networks had been supplemented – or sometimes replaced – by queer fictive/chosen family. It was difficult for many of my participants to reconcile their various identities when imagining future family, and so, when I asked what their ideal visions for family would look like in more tangible terms, I got a variety of responses.

For those QTPOC interested in one day having kids, the most common vision for blending networks of biological extended family and fictive/chosen family was communal childrearing. Every single one of my participants hoping to have children rejected the idea that family should only constitute two parents and their children, and again, they explicitly connected their perspectives to their intersectional identities. Some participants rejected the two-parent structure altogether in favor of a more flexible system

of co-parenting among friends and partners. Emery, for example, imagined the following:

The ideal situation for me to build a family would have – be like a multifamily house, where all my friends lived in, and we just like all took care of each other's children, like almost like a polyamorous relationship, but not like a polyamorous relationship. We're just, we're just all taking on the parenting responsibilities. . . There's just like, so many minds and ideas that can go into helping raise the child. And there's so many ways that we can all be there for the child in a different way, or children in a different way. And so just, like, having the most secure attachment, and having the most consistent care, is just really important to me.

Emery strongly believed that there is no “cookie cutter way to have a family,” and they hoped that by the time they were able to more seriously consider having children, they would have a strong community of people who would be interested in creating family with them. Morgan, too, hoped for this kind of communal living:

I want a collective of people that share the responses [responsibilities] of adulthood, like I basically want a co-op, like a tiny co-op in my life. My dream is to have a house – like okay, so right now I want like a three bed, two bath house for me and like three other people. But I ideally want a house that could fit like – maybe five people's probably a reasonable number. But like we all live in the house, we all share different responsibilities. We have, like, a couple cars that we share between us, and maybe we have a couple kids that we all raise together too and, like, that sounds wonderful. I would love that. So, yeah, I think this whole idea where you're supposed to find one person that's supposed to fulfill all your needs, and you're supposed to, like, do all the adult things together and only with that person, and between the two of you, you gotta figure out how to raise a child – but oh, wait, you both have careers and other shit you want to do?

In envisioning this future, Morgan hints at the impracticality of the nuclear family model. They imagine a family in which not just childcare, but also material resources and social-emotional support, are shared among adults who have made a long-term commitment to each other. Essentially, they imagine a collective of both biological and fictive/chosen extended family that come together to share social capital and ease the

stresses of everyday life, not only out of necessity but also out of a desire for community. This desire is one that is profoundly anticapitalist and has the potential to subvert traditional structures of the family.

However, because none of my participants had children at the time of our interviews, I make no claims about whether these visions actually reflect the realities of family formation among QTPOC. None of my participants discussed the minutiae of living communally or sharing decision-making authority or dividing responsibilities for childrearing, all of which play critical roles in the actual formation of communal living arrangements. What I *do* argue is that the *desire* for more communal family structures reflects QTPOC's unique experiences with existing non-normative family forms, as well as the inability of the nuclear family model to meet the vast array of social and material needs that QTPOC have.

Importantly, the desire for some form of communal childrearing did not always negate the desire to also have a more nuclear family unit. Shreya, for example, imagined creating a family that resembled her own experience of growing up in a nuclear family embedded in South Asian community: "I would love to have kids with a partner and have my partner and I be the parents, but [I] would really love to have my friends be aunties of those kids." Hope, too, articulated a vision that included extended kinship but centered the nuclear family:

A lot of me is still pretty conservative. So you know, I would still have a wife, I'd still have a life, you know, I'd still have my house, I'd still have my kids. Like, I would have that sort of structure. . . . And I would have a community around me, that would be a key part of my child's life.

It would not be accurate to say that all QTPOC are interested in abolishing the nuclear family structure altogether; in fact, many of my participants very much hoped to emulate this particular family form. Nonetheless, even those who wanted nuclear family wanted to enmesh those families in extended kinship networks – of biological family members, fictive/chosen family members, or both.

For those participants who were less interested in having kids, the desire for communal childrearing was replaced with the desire for a more generally expansive vision for family. Even those QTPOC I talked to who were most adamant that their futures would never include children hoped to see a reconceptualization of family to include a more diverse array of people. Dani's perspective on this encapsulates a lot of the thoughts that my participants had:

I would say, like, in my outlined world, I wouldn't feel as pressured to have a kid. . . And we would be – I think about it as just, like, balance of care for everyone. Like everyone was being taken care of in different ways. Like, parenting or our caretaking isn't just for, like, little kids, it's for people in the community that're, like, disabled and, like, elders. . . The needs need to be met in the community itself, too. So yeah, like, macro. Just, like, I want what I think will be provided through family to, like, really and truly be met [by] people who aren't related to each other.

The kind of family that Dani calls for includes a number of ideals that underlay *all* of my participants' hopes and desires. Despite facing pressure to conform to the nuclear biological family model, my participants collectively drew on their experiences with biological extended kinship and fictive/chosen family to articulate expansive visions of family centering each of the things Dani wished for: caretaking, community, and collective support. My participants' stories reveal how QTPOC family desires are shaped by the contexts within which they live and the particular ways that their racial and ethnic

identities intersect with their sexual identities. Taken together, these QTPOC visions for family illuminate the need to decenter the biological family model, to see what possibilities could emerge if we were to radically reimagine what counts as family. Until that shift happens, we – as a society – will “continue to value a monolithic family form that is virtually extinct, that was never perfect, and that itself arose out of a particular historical moment that no longer exists” (Mezey 2008, 159).

CHAPTER SIX: Barriers to the Actualization of Family

The previous two chapters have focused on imaginaries of the family. In Chapter Four, I explored the ideal of the biological nuclear family and the pressure that QTPOC face to adhere to this model, even as it is made unattainable to them. In Chapter Five, I investigated the ways that QTPOC imagine family for themselves, expanding understandings of kinship to include both extended family networks and networks of chosen family. In this chapter, however, I shift my focus to the more concrete factors that shape QTPOC's decision-making processes about family formation. I argue that QTPOC's visions for family cannot be understood solely in terms of ideals and symbolic understandings of family; rather, QTPOC's visions are equally informed by their everyday experiences navigating medicolegal systems – systems that continue to perpetuate class-, race-, and gender-based marginalization.

Because none of my participants were parents at the time of our interviews, and because only a couple of them were in a stage of life where they felt ready to even consider parenthood as a tangible possibility, it would be impossible for me to draw conclusions from my interviews about what actually facilitates or hinders QTPOC family formation. Instead, as in Chapter Four, I focus on what my participants *perceive* as barriers to their family visions. In other words, I ask: How are QTPOC's idealized visions for family altered by the realities of their encounters with medicolegal systems in the US? How do their encounters within these systems illuminate broader structural changes that could better support QTPOC in the actualization of their desired family forms?

Moreover, in this chapter, I supplement my interview data with data from observations at various queer family events, the most informative of which were five virtual webinars I attended about queer family formation. Each of these workshops focused on a different aspect of queer family formation – with some structured primarily as info sessions about reproductive technologies and others designed to provide emotional support to queer prospective parents. Two of these events were specifically designed with QTPOC in mind. The other three were marketed more broadly toward queer families. I draw from my observations at these events throughout this chapter to reinforce the points my own participants made, extend their arguments into new contexts, and contrast their experiences with the expectations for family formation set by the fertility industry.

Queer Family and Stratified Reproduction

Among my participants, Hope was the only one who had actively researched what steps she would need to take in order to become a parent. She told me that she had always been fascinated by pregnancy and birth and had always wanted to be a biological mother. As she began researching different routes to parenthood, however, she realized that actualizing her goals would be difficult given her intersectional identities. Even fertility treatments targeted at queer communities were inaccessible to her, either because of their cost or because of the ways that fertility providers controlled who could access their services. At first, Hope articulated this difficulty broadly through a recognition of the acceptability politics that operate even within the queer community:

People don't talk about the hierarchy and structure that there is within the queer community. It's like there are white gay men. And then there are less... like: cis white gay men, cis white lesbian women, and then it's just kind of like the bracket that falls beneath, right? And people don't talk about that either. Yeah, and I wish that they did. . . And the expectations of what it means and what you are supposed to be within the queer community to be, like, acceptable to the higher brackets, if that makes sense. So you're still dealing with majority culture, even within your minority communities. And I don't, I don't know how you could, like, word that or, like, talk about experiences with that in terms of connecting to reproductive health, but yeah...

