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# Adoptive Maternal Bodies: A Queer Paradigm for Rethinking Mothering?

SHELLEY M. PARK

*A pronatalist perspective on maternal bodies renders the adoptive maternal body queer. In this essay, I argue that the queerness of the adoptive maternal body makes it a useful epistemic standpoint from which to critique dominant views of mothering. In particular, exploring motherhood through the lens of adoption reveals the discursive mediation and social regulation of all maternal bodies, as well as the normalizing assumptions of heteronormativity, "reprosexuality," and family homogeneity that frame a traditional view of the biological family. As participants in motherhood who resist "repro-narrativity," "reprosexuality," and essentialism, adoptive maternal bodies have the potential to both queer our notions of normal mothering and normalize our notions of queer mothering.*

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Describing families that depart substantially from traditional family forms as distinctively gay conceals the queerness of many heterosexual families. . . . Gays and lesbians have become family outlaws not because *their* relationships and families were distinctively queer, but because *heterosexuals'* relationships and families queered the gender, sexual, and family composition norms.

—Cheshire Calhoun

My family is decidedly queer. It includes, in addition to myself (a white, middle-class woman) and my extended family of origin (Canadian), my former husband with whom I continue to time-share a home, my girlfriend (German), my two daughters (one biracial, one white; one adopted, one birthed by me), my adopted

daughter's extended birth family (Guyanese Americans of Indian descent), my daughters' adopted grandmother, aunts, uncles and cousins (Jewish), in addition to numerous others that my daughters—and the rest of us—embrace and name as family. Our queerness appears to be fruitful and multiplying. It began, however, with the adoption of my eldest daughter and the decision to pursue an open adoptive relationship with her birthmother. Hence, in this essay, I wish to consider the experience of adoptive mothering as a unique form of mothering that allows for the development of a critical maternal praxis.

There is no singular adoptive experience. White adoptive mothers of black babies, American mothers of Chinese toddlers, and able-bodied mothers of children with disabilities, for example, must negotiate culturally significant differences not experienced by those participating in same-race, intranational adoptions of healthy newborns. Nonetheless, there are overlapping themes that connect diverse adoption experiences. At first glance, these themes concern what adoptive maternal bodies lack that “real” maternal bodies possess. A pronatalist perspective on maternal bodies defines motherhood as a natural, biological phenomenon including both a gestational and genetic connection to one's child. From this perspective, there is something queer about any adoptive maternal body—a body that poses as, yet is not a “real” mother; a body that presupposes, yet is defined in opposition to, procreative activity; a body that is marked as defective, yet is chosen as capable.

As I will argue here, the pronatalist view of adoption—as a second-best form of motherhood, a faulty simulation of “real” motherhood—is a mistake. Much as Cheshire Calhoun (1997) claims that gay and lesbian families are “outlawed” in order to disguise the queerness of heterosexual families, I suggest here that marking adoptive maternal bodies as unnatural occludes the ways in which biological maternal bodies are socially constructed. The queerness of the adoptive maternal body, I further suggest, makes this body a useful epistemic standpoint from which to critique the received view of mothering. In addition to revealing the ways in which all maternal bodies are discursively mediated and socially regulated, exploring motherhood through the lens of adoption reveals the assumptions of heteronormativity, reproductivity, and family homogeneity that typically frame our view of the biological family. A focus on adoptive maternal bodies allows us to re-envision motherhood and family, thus opening possibilities for novel practices in which biological as well as adoptive mothers may engage.

Methodologically, my project here borrows the insight forwarded by feminists of color and postcolonial theorists that bodies that inhabit the periphery of the larger social body develop a double consciousness (Fanon 1967). Bell hooks describes her experiences as a black American as fostering an epistemic perspective that “looked both from the outside in and from the inside out,” as survival required an understanding of both the center and the margins of American

society (hooks 1984, preface, unpaginated). Similarly, although not identically, Gloria Anzaldúa speaks of her “mestiza consciousness,” borne of inhabiting the borderlands between Mexico and the United States—a consciousness of duality, restlessness, and perplexity as one “continually walk[s] out of one culture and into another” (1990, 377). Unlike black or Chicana or colonized or queer bodies, adoptive mothers frequently embody class and race and heterosexual privilege. Nonetheless, adoptive mothers have a dual consciousness arising from our firsthand experiences of mothering combined with an ongoing and unavoidable awareness of how biological (“natural” or “real”) mothers—and others—perceive us. As Chilla Bulbeck remarks, “From the perspective of the other (whoever our other may be) we can look back with fresh eyes and question ourselves” (1998, 216). From the dual perspective of adoptive mothers—borne of inhabiting that borderland between being and not being “real” mothers—feminist theorists can examine motherhood from new angles.