Hope's assertion that hierarchies of power do, in fact, exist within queer spaces is a critical one. As I discussed in Chapter Four, the homogenization of queerness and the universalization of queer family both contribute to the privileging of more normative (white, middle/upper class) queer family forms and the invisibilization of all other queer family forms. When I prompted Hope to reflect more explicitly on what changes would help make her feel more supported in her family building process, she pointed to the accessibility of fertility spaces:

I don't know, just like noticing the differences in terms of access. Or if people aren't specifically noticing the differences in terms of access. Like I'm just even thinking about all the pictures that I see of queer couples who are white, who have been able to access surrogacy, who have been able to do several rounds of in-vitro, and no one talks about the financial ability to pay for that private insurance, to pay for that surrogate mom, to pay for her time, her food, her medical care, like to pay for the rounds of in vitro and the medication that that takes, that's all of the egg freezing, all of that. Like nobody talks about the financial pieces that are also connected to that healthcare process, that if you don't have access to you are not going to receive. And so I think that when folks don't see it as much in the BIPOC community, there are assumptions made as to 'Well, they just must not have wanted that,' when it has to do with access. And I don't know what that looks like in terms of your study. But that's something that I've been thinking about as I was visiting different sites and, you know, looking at the family systems and structure and who I was seeing versus who I was not.

Here, Hope draws from her own difficulties navigating fertility spaces to advocate for a more intersectional approach to reproductive healthcare in general. She calls for a

recognition of the ways that people's reproductive choices are structured by their experiences of oppression based on race, class, and sexuality – a recognition of *stratified reproduction*.

Stratified reproduction is a term that was coined in the 1970s to refer to the “hierarchical organization of reproductive health, fecundity, birth experiences, and child rearing that supports and rewards the maternity of some women [sic], while despising or outlawing the mother-work of others” (Rapp 2001, 469). While white, wealthy, heterosexual cisgender women are actively supported in their attempts to have and raise children, most other parents are not. My goal, in this chapter, is to elaborate on the ways that QTPOC specifically are impacted by the stratification of reproductive healthcare. QTPOC family visions are constrained by the choices made available to them, but the question of *how* these choices are constrained warrants further attention, especially in the context of a society that has now largely come to normalize and even market reproductive technologies to queer populations. Through my conversations with QTPOC and attendance at queer family formation events, I delineated several influences on my participants' family visions that reflect stratified reproduction: first, with regard to class; second, with regard to race; and third, with regard to gender.

Class, Reproduction, and the Infiltration of Neoliberalism

Many of my participants explicitly discussed the role of class in shaping their visions for family. Class concerns were most commonly cited by QTPOC who were somewhat interested in having children but unsure about the feasibility of doing so given their limited financial resources. These participants realized that “natural” conception

was unlikely to be a possibility for them in the future, and the cost of pursuing parenthood through other means – most often reproductive technologies or adoption – was intimidating if not an insurmountable barrier. Dani spoke specifically about how overwhelming the prospect of family planning was to them, given the resources they would have to dedicate to the process:

In general, family planning stuff is, like, I still have no idea what I would [do] if I was with someone that, we couldn't, like, you know, conceive or whatever. And for some reason, like, weren't going to adopt or whatever, like, then I don't know what that would look like. I think there's a lot of stuff out there. I feel like lesbians have been trying to find ways. And like, I feel like I would not be... I would still feel pretty intimidated by that. And especially, like, I'm intimidated by the prices of all these options, like adoption also is, like, it's extremely expensive. So um, yeah, thinking through that and just how inaccessible, yeah, access for medical treatment is and how uncaring it is for trans people and, like, especially trans people who want to be like – who are trying to family plan... how challenged medical professionals are by gender nonconformity just doesn't sound appealing, it just seems like a really big uphill battle and would require a lot of self-advocating.

Similarly, Morgan described being put off by the costs of biological family formation, even if they could afford such services:

Like I don't know how much the surrogates cost, but it's like, at least like \$10,000, like, it's upwards of that, which is [so much]. And so it's like, I don't know if I would be willing to pay it – like I am fortunate that I am in a financial position where if I wanted to, I could probably save for it and afford it because I'm pretty financially well off at this point. But that's a lot of money still. And it's not worth it to me, I think. So it's, like, I am kind of sad that there isn't more awareness that these options are out there. Or even like, with trans patients, like if you're taking hormones, and like that might mess with certain things, or you might want to have kids, like being able to like – I don't know how much it costs to keep stuff in sperm banks, but I know that freezing your eggs is very expensive too and even harvesting them is a whole ass process. So anything that might, like, preserve the viability of having biological children down the line, unless you have hella money, like, tough luck.

Importantly, neither Dani nor Morgan spoke about class as an independent influence on their family visions. Rather, their stories reveal how QTPOC thought processes are shaped by a confluence of factors; class-barriers intersect with experiences of gender and racial discrimination to make normative family formation processes multiply inaccessible to many QTPOC. This is especially true when the fertility industry exists within a capitalist context that specifically encourages the commodification of biological material as a way of increasing profit.

Indeed, the fertility industry as it is structured today often frames pregnancy as something to be achieved transactionally; in theory, anyone may enter a fertility clinic, pay the necessary sum of money to be inseminated, and walk out pregnant. As historian Katie Batza finds in her review of assisted conception, queer people pursuing pregnancy through ARTs “watched their struggle change from a political and medical one in the 1970s and early 1980s to a financial one in the late 1980s and 90s—a shift that had very clear implications for women of color and working-class women” (2016, 93). As reproductive technologies have proliferated in the past two decades, they have been profoundly influenced by the capitalist structures in which they have developed.

Neoliberalism – a paradigm based on notions of individual choice, market-driven economics, and cost efficiency – has become particularly prevalent in the US in recent decades. So, too, have neoliberal conceptualizations of reproduction. As ethicist Doris Leibetseder notes:

“The thinking of the previous biopolitical regime was that sperm and eggs should be used/controlled for reproduction, but now the reproduction of capital, to make profit and to support the economy of a country, is central for the state. Sexual drive (lust), femininity and masculinity, heterosexuality and homosexuality are

transformed into tangible realities, chemical substances, commercial molecules, bodies, human biotypes, and into goods that can be exchanged by multinational pharma industries or the medical industrial complex . . . to extract value not just from bodies but from parts and particles.” (2018, 142)

The impacts of neoliberalism on reproduction can easily be seen in the developed world. According to 2015 data from the Centers for Disease Control and Prevention (CDC), over 180,000 assisted reproductive procedures are performed per year in approximately 460 fertility clinics across the US (Sunderam et al. 2015). Most of these fertility clinics in the US are unregulated, and “professional and voluntary guidelines exist only in a corporate and mostly for-profit environment” (Leibetseder 2018, 141). Individuals seeking to be inseminated are thus directed into “market-driven boutique-esque sperm selection processes” (Batza 2016, 93), all while being told they have “free choice” over their clinics and donor selection.

Yet, to gain access to these fertility services, individuals are also expected to pay between \$10,000 and \$15,000 out-of-pocket *per pregnancy attempt* (Sunderam et al. 2015). Some fertility clinics in European nations have begun to specifically target queer communities for “egg-sharing programs” in response to these costs, wherein clients “donate their eggs and get the ART treatment cheaper or for free” (Leibetseder 2018, 142). Reproductive technologies have, evidently, expanded their original focus on solidifying biologized notions of kinship to include a new focus on extracting commodified reproductive materials from bodies as efficiently as possible.

Perhaps unsurprisingly, the expansion of neoliberal policies in reproductive health has done disproportionate harm to queer people of color and poor communities. Because neoliberalism itself is made to seem “common sense” and ostensibly provides “universal”

solutions, the free-market logic operating around reproductive technologies has become increasingly hard to challenge. Individuals have been transformed, through neoliberalism, “from passive, lay patients to active consumers increasingly responsible for their own biomedical destinies” (Mamo 2007, 78) regardless of their identities or positionality. Nowhere to be found in the mainstream rhetoric about reproductive technologies is a recognition that “individual autonomy is sometimes subsumed by the collective identities, significant family, social, and economic relationships that structure ‘choices’” (Whittaker 2015, 267), and no attention is given to the fact that reproductive services are rarely fully covered by public or private health insurance (Leibetseder 2018, 141). Thus, financial costs continue to be one of the largest barriers to access to reproductive technologies. These costs, in turn, lead to stratified reproduction based on class.

If the impacts of commodification and neoliberalism on queer family formation were not made clear to me through my interviews, they certainly became clear through my observations at queer family formation events. The notion of “choice” – and specifically the desire to increase the number of choices available to queer prospective parents – was emphasized at every event I attended. Moreover, these choices were almost always presented at the *individual* level: How should someone determine the right time to begin fertility treatment? How should someone decide between IUI or IVF? How should someone choose between a known sperm donor and an anonymous sperm donor? These questions all present the queer prospective parent as a consumer, ready to make the most of the options available to them. Nowhere in this framework, however, is there any

acknowledgement of the structural barriers to achieving parenthood that many QTPOC face – particularly with regard to financial access.

For example, one of the webinars I attended was hosted by two queer cisgender white women, one an OBGYN and the other a lawyer. They began the session by telling the audience about their own experiences achieving pregnancy and then launched into an info session about the various kinds of reproductive technologies available to queer prospective parents. Throughout the discussion, the presenters repeatedly commodified the process of reproduction, transforming, as Leibetseder (2018) would argue, bodies into resources from which value can be extracted. “Sperm is literally a FedEx delivery truck of genetics,” the OBGYN announced at one point. Compared to IUI, “IVF is the Amazon Prime option, but it isn’t always that fast,” she said later. The most fun part of the process is “playing with the different banks” to find a donor who fulfills all your desires, the lawyer joked to the audience. Based solely on the framing of this webinar, becoming a queer parent would appear to be a process that is fun and exciting in much the same way as is shopping for a new car.

At the end of their presentation, the speakers left the audience with a question: “What’s your dream?” They encouraged the listener to pursue whatever route to family formation aligned best with their ideal vision for family; I remember wondering, however, who exactly they were speaking to when they said this. Throughout the webinar, they had not once mentioned the costs associated with IUI, IVF, or any other reproductive technology. It was not until the Q&A portion of the workshop that money was mentioned at all, and that was only in reference to how much a person should budget

for the legal fees involved in second parent adoption – the answer was anywhere between two and four thousand dollars. Who, exactly, did they think would be able to budget that much money for adoption fees, especially on top of the money needed to pay for fertility treatment itself? Listening to the stories that my participants have told me, it has become clear to me that the commodification of reproduction – and the framing of queer family formation as an individually motivated process – only serves to isolate queer people with limited financial capital.

The Intersections of Race and Neoliberalism

Another key barrier to reproductive technologies for queer people of color concerns the donor options available at fertility clinics. Because reproductive technologies have grown out of white-dominated heteronormative standards of the family, most sperm banks sell sperm from predominantly white donors. Black and Latinx donors are substantially underrepresented in fertility clinics despite the fact that there is no longer marked patient preference for white donors (Karpman et al. 2018, 121). In a neoliberal paradigm, this scarcity of sperm from donors of color is made to seem like an inevitability due to lack of demand; the possibility that sperm bank practices – rather than consumer preferences – may be the driving force of disparities in available sperm is overlooked (Karpman et al. 2018, 121). As a result, queer people of color who desire donors of specific racial, ethnic, or cultural backgrounds are left unsatisfied with the options available to them through reproductive technologies.

The normalized methods of assisted conception further alienate queer people of color. Because queer reproductive activism has historically been a white middle-class endeavor, diversity of opinion has generally been lacking in the implementation of new technologies. For example, Karpman et al. find in their interviews that anonymous sperm donation is often unpopular among queer women of color. Given these women's positionality, and the "historical context of their decision-making, particularly the forced erasure of family ties, most women wanted a donor with specific racial, ethnic, or cultural identities and whose identity could be known" (Karpman et al. 2018, 128). These women wanted their children to have access to their cultural and ethnic traditions and often felt like they couldn't bear children only to "have this unknown entity out there that's 50% of their DNA" (Karpman et al. 2018, 124). For these women of color, biological relatedness and knowledge of parental DNA were linked to histories of oppression and reproductive control.

Unfortunately, the historical context driving QTPOC family desires is rarely recognized by most commercial sperm banks, and their needs are often left unmet. The women interviewed in Karpman et al.'s study overwhelmingly made the "choice" to pursue alternative methods of reproduction – often by obtaining sperm from acquaintances, family members, or finding other ways to create biological families without biotechnology. These forced choices, increasingly common under neoliberalism, reflect how biotechnologies can obscure the role of structural influences on reproductive health in favor of a model of individual responsibility.

Like the participants in Karpman et al.'s work, many of the QTPOC I talked to also felt it important that they share an ethnic identity with their children. Shreya, for example, told me she would like for her children to also be ethnically South Asian. "I would have a hard time having a child that doesn't share my racial background," she told me. "The way I navigate the world is shaped by that." Morgan, too, felt as though having a strong connection with their child would necessitate sharing a racial identity, if not biological ties:

Some people get really attached to having biological children. Um, I've kind of – I've never really had that super strong attachment. Like, it would be nice to have a child that's gonna act like me. But I think, like, so long as I have a child that is Black, or at least like part Black, I'll be like, yeah, we're close enough that this is fine.

Because none of my participants were actively in the process of trying to have children, they did not comment specifically on the relative ease or difficulty of achieving pregnancy or adopting children who share their racial identities. Their desires for ethnic solidarity do, however, reflect the importance of supporting QTPOC in their attempts to build family that affirms their cultural and ethnic traditions – something that the fertility industry does not currently do.

Moreover, at one of the QTPOC family formation events I attended, the question of why there are so few donors of color available at sperm banks was explicitly discussed. MJ, a Black man who regularly serves as a sperm donor for queer prospective parents, spoke extensively on the topic. He told the audience that he often donates outside of the clinic setting because clinics "look down" on donors of color. He explained that, when he goes to donate at a clinic, the staff look at him and assume he has high blood pressure, high cholesterol, sickle cell disease, or a number of other racially charged health

conditions. By donating to people directly, he said, he can evade some of the racism that has been structured into medical systems. Yet, as his story demonstrates, this kind of gatekeeping limits the options available to QTPOC in fertility settings. Gatekeepers of the industry often hide practices of coercion and domination behind “practical and supporting theories that claim to be benevolent, therapeutic and protective of individual choice” (Quiroga 2007,149). Compared to their white counterparts, queer people of color thus face additional institutional barriers to the actualization of their desired family forms.

Pregnancy and the Fear of Medical Racism

The racism embedded in the fertility industry parallels the racism embedded in medical systems more broadly. It is not surprising, therefore, that when I asked my participants about their concerns regarding family planning, many of them told me that they were skeptical about engaging with systems that have regularly done them harm. My Black participants, in particular, described feeling anxious about the idea of being pregnant while Black. As Morgan told me:

One other thing I wanted to bring up, too, with reproductive stuff, kind of in the birth realm, from an intersectional standpoint, is like, being a Black person giving birth. Like, I generally have, like, some amount of . . . health anxiety, but it does get kind of amplified by me being a Black person. And knowing how, like, the level of mal – not malpractice, but like negligence there is in the industry when it comes to Black people and their symptoms and pain and all of that. . . But specifically with mother – like knowing that Black mothers die at a much higher rate would not make me feel comfy about giving birth either. So yet another check for the list of let's not do this, huh?

Miriam, a cisgender Black woman in her mid 30s, echoed Morgan’s thoughts:

Part of the reasoning is that I don't want to be pregnant. I mean, like, I'm semi agnostic about it, like, if life circumstances were to happen, and I would become pregnant. . . I might go through with it. . . But that said, I also have no desire to be a biological mother, I think mostly because it's harder for me, like, I would have to bear this kid. It's not like I could be like, I'm just passing on my genetic material and this seems great, it would be part of me. And, like, the statistics for Black women who get pregnant are not great. And I don't know that I want to risk my life for this.

The anxieties that my participants expressed are well founded, given an extensive body of research revealing the disparities in birth outcomes by race. Black birthing parents, for example, are three to four times more likely to die within one year of giving birth than white birthing parents (Centers for Disease Control and Prevention 2019; Smith et al. 2018; Davis 2020). They are also three to four times more likely to give birth prematurely than white birthing parents (Davis 2020, 59), and have the highest infant mortality rate of any racial or ethnic group in the United States (Smith et al. 2018). In her work on the topic, anthropologist Dána-Ain Davis connects these disturbing statistics to the concepts of medical racism and, more specifically, obstetric racism.