As the title of my essay suggests, my project also borrows methodologically from lesbian and queer theory, most notably from the work of Marilyn Frye, Eve Sedgwick, Cheshire Calhoun, Michael Warner, and Michel Foucault. Like feminists of color and postcolonial theorists, lesbian feminists and queer theorists such as Frye and Sedgwick have argued for an epistemology that values the epistemic position of those who are marginalized—in this case, by their sexual and affectional identities and practices. Frye, for example, argues that insofar as lesbians are rendered impossible beings within a phallogocentric, heterosexist conceptual framework, lesbians are uniquely positioned to assess and disrupt the reality that excludes them (1983, 152–73). Like the term *lesbian* (a woman who has sex, that is intercourse, with another woman), the term *adoptive mother* is oxymoronic. Insofar as *mother* is defined as a procreative being, adoptive mothers (as nonprocreative beings) are impossible. Our impossible status may give us a unique position from which to examine and resist normative conceptions and practices of mothering.

Another phenomenon that engenders a unique perspective on mothering for adoptive mothers could be described as being “closeted.” In thinking about queer epistemology, Sedgwick focuses on the “epistemology of the closet” as the shaping presence in the lives of lesbians and gay men. Like the “deadly elasticity of heterosexual presumption” that perpetually re-closets even the most openly queer person (1990, 46), the presumptions embodied in what Michael Warner terms “reprosexuality” force adoptive mothers (including those participating in open adoptions) to either dissemble or to continually reveal anew the secret of their deviant motherhood (Warner 1991, 9).

From Foucault, I borrow both the insight that power produces subjects and the belief that the production of “abnormal” subjects and forms of life serves to define what is normal (Foucault 1980a). It is this Foucauldian framework that informs Calhoun’s claim that “the depiction of gays and lesbians as

deviant with respect to family norms was a product of anxiety about that deviancy within heterosexual families” and an attempt, thus, to obscure this deviancy by defining the heterosexual family as normal (1997, 146). Here, I suggest that adoptive motherhood is created by certain disciplinary techniques and normalizing discourses, which simultaneously produce a conception of (biological) motherhood and maternal bodies as natural and thus paradigmatic.

My claim that a focus on the construction and experience of adoptive maternal bodies can enhance a critical feminist perspective on motherhood presupposes a distinction between adoptive maternal bodies and other parental bodies. I thus begin, in Section I, by asking whether we can talk meaningfully about adoptive maternal bodies, as distinct from both biological maternal bodies and from adoptive (or other) paternal bodies. I answer this question affirmatively, but suggest that these differences, as meaningful, are socially inscribed and not essential. Section II uses the lens of adoptive motherhood to examine the ways in which normalizing discourses interpret, evaluate, and regulate all maternal bodies. Such a focus points toward possible strategies of resistance to compulsory motherhood within these contexts. Section III examines adoptive maternal bodies as socially stigmatized (nonprocreative) bodies whose deviance can be interpreted as resistance to romanticized, idealized, and essentialist conceptions of motherhood. Adoptive maternal bodies as a site of resistance to the nuclear family and heteronormativity is the focus of Section IV, where I examine ways in which adoptive maternal bodies challenge both reproductivity and what Warner calls repro-narrativity. In these latter sections, as throughout my essay, I suggest that the experiences of adoptive mothers provide an epistemic perspective by which we can both normalize queer motherhood and queer normalized motherhood, thus opening the possibilities for more radical feminist conceptions and practices of mothering.