Medical racism refers to the ways that “the race of a patient influences the treatment or diagnostic decision in the broad context of medical provision” (Davis 2020, 58), while obstetric racism encompasses the mechanisms of subordination to which Black *reproduction* is subjected, specifically tracking along histories of anti-Black racism (Davis 2020, 57-58). As a concept, obstetric racism highlights the “beliefs and practices levelled against the reproducing Black body that sit at the intersection of obstetric violence and medical racism” (Davis 2020, 57-58). Importantly, the disparities in birth outcomes between Black and non-Black populations are consistent across class lines (Davis 2020), revealing the importance of employing race as its own analytical category

rather than conflating race and class in order to blame poor birth outcomes on low-income groups.

Importantly, obstetric racism is not a new concept, as the very development of reproductive healthcare systems depended heavily on slavery, racism, and racial capitalism (Davis 2020, 58). J. Marion Sims, considered by many to be the “father of gynecology,” performed many of his first procedures in the mid-1800s on Black women whom he had enslaved and forced into being experimental subjects. Building on the racist idea that Black women experience less pain than other racial groups, he refused to provide his subjects with any form of anesthesia (Cooper Owens 2017).

In the decades following, Black women continued to be exploited in the form of forced reproduction and sterilization, almost always performed without informed consent (Washington 2007). Today, these kinds of explicitly racist practices do continue, but it is more often the *legacy* of these practices that Black people must contend with. As Davis describes, “Such ideas and practices need not be willfully imported into the interactions of medical personnel with Black patients. The reconfiguration of ideas about, say, susceptibility, immunity, fecundity or pain thresholds is embedded within the historical contexts of reproductive medicine, and structures the encounters both of and between patients and practitioners” (Davis 2020, 58).

Although none of my participants had experienced obstetric racism specifically, given that none of them had ever been pregnant or given birth, they were well aware of the risks they would face should they decide to be biological parents. Moreover, in their broader experiences with reproductive healthcare, they described a number of encounters

with racist providers. When I asked Zola, a cisgender Black woman in her early 20s, what her experiences with reproductive healthcare had been up to this point, she responded with the following:

A lot of encouragement towards birth control. And for reasons I don't know why, I could – for, personally, I don't know why. I know why there might be this push towards birth control for Black women in the United States, of course. I can't say why for me personally – I can't say if it's because my provider thinks I'm too young, if they think I have too much potential to have a child, whatever. And those are, like, all paternalistic ways of, like, policing somebody, which I'm not impressed by. Or flattered by. . . . And I will say specifically, when I say like, push, persuasion, encouragement towards birth control, most of the time, for me personally, it's been something that is inserted into the body, rather than a pill. And I think that is heavily politicized as well, for a Black woman's body.

Zola was, clearly, aware of the histories of racism in medicine and the ways that medical racism affected her own care. Although an awareness of these histories did not change her desire to one day become pregnant, for other participants, it did – because they could envision alternative family forms or routes to family formation, and because they saw these alternative family forms as equally valid, their desire to become biological parents diminished. It is impossible to say whether these desires would be different were the legacy of medical racism removed, but it *is* important to note that these participants' family visions were not formed in a social vacuum and that they often felt as though they had to choose between a desire for biological parenthood and a desire to maintain their own bodily safety.

Gender and the Institutionalization of Cisnormativity

On top of their concerns about class and race, several of my participants also felt uncomfortable with the gendering of pregnancy and parenthood in general. This was

primarily the case for my trans nonbinary participants, three out of five of whom had no desire to ever be pregnant. For these participants, the idea of having biological children was irreconcilable with their own understandings of their gender identity. As Jay, a nonbinary South Asian person in their mid 20s, described:

It would be extremely dysphoria-inducing for me to have biological kids. So like, of course, that doesn't nix adopted or foster children or anything like that, but like, definitely not bio kids, never, could not pay me enough to be a bio parent.

Even the two nonbinary QTPOC I talked to who were unsure whether they would one day be willing to carry a child resented the gendering of pregnancy and parenthood.

Morgan, a genderqueer Black person in their late 20s, commented on their discomfort as follows:

I'm also not really jazzed at the concept of a) being pregnant or b) giving birth. It's mostly not from a gender standpoint, it's more like the medical wear and tear on your body and everything. It just, it just doesn't sound like fun. But I also know that for more of a gender place, like the idea – like, if there's one title that has a heck of a lot of gender associated with it, it's being a mother and motherhood, and like the amount of assumptions and language that is associated with being a pregnant mother just sounds gross. I just would not want to do it.

Unfortunately, my participants' fears about the gendering of pregnancy were not misguided. Reproductive healthcare is almost always framed as “women's health,” with a focus on fertility and heterosexual reproduction. Although none of my participants had yet experienced the gendering of fertility care specifically, their experiences with reproductive healthcare more broadly – and their general awareness of how gendered the discourse on parenthood is – made them skeptical of becoming biological parents. Their skepticism was validated by the stories of trans pregnancy I heard at some of the queer family formation webinars I attended.

At one webinar I attended, for example, the keynote speaker was a Black trans man named Jordan who had recently given birth to two children. From start to finish, his story highlighted the ways that fertility systems are ill equipped to support trans people seeking to become pregnant. To begin, he told the audience, he had trouble accessing fertility services; every time he entered a new clinic he was told that he couldn't possibly have an appointment because it was "a women's only" space. When he managed to convince clinic staff that he really was a patient, he was forced to endure continual misgendering and uncomfortable jokes. This pattern continued throughout his pregnancy and even into his birthing experience; when he entered the hospital and asked for the labor and delivery unit, the hospital staff responded as though he "needed to be in the psych ward." He was continually called "mommy" despite asking the doctors and nurses not to refer to him at all, and in general, he told the audience that the experience was traumatizing and left him with severe postpartum depression. As he concluded: "I spent my entire pregnancy having to advocate for myself and educate others." It was unclear to me whether his story was meant to serve as inspiration or as a warning for other trans people seeking to get pregnant – I guess in some ways it was probably both.

My participants' fears and Jordan's story are also reflected in the literature on family formation among transgender and gender nonconforming people. According to data from the 2010 National Transgender Discrimination Survey, fifty percent of transgender people have to actively inform their healthcare providers about how to best care for them (Grant et al. 2010). In the realm of fertility specifically, only a third of OBGYNs surveyed in the US described being comfortable caring for transgender patients

(Moseson et al. 2020, 1061). Transgender pregnancy continues to be unintelligible in reproductive healthcare spaces, and trans men who have been pregnant have described frustration with the lack of information they were provided on a number of key issues: the short and long-term effects of testosterone on reproductive organs, the relative ease of conception, expected pregnancy outcomes, the mental health effects of pregnancy, and their ability to lactate, among others (Hoffkling et al. 2017, 11). On a more structural level, some health insurance plans also refuse to cover reproductive healthcare and pregnancy care for anyone who is not registered as a woman on their insurance, making pregnancy inaccessible to low-income trans people (Moseson et al. 2020, 1061). In all these ways, trans and nonbinary prospective parents must endure both active and subtle forms of transphobia in order to become pregnant – something that many people choose to avoid altogether, even if they would otherwise wish to be a biological parent.

Contextual Influences on Family Desires: Provider Relationships

Thus far, I have focused on how my participants' visions for family have been shaped and constrained by their experiences of classism, racism, and gender discrimination. These experiences do not just exist in the theoretical, however, and it is important to acknowledge how these influences on QTPOC's family visions filter specifically through their experiences with healthcare providers. Although provider sensitivity has been shown to help improve LGBTQ+ health outcomes, healthcare providers often internalize and act upon racist, classist, and heteronormative ideals (Stubbe 2020, 301). Recent research has shown that many LGBTQ+ patients still cite feeling uncomfortable in their encounters with health professionals (Stubbe 2020, 301).

My participants' experiences with reproductive healthcare providers paralleled these findings.

The QTPOC I talked to regularly described an inability to be their full selves in healthcare settings. When I asked about their experiences with reproductive healthcare providers, they often told me that they felt their providers made inaccurate assumptions about them based on their identities and lacked knowledge about their true needs. I had not originally included any questions about providers' assumptions in my interview guides, but nine out of eleven of the QTPOC I talked to raised the issue on their own, and it quickly became clear that navigating and pushing back on those assumptions was deeply uncomfortable for many of my participants. As Dani explained:

I think for me, I still go into reproductive care settings – or just like the gynecologist or just like even most medical settings – like I'm kind of allowing myself to hide a little bit, like I think not trusting teams [enough] to be, like, fully honest about myself. Or like, I don't know, it just being really hard to advocate for myself and my identities, I think, in like what space that means because I'm worried about being too difficult or, like, I'm just not wanting to put work into that or, like, just not wanting to know, like, what kind of reaction to expect.