### I. IS THERE AN ADOPTIVE MATERNAL BODY?

As Margaret Homans claims, adoption teaches important lessons in antiessentialism. “To seek adoptive parenthood—especially across lines of nationality, race, and ethnicity—both requires and helps one to think beyond essentialisms of gender, race, ethnicity, culture, and even the body” (2002, 257). These lessons must be applied to thinking about the adoption experience itself. Adoptive experiences vary widely: adoptions may be private or public, domestic or international, open or closed; they may involve the adoption of infants, toddlers, or older children; they may be same-race adoptions or transracial adoptions; they may involve grief over infertility or personal and political choices not to procreate biologically, and so forth. Similarly, there is a variety of experiences of biological mothering. Biological mothering may include a range of difficulties with conception, birthing, or parenting, or none of these. Biological mothering

may result from conscious personal choices to mother or from circumstances of rape and incest. Whether consciously chosen or not, biological mothering, like adoptive mothering, may be experienced as satisfying and fulfilling or rife with challenges and regret.

Noting the vast range of different maternal experiences highlights the ways in which adoptive and biological maternal bodies may share common traits and experiences. Some biological maternal bodies, like some adoptive maternal bodies, may have experienced infertility issues. Some adoptive maternal bodies, like some biological maternal bodies, may have genetic, familial connections to the child they adopt.

This raises the question of whether there is an adoptive maternal body distinct from a biological maternal body. If this is a question about essential differences, the answer is no. As I suggest below, the distinction between adoptive and biological mothers is a historically contingent one. Nonetheless, we can point to patterns and threads of experience and meaning that run through many, if not all, contemporary narratives of adoptive mothering and which distinguish these experiences from those of (most, not all) biological mothers. As these narrative threads center primarily on issues of material, physiological difference, we can speak intelligibly about adoptive maternal *bodies*.

There are two different ways to become a biological mother, as Joan Mahoney (1995) notes: genetic and gestational. Historically, these two threads have been closely interwoven. However, the use of new reproductive technologies have pulled apart these strands, making clear that the genetic and gestational connections to one's child each provide a different, specific meaning to the maternal experience. As Christine Overall observes, "In rearing one's genetically related offspring, very real experiences are involved in discerning and appreciating the similarities between oneself and one's children. . . . There is a sense of continuity and history created by the genetic tie" (quoted in Berg 1995, 82). As Michael Warner suggests, biological reproduction provides a sense of personal identity derived from embedding oneself in a narrative of generational succession—a point to which I will return below. Yet, as Barbara Berg notes, women's preference for giving birth over adopting reveals "not only a value placed on the genetic linkage," but one placed also on the uniquely female experiences of pregnancy and childbirth (1995, 81). "The process of watching one's own body undergo transformation during pregnancy, establishing emotional connections with the fetus by feeling movements through the abdomen, and giving birth are unique to biological parents" (83). The meaningful element of biological motherhood is understood here as the establishment of an intimate, physiological relationship between a mother and child during gestation.

Some cases of adoption include genetic ties to children (as when one adopts a child neglected, abandoned, or predeceased by a family relative), but most adoptive maternal bodies are bodies that have neither a genetic nor a

gestational connection to their adopted children. Adoptive maternal bodies thus understood lack both of the threads of bodily connection to their children that are typically part of the experience of biological mothering. Adoptive mothers do not experience conception, pregnancy, or giving birth to their children, nor do they (typically) nourish them with milk from their breasts, nor do their children carry forward their DNA or resemble them in socially salient ways.<sup>1</sup> Because an adoptive maternal body lacks the obvious bodily connections to her children that ground a traditional conception of motherhood as based on a natural (and also, it is sometimes alleged, instinctual) bond, adoptive mothers are, *qua* mothers, deviant. The experience of adoptive mothering thus differs both phenomenologically and narratively from that of gestational and genetic mothers.

It is tempting—and very common—to define adoptive maternal bodies in terms of the bodily experiences that they lack. Indeed, the number of women who undergo expensive, painful, and potentially harmful fertility treatments rather than choosing adoptive motherhood can be explained largely by the desire to experience genetic and gestational connections to their offspring, as Berg observes. From this pronatalist perspective, adoptive bodies are frequently characterized as infertile (and thus damaged) bodies and adoption is considered a second-best solution to the problem of discovered infertility: adoptive motherhood is better than being childless, but inferior to having a child of “one’s own.”