Similarly, when I asked Zola whether her experiences with reproductive healthcare providers have been positive, negative, or a mix of the two, she quickly responded with both:

Definitely a mix. I can never put my finger on it. . . But it does make me feel cautious, self-conscious, if there's, like, the omission, assumptions, etc. I don't know if I can - I don't know if I can trust somebody that does – is just, like, ignorant about my identities. And that's a candid way of putting it but it's the truth. Like, yeah, I think my emotions process differently, but then like, that's what my head thinks if I reflect on those experiences.

Like Dani and Zola, most of my participants began our conversations about reproductive healthcare by describing general feelings of discomfort and mistrust. When I

asked my participants to more specifically describe the kinds of assumptions they had encountered in their interactions with reproductive healthcare providers, I was told about a wide range of experiences. The most common assumption involved sex; over half of the QTPOC I talked to told me that their reproductive healthcare providers assumed they had male partners and that their interactions became awkward and uncomfortable when they disclosed that they were actually in queer relationships. Unfortunately, their experiences are not uncommon. Past research has shown that reproductive healthcare providers often lack relevant knowledge about gender-affirming practices and ask inappropriate questions about queer patients' sexual histories – assuming, for example, that everyone assigned female at birth has a male partner and requires birth control when sexually active (Utamsingh et al. 2015; Wingo, Ingraham, and Roberts 2018).

My trans nonbinary participants also regularly described feeling uncomfortable discussing anything related to gender with their providers because of the binary assumptions that were made about their bodies and sex lives. The framing of reproductive healthcare as “women’s healthcare” is inherently alienating for nonbinary individuals and transgender men who still need access to reproductive services, especially when they are interested in learning about their own fertility options and becoming pregnant (Wingo, Ingraham, and Roberts 2018; Light et al. 2014). Even among cisgender women, the focus on fertility can be uncomfortable, as many providers assume their patients desire pregnancy (even when they do not), while simultaneously knowing little about the options for queer family formation (Wingo, Ingraham, and Roberts 2018).

On top of all this, many of my participants also described encountering assumptions about their sexual activity based on their racial identities – whether those stereotypes were of the “hypersexualized” brown woman like Hope and Zola described or of the “good South Asian girl” who is not sexually active like Jay described. As discussed in previous chapters, “appropriate” levels of sexuality have been defined in the context of the white heterosexual marriage, in which sex can be framed as primarily procreative (Hill Collins 1998). Anyone who exists outside of this realm – i.e., anyone who is not white, is not married, or is not heterosexual – has their sexuality labeled as deviant (Cohen 1997). What my participants’ stories make clear is that these broader discourses of “appropriate” sexuality have filtered into people’s interpersonal interactions. Providers become the arbiters of acceptable sexuality, with clear implications for QTPOC who exist outside the bounds of cisheteronormativity.

Conclusions

The implications of providers’ assumptions are serious. When providers lack knowledge about LGBTQ+ health, queer patients are left without access to appropriate care (Meads et al. 2019). Moreover, having uncomfortable experiences with medical professionals has been shown to discourage queer patients from seeking reproductive healthcare in the future, even for critical routine procedures like pap tests (Wingo, Ingraham, and Roberts 2018; Mead et al. 2019). Indeed, my participants did not trust providers to actually help them and often chose to avoid reproductive healthcare spaces altogether when possible. As Jay explained:

Reproductive healthcare is one of those things which I'm really passionate about, but I find that it is so hostile to my very existence that I just, like, stay away. And I know I shouldn't stay away. . . I just, like, I feel like often I'm just not heard by providers at all. So I just stopped. Because I'm like, you're not willing to listen to me and my concerns, so...

More broadly, my participants' experiences made them skeptical about creating family in ways that would require further engagement with reproductive healthcare or fertility spaces in the future. Biological family formation often requires much more extensive engagement with medical spaces for queer people than it does for cisheterosexual people, as queer prospective parents must navigate fertility services (and often multiple rounds of it) on top of regular prenatal and birthing care. I was not surprised to learn, through my conversations, that QTPOC's overall distrust of medical spaces translated into a more specific feeling that they would be unsupported in their family formation processes. Hope's reflections on her experiences with providers demonstrates the ways that QTPOC family formation requires continual self-advocacy in the face of institutional and interpersonal barriers:

I've had to push back and fight so many different times, just because I never recognized that just because you have a degree does not make you an expert in shit. . . Experience does not transfer over into knowledge unless you choose for it to do so. . . I remember actually mentioning that I was queer in a space that was medical. And like the total interaction experience became more terse like almost instantly. And luckily for me, I still got out with what I needed, but the dynamics changed. And so being in spaces where I should not have to feel like I need to hide any piece of myself, and I should not have to do extra work to get the same results as someone else. Because I'm like, okay, so if I was a white woman, I've been thinking to myself, would I have had to do all of this stuff by my own? Well, like would I have had to do all of this legwork, all of this research [into the routes to family formation], especially if I was a white heterosexual woman? No, no. Like, the answer is no. And the only reason the answer might be yes is if she was poor... and that is what's crazy.

Overall, like Hope points out, QTPOC face barriers to the actualization of their desired families that white, heterosexual, cisgender people often do not. My participants' family visions were shaped by their experiences of marginalization along multiple intersecting axes – race, class, and gender – and were reinforced by their interactions with medical systems and providers. It is impossible to say whether their family visions would be different were society set up differently, but it *is* possible – I would even say critical – to acknowledge that their choices are constrained. In order to more fully support QTPOC in their family formation processes, we must specifically address the challenges that they face, not just symbolically, but also structurally.

.

CHAPTER SEVEN: Conclusion

In the preceding chapters, I have endeavored to present a picture of the various influences on QTPOC's conceptualizations of family. I began broadly, exploring how normative expectations for family – and the primacy of the biological nuclear family in the media, fertility industry, and social imagination – put pressure on QTPOC to adhere to a model of family that has never been attainable for them. These expectations have been bolstered by the proliferation of reproductive technologies that are marketed toward queer populations, yet continue to privilege white, upper-class ideals that do not reflect the realities of QTPOC's lives. QTPOC are thus placed in a double bind: they can neither access the kinds of family they're expected to create nor choose to live fully outside these normative models of family.

Next, I turned to QTPOC's own visions for family, juxtaposing the ideal of the biological nuclear family with my participants' self-described ideal family forms. My participants had a wide range of ideas about what their future families could look like, but each of them advocated for the broadening of “family” to include both extended kinship networks and fictive/chosen family networks. Their desires for these non-normative family forms derived largely from their experiences growing up in racial/ethnic community and, in their adult lives, finding queer community. Their visions for expansive family networks should be understood both as a response to their structural exclusion from the normative nuclear family model and as an act of resistance against said norms.

Moving from the symbolic to the concrete, I ended with an exploration of the factors that shape QTPOC's family planning processes. The QTPOC with whom I spoke told me about a wide range of experiences navigating medicolegal systems in the United States, and these experiences inevitably involved encountering barriers related to their race, class, and gender identities. My participants encountered these barriers on a structural level – through their general awareness of medical racism, for example – as well as in their everyday interactions with individual providers. The impacts of these experiences then informed the ways that they imagined creating family in their own futures.

Ultimately, my goal in pursuing this project is to contribute to a reconceptualization of family, to draw from QTPOC experiences to illuminate the existence and value of non-normative family forms. Up to this point, relatively little research has taken an intersectional lens to questions of queer family formation, particularly within the context of an increasingly technoscientific society that encourages queer communities to use reproductive technologies as a way of assimilating to the biological nuclear family model. Thus, my participants' stories add to the literature on queer family formation by revealing how QTPOC understandings of kinship are shaped by the symbolic representations of family circulating in the cultural imaginary, as well as by their lived experiences of race-, class-, and gender-based discrimination while navigating fertility and healthcare spaces.

But the implications of this research extend beyond the realm of the academic as well. If blindly encouraging assimilation to the norm of the biological nuclear family only

serves to perpetuate racist, classist, and cisheteronormative ideologies, what would it take to create an alternative system? If we were to center the voices of marginalized communities like QTPOC, what broader changes would we see to healthcare systems, legal systems, and other structures that legitimize certain family forms over others? When I asked my participants about these very questions, they provided a number of recommendations about what it would take for them to feel more supported in actualizing their ideal forms of family.

My participants' recommendations for change ranged from micro- to macro-level suggestions. On a micro-level, my participants made suggestions that would be possible to implement on a provider level – such as the desire for providers to listen more deeply to their patients or to be less prescriptive in their care. Other recommendations my participants made would necessitate much broader macro-level structural changes – the encoding of a wider range of family forms in legal and medical systems, or a major shift in the structuring of insurance coverage, for instance. I present some of these recommendations in an attempt to ensure that QTPOC stories be seen not just as academic fodder but also as an impetus for change.

Micro-Level Changes: Improving Provider Relationships

When I asked my participants what changes they would need to see in order to actualize their visions for family, their first response almost always concerned provider relationships. Because so many of the QTPOC I talked to had negative experiences with healthcare professionals, they were almost always skeptical of engaging with medical systems unnecessarily. They lacked trust that healthcare providers would understand their

needs or possess the necessary knowledge to support them in creating family, especially when their visions for family did not align with normative expectations. Thus, my participants regularly suggested that, to build trust with their QTPOC patients, healthcare providers should stop making assumptions about their patients' needs – by asking better questions and listening more intently to their patients, by educating themselves on queer issues, and by contributing to the development and dissemination of resources on queer family formation.

Counteracting Assumptions through Better Questions

My participants provided several concrete ways that reproductive healthcare providers and fertility specialists could better support them, beginning with the suggestion that providers change the questions they ask (or do not ask) of their patients.

As Miriam explained:

I think any reproductive health [provider] – so gynecologists, or people who do artificial insemination, specialists, anybody in that realm – should really talk to their clients about, like, this very conversation: what does family mean to you? And what could it look like? What are your options? What are your plans? As opposed to having an idea of what that would look like that matches the standard that we built as a society. Because I think that doesn't get asked.

Indeed, many of my participants agreed that asking better questions would help providers counteract a lot of the assumptions that they carry into their interactions with QTPOC. If providers did not assume that everyone wants to create family in the normative way, if they instead asked what family means to their patients like Miriam suggests, the doors would be opened for a whole host of other conversations around QTPOC's identities and desires. My participants imagined conversations with reproductive healthcare

professionals that did not center the desire for biological children, that did not frame reproductive health as “women’s” health, and that did not privilege heterosexual relations above other kinds of sex and relationships. If providers were to shift their models of care in this small way, my participants said they would actually feel listened to and would be much more comfortable continuing care and talking to their providers about their visions for family.

Increasing Provider Education and Resources

While an openness to conversation and a willingness to ask questions rather than make assumptions were at the top of their minds, my participants also wished that their providers were better educated about queerness and gender more broadly. Several QTPOC told me that they felt confused about what the options for queer family formation were, as well as how they would access those options and how much they would cost. Their healthcare providers, however, were no more educated about these options than they were, and my participants felt like they would have to do a lot of personal research into family planning that their cisheterosexual counterparts would not. Many of my participants, like Jay, wished that healthcare providers could do a better job educating themselves about the range of possibilities that exist for queer family:

And the other thing I would say is just like also educating [providers] about what options there even are in the world. Like, so I got in this argument [with a provider] where I bring up surrogacy and IVF and adoption and fostering, like all these other, just, avenues [for] having children. I wish that was more talked about, more understood, and actually offered as like, ‘Hey, this is something that you could want.’ . . . So I think just really, like, knowing what the options are. And also just like, I think having another – like Social Work perspective of just knowing your community resources and being able to connect you with those resources appropriately.

By advocating for a social work perspective, Jay points to the fact that supporting QTPOC's family formation is not just about providing them with physical care – it is also about understanding the social contexts within which they live and knowing what resources are needed to support people in creating the families they desire.

Indeed, my participants argued that developing resources about the various options for queer family formation really should not be so hard. As Morgan suggested:

I think like, more specifically targeted at reproductive health centers, I would like to have a nice layout of like, okay, you want to have a child – like, nice, gender neutral stuff of like, 'Are you capable of conceiving a child?' Like, 'Do you have viable eggs or sperm? Do you have somebody that you want to raise a child with? Do you have somebody that you want to have, like, gestate the child,' like in very neutral language. And like, I'm sure there's a nice flowchart that exists for, 'These are your options, and this is approximately how much it may cost you.' And something like that would be so nice. I'm sure somebody must have made this by now... But, um, yeah, and even things of like, okay, like, maybe you want to gestate a child but you're not sure. Okay, you can sperm bank it and like, if you wait 10 years, it might cost you this much. And like, this is what your chances are, but like, literally just like a nice roadmap for like 'I am queer, and I have some extenuating circumstance. Can I have children? And if so, how?' Like, I still don't – I have a very high level knowledge of how these things work, but I still don't actually know.

If providers were to assist in the creation and dissemination of resources like these, they would build their own knowledge of queer family formation and be better prepared to support queer patients who come to them seeking advice. Importantly, like Morgan notes, the knowledge needed to make these kinds of resources *does* exist; queer activists and their allies have been finding creative ways to build family – both within and outside of healthcare spaces – for decades. The problem that my participants point to, then, concerns the lack of attention to queerness (and its intersections with race, gender, and class) in medical education. While it is beyond the scope of this study to comment too extensively

on the ways that medical education curricula should change, I agree with my participants that these three changes – reframing family planning conversations to include more questions and fewer assumptions, educating providers about the options for queer family formation, and increasing the number of resources available to queer prospective parents – would be important first steps to making all kinds of queer family formation more accessible.

Macro-level Changes: Reframing the Roles of Health and Law

Although they were excited about the prospect of navigating family formation processes alongside more informed and accepting providers, my participants were also aware that micro-level changes alone would not be enough to ensure support for their family visions. The QTPOC I talked to were well aware of the fact that health systems and legal systems set them up to fail in their pursuits of family by moralizing non-normative family forms, and they often hoped for a number of changes to be made to these systems as well. In my conversation with Miriam, for example, I asked her to envision a world where family could be anything. What structures would she like to see change in order to make that world a reality? She immediately connected her ideas about family and family planning to the legal system:

Legally, it would look like single payer health care, and abolishing all these weird, weird regulations on what family looks like, because there's the whole idea of parental family – like you have the two tax entities and their child, there's that. And then there's also, going back to my friends with the baby, because they did in vitro that [meant] that Jamie, my friend . . . had to do a second parent adoption for his own kid. And that's for someone who he is genetically related to.

While none of my other participants called specifically for single payer healthcare, many of them did wish for insurance policies that would cover more of their treatments and did not require adherence to specific definitions of gender and sexuality. For some participants, better insurance would mean having their fertility treatments covered without being married or meeting specific criteria for “infertility.” For other participants, the desire for better coverage extended into the realm of *preventing* unwanted parenthood – covering, for example, hysterectomies for people who are still of reproductive age, something many insurance companies currently refuse to do. My participants did not share a singular vision for what QTPOC family should look like, but they did share an understanding of the ways that health and legal systems would have to change in order to make their idealized families a reality.

Ultimately, supporting QTPOC in their pursuit of family means recognizing the failures of the biological nuclear family model to encompass the vast array of family forms that people in the United States create. It means supporting healthcare providers in increasing their competency on queer issues. It means recognizing that particular forms of family are encoded in our healthcare systems and working to challenge discriminatory insurance policies. It means fighting against unjust fertility services and adoption laws that more harshly surveil people of color than their white counterparts. Above all else, it means listening to the stories that QTPOC share about their families and recognizing those stories as a valid form of knowledge.