To avoid depicting adoptive motherhood as inferior to biological motherhood, we must move away from a pronatalist perspective. One way to do this is to shift our focus from nature to nurture—or put another way, from the absent to the present embodiments of mother-child relations in adoptive families. There are many nongenetic, nongestational bodily relationships between mothers and children that serve to connect parent and child fundamentally in both momentary and long-lasting ways. As Homans indicates, all forms of parenthood include intense bodily experiences: “There are the same pleasures of plump baby-flesh, almost the same number of diapers to change and sleepless nights” (2002, 266). Adoptive mothers carry infants in our arms and potty train our toddlers; we experience the same joys of and responsibilities for bathing, feeding, singing lullabies, and reciting stories to one’s child. As the mothers of infants, toddlers, or teens, we too are familiar with the tears, screams, laughter, and smiles that “enter one’s bones” (266).

A difficulty with defining adoptive maternal bodies in terms of their participation in these nurturing roles is that adoptive maternal bodies now appear to have no essential difference from the adoptive paternal body.<sup>2</sup> And, indeed, there is no essential difference. At the same time, it is a mistake to conclude, as does Homans, that when mothering is detached from the unique reproductive capacities of a woman, the “mother is no more or less physically connected

to her baby than is her partner, male or female” (Homans 2002, 269). As Sara Ruddick suggests, there are important differences in maternal and paternal practices that cannot be captured by speaking in terms of a generic “parental” body: “Parenting is a complex ongoing work of responding to children’s needs in particular economic and social circumstances. . . . This work is not *prima facie* associated with either sex . . . [but] the younger the children, the more physical their demands . . . the more likely that the work of caring for them will be assigned to women” (1997, 206). The “neutering” of mother that occurs when we speak of men mothering or when we shift from talking about mothering to the more generic parenting, Ruddick argues, “denies the history and current practice of female mothering—including women’s disproportionate responsibility for childcare” (216). As other feminists have also noted, women’s function in the patriarchal family includes not only biological reproduction, but also the physical sustenance of children (for example, preparing meals, sewing, ironing and laundering clothing, maintaining a clean and healthy home environment, and ensuring their children’s physical safety) throughout their childhood. Women, as mothers, have also borne primary responsibility for the cultural reproduction of a new generation, as the primary conveyors of cultural and family values. Although men may often define those values, it has fallen on women’s shoulders to teach and enforce them. Adoptive maternal bodies are thus distinct from adoptive paternal bodies insofar as the former but not the latter are mediated by cultural expectations and norms for mothering.

Foucault (1979) speaks of power as reaching right into our bodies, permeating posture, gesture, speech, relationships, and ways of living. Following Foucault, we can speak of power as producing adoptive maternal bodies. Some of the ways in which power produces (Western) adoptive maternal bodies are similar to the ways in which power produces (Western) biological maternal bodies. Through multiple social pressures—exerted by families, friends, neighbors, churches, schools, and the media (for example, parenting advice books and television talk shows)—female bodies become the maternal bodies who coo softly at and sing lullabies gently to their infants, rocking them to sleep or walking the floors with them when they cry. Female bodies are typically the bodies who carry toddlers on their hips while warming bottles or preparing meals, who let their elementary school children crawl into bed beside them when they have a nightmare, who lie awake at night worrying about the whereabouts and well-being of their teenagers. Maternal bodies are the bodies who teach their children religious, ethical, and emotional lessons. Western maternal bodies are also produced as bodies who drive carpools and serve on PTA committees, who arrange birthday parties, buy or make clothing for their children, and decorate and bake for holiday festivities. This is largely so whether or not the mother in question works also outside the home. The maternal body is the parental body who is expected to juggle calendars and schedules and competing needs.



Adoptive maternal bodies qua adoptive are also produced in some quite distinctive ways, however. Most notably, expectations of social service agencies and legal regulations play a specific and visible role in the creation of adoptive mothers. Noting the techniques of surveillance to which adoptive mothers are subjected illuminates the ways in which biological motherhood is itself regulated through normalizing discourses, albeit less visibly and explicitly. This focus on the ways in which adoptive maternal bodies are produced may illuminate strategies of resistance to traditional understandings and practices of motherhood.

## II. MATERNAL BODIES UNDER SURVEILLANCE

It is difficult to participate in the process of becoming approved as an adoptive parent without noticing that one is under surveillance. Caseworkers in adoption agencies inspect and evaluate your health, age, race, professional status, income, neighborhood, and home. They want to know your medical history and why you can't or don't have biological children. They want to know your personal family history, your present emotional makeup, and your hopes, dreams, and fears for the future. They want to know how you were disciplined as a child and how you would discipline your children. They want, in short, to know everything about you and how you live. You, in turn, provide endless pages of narrative to your caseworker, keep your emotional and physical house in order so that you may pass inspection (hoping, perhaps, that they will not look too closely at the items you have swept under the rug), and faithfully attend recommended trainings—clearly intended as much to weed out those unfit to parent as to instruct participants about the best (that is, normative) practices of child rearing.

These gatekeepers to parenthood have the power to provide you with or withhold from you your desired status as a parent. But their expectations are not formed in a vacuum. As Foucault notes, power is “a productive network which runs throughout the whole social body” (1980b, 119). The norms for good parenting that affect prospective adoptive parents and produce the adoptive maternal body reflect widespread social ideals governing “good mothers,” “good fathers,” and “good families.”

Good families are definitely middle or upper class. They have spacious, clean homes. Good families include heterosexual, married parents. These parents care about education and know how to discipline children without resorting to corporal punishment. They have strong and healthy relationships with their own families of origin. Ideally, they are Christian or, perhaps, Jewish. If not affiliated with a mainstream Western religious denomination, the prospective parents will at least subscribe to mainstream Western religious values, including a strong work ethic. They will drink in moderation only, if at all. They will not have an arrest record for drugs. Nor will they have committed other infractions of the law—or of good taste. They will practice good personal hygiene and wear fresh, unrumpled clothing.

Good families afford their children race and class privilege. They live in suburban neighborhoods featuring good schools and allegedly safe streets. They enroll their children in piano and ballet lessons. They do not let their children watch too much TV or hang out with the wrong crowd. They take their children on vacations. They have college funds for their children. They feature stay-at-home mothers or, failing this, hire full-time nannies to care for their children.

Good families enjoy heterosexual privilege. They do not embarrass or “damage” their children by participating in sexual or affectional relationships that depart from the norm. They provide both male and female role models for their sons and daughters. As this suggests, good families also exemplify traditional gendered divisions of labor. Good fathers are good breadwinners. Good mothers are good homemakers. Good fathers are stable and dependable and know how to enforce discipline. They coach Little League and mow lawns. Good mothers are emotionally available and know how to develop self-esteem in their child. They make cookies for bake sales and arrange play dates for their children.

Few families fit this profile in all of its dimensions. However, families who are successful at adopting a child typically fit several aspects of this profile—or, at any rate, are knowledgeable enough about this profile to provide answers to questions and dress and act in ways that make them appear desirable as parents. Adoptive maternal bodies are not, thus, “natural” bodies. They are bodies simultaneously marked as damaged (which is to say infertile, whether or not this is true) and as desirable by gatekeepers. They are bodies who know how to announce themselves as normal, even as they are marked as abnormal. They know the dominant social script for mothering and thus know how to pass as a “real” mother. Adoptive mothers thus share certain affinities with light-skinned persons of color who know how to perform the script for whiteness or closeted lesbians or gays who know how to perform the script for heterosexuality.

Biological maternal bodies may escape the closet, but do not escape this surveillance, as is often thought. In explaining why women utilize reproductive technologies, Berg claims that biological parenting is meaningful because it allows women to participate in a “remarkably natural process.” She contrasts this “natural” process of gestation and giving birth to the process of adoption wherein “parents receive their child from a stranger in a process regulated by lawyers, adoption agencies and the courts” (1995, 83). Yet the notion that biological parenting is natural obviously needs critique in the social context of contemporary Western medicine. Here, doctors play the role of gatekeepers, determining how the good mother will act (she will eat only healthy foods, get adequate rest, take prenatal vitamins, refrain from smoking and drinking, avoid strenuous exercise, abstain from certain sexual practices, and so on). The physician also determines who will have access to medical services. This is especially the case when reproductive technologies are used, but it also the

case in “normal” instances of conception, gestation, and childbirth. As Laura Woliver argues, “The medical profession’s gate-keeping role,” including “its monopoly over birth control information and services,” displays a tendency toward “control and medicalization” that precedes its involvement in designing and implementing new reproductive technologies. It is because “a biological paradigm frames the issue [of reproduction] medically and individually while distracting from the political and economic context of reproductive decisions” that “medical technology, rather than social change . . . is offered as the solution to reproductive problems and concerns” (Woliver 1995, 347).