REFERENCES

- Adashi, Eli Y., and Laura A. Dean. 2016. "Access to and Use of Infertility Services in the United States: Framing the Challenges." *Fertility and Sterility* 105 (5): 1113–18. <https://doi.org/10.1016/j.fertnstert.2016.01.017>.
- Ashburn, Kimberly, Melissa Beske, Karin Friederic, Yasmina Katsulis, Lynn Kwiatkowski, Rebecka Lundgren, April DJ Petillo, Mark Schuller, M. Gabriela Torres, and Elizabeth Wirtz. 2015. *Applying Anthropology to Gender-Based Violence: Global Responses, Local Practices*. Edited by Jennifer R. Wies and Hillary J. Haldane. Lanham, Maryland: Lexington Books.
- Barton, Keith C. 2015. "Elicitation Techniques: Getting People to Talk About Ideas They Don't Usually Talk About." *Theory & Research in Social Education* 43: 28.
- Batza, Katie. 2016. "From Sperm Runners to Sperm Banks: Lesbians, Assisted Conception, and Challenging the Fertility Industry, 1971–1983." *Journal of Women's History* 28 (2): 82–102. <https://doi.org/10.1353/jowh.2016.0019>.
- Bourgois, Philippe, and Jeffrey Schonberg. 2009. *Righteous Dopefiend*. First edition. Berkeley: University of California Press.
- Braun, Whitney. 2016. "The History of Assisted Reproductive Technology in Under 1000 Words." *Huffington Post*, 2016. https://www.huffingtonpost.com/whitny-braun/what-do-christmas-trees-a_b_8851496.html.
- Brooks, David. 2020. "The Nuclear Family Was a Mistake." *The Atlantic*, February 10, 2020. <https://www.theatlantic.com/magazine/archive/2020/03/the-nuclear-family-was-a-mistake/605536/>.
- Bruinius, Harry. 2006. *Better for All the World: The Secret History of Forced Sterilization and America's Quest for Racial Purity*. 1st ed.. New York: Knopf.
- Butler, Judith. 1993. "Critically Queer." *GLQ: A Journal of Lesbian and Gay Studies* 1 (1): 17–32. <https://doi.org/10.1215/10642684-1-1-17>.
- Carsten, Janet. 2012. "Kinship." In *Britannica Online Encyclopedia*. Encyclopaedia Britannica, Inc. <https://www.britannica.com/topic/kinship>.
- Centers for Disease Control and Prevention. 2019. "Pregnancy-related Deaths." <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>.
- Charmaz, Kathy. 2014. *Constructing Grounded Theory*. 2nd ed. London: SAGE Publication Ltd.

- Cohen, Cathy. 1997. "Punks, Bulldaggers, and Welfare Queens: The Radical Potential of Queer Politics." *GLQ: A Journal of Lesbian and Gay Studies* 3: 437–65.
- Collier, Jane Fishburne, and Sylvia Junko Yanagisako, eds. 1987. *Gender and Kinship: Essays Toward a Unified Analysis*. Stanford, CA: Stanford University Press.
- Conrad, Peter. 1992. "Medicalization and Social Control." *Annual Review of Sociology* 18 (1): 209–32. <https://doi.org/10.1146/annurev.so.18.080192.001233>.
- Coontz, Stephanie. 2000. "Historical Perspectives on Family Studies." *Journal of Marriage and Family* 62 (2): 283–97. <https://doi.org/10.1111/j.1741-3737.2000.00283.x>.
- . 2004. "The World Historical Transformation of Marriage." *Journal of Marriage and Family* 66 (4): 974–79. <https://doi.org/10.1111/j.0022-2445.2004.00067.x>.
- Cooper Owens, Deirdre. 2017. *Medical Bondage: Race, Gender, and the Origins of American Gynecology*. Athens, GA: University of Georgia Press.
- Creswell, John W., and David Creswell. 2018. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 5th ed. Los Angeles, CA, US: Sage Publications, Inc.
- Davis, Dána-Ain. 2020. "Reproducing While Black: The Crisis of Black Maternal Health, Obstetric Racism and Assisted Reproductive Technology." *Reproductive Biomedicine & Society Online* 11 (November): 56–64. <https://doi.org/10.1016/j.rbms.2020.10.001>.
- Deflem, Mathieu. 1991. "Ritual, Anti-Structure, and Religion: A Discussion of Victor Turner's Processual Symbolic Analysis." *Journal for the Scientific Study of Religion* 30 (1): 1. <https://doi.org/10.2307/1387146>.
- DelVecchio Good, Mary-Jo. 2010. "The Medical Imaginary and the Biotechnical Embrace: Subjective Experiences of Clinical Scientists and Patients." In *A Reader in Medical Anthropology*. Edited by Byron J. Good, Michael M.J. Fischer, Sarah S. Willen, and Mary-Jo DelVecchio Good, 232-244. Blackwell Publishing Ltd.]
- Dewalt, Kathleen Musante, and Billie Dewalt. 2010. "Participant Observation: A Guide for Fieldworkers." In *Participant Observation: A Guide for Fieldworkers*, 2nd ed. AtlaMira Press.
- Ebaugh, Helen Rose, and Mary Curry. 2000. "Fictive Kin as Social Capital in New Immigrant Communities." *Sociological Perspectives* 43 (2): 189–209. <https://doi.org/10.2307/1389793>.

- Epstein, Rachel. 2018. "Space Invaders: Queer and Trans Bodies in Fertility Clinics." *Sexualities* 21 (7): 1039–58. <https://doi.org/10.1177/1363460717720365>.
- Espín, Oliva. 1997. *Latina Realities: Essays on Healing, Migration, and Sexuality*. Boulder, CO: Westview.
- Foucault, Michel. 1978. *The History of Sexuality*. 1st American ed. New York: Pantheon Books.
- . 2004. *Society Must Be Defended: Lectures at the Collège de France, 1975-76*. London: Penguin Books.
- . 2007. *Security, Territory, Population: Lectures at the Collège de France, 1977-78'*. Basingstoke: Palgrave.
- Fox, Maggie. 2017. "A Million Babies Have Been Born in the US with Fertility Help." *NBC News*, 2017.
- Furstenberg, Frank F. 2020. "Kinship Reconsidered: Research on a Neglected Topic." *Journal of Marriage and Family* 82 (1): 364–82. <https://doi.org/10.1111/jomf.12628>.
- Geary, Daniel. 2015. "The Moynihan Report." *The Atlantic*. September 15, 2015. <https://www.theatlantic.com/politics/archive/2015/09/the-moynihan-report-an-annotated-edition/404632/>.
- Gerstel, Naomi. 2011. "Rethinking Families and Community: The Color, Class, and Centrality of Extended Kin Ties." *Sociological Forum* 26 (1): 1–20.
- Grant, Jaime, Lisa Mottet, and Justin Tanis. 2010. "National Transgender Discrimination Survey Report on Health and Health Care." *National Center for Transgender Equality and the National Gay and Lesbian Task Force*. https://cancer-network.org/wpcontent/uploads/2017/02/National_Transgender_Discrimination_Survey_Report_on_health_and_health_care.pdf.
- Hayden, Corinne P. 1995. "Gender, Genetics, and Generation: Reformulating Biology in Lesbian Kinship." *Cultural Anthropology* 10 (1): 41–63. <https://doi.org/10.1525/can.1995.10.1.02a00020>.
- Herzfeld, Michael. 2007. "Global Kinship: Anthropology and the Politics of Knowing." *Anthropological Quarterly* 80 (2): 313–23.
- Hill Collins, Patricia Hill. 1998. "It's All in the Family: Intersections of Gender, Race, and Nation." *Hypatia* 13 (3): 22.
- Hoffkling, Alexis, Juno Obedin-Maliver, and Jae Sevelius. 2017. "From Erasure to Opportunity: A Qualitative Study of the Experiences of Transgender Men around

- Pregnancy and Recommendations for Providers.” *BMC Pregnancy and Childbirth* 17 (2): 332. <https://doi.org/10.1186/s12884-017-1491-5>.
- hooks, bell. 1989. *Talking Back: Thinking Feminist, Thinking Black*. Boston: South End.
- Hull, Kathleen E., and Timothy A. Ortyl. 2019. “Conventional and Cutting-Edge: Definitions of Family in LGBT Communities.” *Sexuality Research and Social Policy* 16 (1): 31–43. <https://doi.org/10.1007/s13178-018-0324-2>.
- Inhorn, Marcia, and Frank van Balen. 2002. *Infertility around the Globe: New Thinking on Childlessness, Gender, and Reproductive Technologies*. 1st ed. Berkeley: University of California Press.
- Karpman, Hannah E., Emily H. Ruppel, and Maria Torres. 2018. “‘It Wasn’t Feasible for Us’: Queer Women of Color Navigating Family Formation.” *Family Relations* 67 (1): 118–31. <https://doi.org/10.1111/fare.12303>.
- Lawrence, Jane. 2000. “The Indian Health Service and the Sterilization of Native American Women.” *American Indian Quarterly* 24 (3): 400–419.
- Leibetseder, Doris. 2018. “Queer Reproduction Revisited and Why Race, Class and Citizenship Still Matters: A Response to Cristina Richie.” *Bioethics* 32 (2): 138–44. <https://doi.org/10.1111/bioe.12416>.
- Lévi-Strauss, Claude. 1969. *The Elementary Structures of Kinship (Les structures élémentaires de la parenté)*: Revised ed.; translated from the French by James Harle Bell, John Richard von Sturmer, and Rodney Needham, editor. London: Eyre & Spottiswoode.
- Light, Alexis D., Juno Obedin-Maliver, Jae M. Sevelius, and Jennifer L. Kerns. 2014. “Transgender Men Who Experienced Pregnancy After Female-to-Male Gender Transitioning.” *Obstetrics & Gynecology* 124 (6): 1120–1127. <https://doi.org/10.1097/AOG.0000000000000540>.
- Liptak, Adam. 2015. “Supreme Court Ruling Makes Same-Sex Marriage a Right Nationwide.” *The New York Times*, June 26, 2015, sec. U.S. <https://www.nytimes.com/2015/06/27/us/supreme-court-same-sex-marriage.html>.
- Lock, Margaret. 2004. “Medicalization and the Naturalization of Social Control.” In *Encyclopedia of Medical Anthropology*, edited by Carol R. Ember and Melvin Ember, 116–25. Springer US.
- Lombardo, Paul A. 2008. *Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck V. Bell*. Baltimore, MD: Johns Hopkins University Press. <http://ebookcentral.proquest.com/lib/bu/detail.action?docID=4398321>.

- Malinowski, Bronislaw. 1913. *The Family Among the Australian Aborigines: A Sociological Study*. In *Monographs of Sociology*. London: University of London Press.
- Mamo, Laura. 2007. *Queering Reproduction: Achieving Pregnancy in the Age of Technoscience*. Durham, NC: Duke University Press.
- Martin, Emily. 2001. *The Woman in the Body: A Cultural Analysis of Reproduction*. Boston: Beacon Press.
- Meads, Catherine, Ros Hunt, Adam Martin, and Justin Varney. 2019. "A Systematic Review of Sexual Minority Women's Experiences of Health Care in the UK." *International Journal of Environmental Research and Public Health* 16 (17): 3032. <https://doi.org/10.3390/ijerph16173032>.
- Mezey, Nancy. 2008. *New Choices, New Families*. Johns Hopkins University Press. <https://doi.org/10.1353/book.3350>.
- Moraga, Cherrie. 1997. *Waiting in the Wings: Portrait of a Queer Motherhood*. Ithaca, NY: Firebrand Books.
- Moseson, Heidi, Noah Zazanis, Eli Goldberg, Laura Fix, Mary Durden, Ari Stoeffler, Jen Hastings, et al. 2020. "The Imperative for Transgender and Gender Nonbinary Inclusion." *Obstetrics and Gynecology* 135 (5): 1059–68. <https://doi.org/10.1097/AOG.0000000000003816>.
- Oswald, Ramona Faith. 2002. "Resilience Within the Family Networks of Lesbians and Gay Men: Intentionality and Redefinition." *Journal of Marriage and Family* 64 (2): 374–83. <https://doi.org/10.1111/j.1741-3737.2002.00374.x>.
- Pargas, Damian. 2009. "Disposing of Human Property: American Slave Families and Forced Separation in Comparative Perspective." *Journal of Family History* 34 (3): 251–74. <https://doi.org/10.1177/0363199009337394>.
- Peletz, Michael G. 1995. "Kinship Studies in Late Twentieth-Century Anthropology." *Annual Review of Anthropology* 24.
- Quiroga, Seline Szkupinski. 2007. "Blood Is Thicker than Water: Policing Donor Insemination and the Reproduction of Whiteness." *Hypatia* 22 (2): 143–61.
- Radcliffe-Brown, Alfred Reginald. 1931. *The Social Organization of Australian Tribes*. In *Oceania monographs, no. 1*. Melbourne: Macmillan & Co.
- Rank, Nicole. "Barriers for Access to Assisted Reproductive Technologies by Lesbian Women: The Search for Parity Within the Healthcare System." *Houston Journal of*

- Health Law and Policy*. (2010).
https://www.law.uh.edu/hjhlp/volumes/Vol_10_1/Rank.pdf
- Riska, Elianne. 2010. "Gender and Medicalization and Biomedicalization Theories." In *Biomedicalization: Technoscience, Health, and Illness in the US*, edited by Adele E. Clarke, Laura Mamo, Jennifer Ruth Fosket, Jennifer Fishman, and Janet K. Shim. Duke University Press.
- Rapp, Rayna. 1987. "Toward a Nuclear Freeze? The Gender Politics of Euro-American Kinship Analysis." In *Feminism and Kinship Theory*, 119–31. Stanford University Press.
- . 2001. "Gender, Body, Biomedicine: How Some Feminist Concerns Dragged Reproduction to the Center of Social Theory." *Medical Anthropology Quarterly* 15 (4): 466–77.
- Schneider, David. 1968. *American Kinship: A Cultural Account*. Englewood Cliffs, NJ: Prentice Hall Inc.
- Sena-Rivera, Jaime. 1979. "Extended Kinship in the United States: Competing Models and the Case of La Familia Chicana." *Journal of Marriage and Family* 41 (1): 121–29. <https://doi.org/10.2307/351737>.
- Smith, Imari Z., Keisha L. Bentley-Edwards, Salimah El-Amin, and William Darity, Jr. 2018. "Fighting at Birth: Eradicating the Black-White Infant mortality Gap." Samuel DuBois Cook Center on Social Equity and Insight Center for Community Economic Development: Duke University.
- Stack, Carol B. 1974. *All Our Kin: Strategies for Survival in a Black Community*. NY: Harper Paperback.
- Stern, Alexandra Minna. 2005. "Sterilized in the Name of Public Health." *American Journal of Public Health* 95 (7): 1128–38.
<https://doi.org/10.2105/AJPH.2004.041608>.
- Strathern, Marilyn. 1992a. *Reproducing the Future: Anthropology, Kinship, and the New Reproductive Technologies*. New York: Routledge.
- . 1992b. "Gender: A Question of Comparison." Lecture, University of Vienna.
- Strauss, Anselm, and Juliet Corbin. 1994. "Grounded Theory Methodology: An Overview." In *Handbook of Qualitative Research*, 273–85. Thousand Oaks, CA, US: Sage Publications, Inc.

- Stubbe, Dorothy E. 2020. "Interest in Identity: Improving LGBTQ Psychiatric Care." *FOCUS* 18 (3): 300–303. <https://doi.org/10.1176/appi.focus.20200021>.
- Turner, Victor W. 1966. "The Syntax of Symbolism in an African Religion." *Philosophical Transactions of the Royal Society of London. Series B, Biological Sciences* 251 (772): 295–303.
- Utamsingh, Pooja D., Laura Richman, Julie Martin, and Micah Lattanner. 2015. "Heteronormativity and Practitioner-Patient Interaction." *Health Communication* 31 (5): 1–9.
- Walters, Suzanna D. 2012. "The Kids Are All Right but the Lesbians Aren't: Queer Kinship in US Culture." *Sexualities* 15 (8): 917–33. <https://doi.org/10.1177/1363460712459311>.
- Washington, Harriet A. 2007. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. NY: Broadway Books.
- Weston, Kath. 1991. *Families We Choose*. New York: Columbia University Press.
- Whittaker, Andrea. 2015. "Technology, Biopolitics, Rationalities and Choices: Recent Studies of Reproduction." *Medical Anthropology* 34 (3): 259–73. <https://doi.org/10.1080/01459740.2015.1019066>.
- Williams, Heather. 2012. *Help Me to Find My People: The African American Search for Family Lost in Slavery*. Chapel Hill: The University of North Carolina Press.
- Wingo, Erin, Natalie Ingraham, and Sarah C. M. Roberts. 2018. "Reproductive Health Care Priorities and Barriers to Effective Care for LGBTQ People Assigned Female at Birth: A Qualitative Study." *Women's Health Issues* 28 (4): 350–57. <https://doi.org/10.1016/j.whi.2018.03.002>.

CURRICULUM VITAE