The bodies of birthmothers, like those of adoptive mothers, are created by disciplinary discourses (for example, the languages of medicine, sociology, and psychiatry) operating in conjunction with social institutions (for example, hospitals and social service agencies). The medical language of “fertility” and “infertility,” for example, produces subjects who are viewed as—and who thus come to view themselves as—beings defined in terms of their procreative capacity. Taken in conjunction with theories of social psychology (and notably Freudian psychoanalysis) that deem a woman’s fulfillment to reside in procreation, these discourses serve to define an “abnormality” in particular women that is to be resolved by the practices and technologies of modern medicine.

Foucault (1980a) argues that persons who engaged in particular sex acts came to be seen as a type of person (homosexual) during the eighteenth century. The marking of homosexuality as a deviant identity simultaneously produced compulsory heterosexuality as the norm. Similarly, in the late twentieth century, there emerged a type of person who is fertile or infertile. The marking of infertility as an abnormal identity produces procreative sexuality as the norm, reinforcing compulsory motherhood. Compulsory motherhood preceded medical discourses concerning fertility, but it now marks biological motherhood as the essential form of mothering. Practices of adoption, like homosexual practices, have long existed, but adoptive motherhood as an *identity*—like homosexual identity—only emerges at a particular historical juncture. Moreover, the deviance of the adoptive maternal body serves to mark biological motherhood as natural. Neither adoptive mothers nor biological mothers have an a priori essential nature, however. Indeed, throughout much of history, and still within many indigenous cultures, the distinction between adoptive mothers and “natural” or “real” mothers would not be a salient distinction. Within contemporary African-American communities also, where practices of “othermothering” and informal adoption are common, the boundaries between adoptive motherhood and “real” motherhood are blurred (see, for example, Collins 1990, 119).

As Foucault (1979; 1980a; 1980b) suggests, when power “fixes its gaze” on subjects, “it constitutes, regulates and disciplines them into oppositional relations. Power also essentializes these categories and makes them appear natural and necessary” (Slaughter 1995, 76). To interrogate the categories that pose

as natural in the oppositions thus created (for example, heterosexual/homosexual, fertile/infertile, adoptive/biological, queer/normal), it is useful to view them through the lens of their allegedly opposing construction. In our case, if we look at mothering through the lens of adoption, the social regulation of having children is made explicit and the social rules and discourses governing motherhood obscured in cases of biological motherhood are rendered visible. Gatekeepers may sometimes differ (with social workers, courts, and, in the case of international adoption, consulates and immigration authorities mediating maternity for adoptive mothers and nurses; physicians, pharmacists, and drug companies mediating maternity for biological mothers), but the gates are still kept. And, in fact, the gatekeepers do not always differ, as women deemed unfit for parenting know all too well. Physicians act in concert with courts, which mandate birth control for mothers convicted of drug offenses. Social service agencies regulate the activities of poor mothers receiving welfare. Social workers enlist the help of the legal system to remove children from mothers identified as unfit. Children thus removed are returned, if at all, only if their mother follows court-ordered rules governing her conduct. Lesbian mothers risk having their “fitness” queried by ex-husbands and the custody of their children revoked by the courts. Teen mothers and mothers with intellectual disabilities are routinely assumed to be unfit and encouraged by their own family members as well as social service agencies to relinquish their children.<sup>3</sup>

In light of these issues, it makes little sense to consider biological maternal bodies as natural objects outside of social contexts. Biological maternal bodies, like adoptive maternal bodies, are always embodied in social, cultural, economic, and political contexts—contexts marked by racism, classism, sexism, heterosexism, ageism, and ableism. In both cases, therefore, it makes sense to speak of motherhood as a status that may be conferred or withheld in processes involving the potential intervention of strangers—as well as the potential intervention of friends, neighbors, and family. Those for whom motherhood is experienced as natural are precisely those who have—like the adoptive mother—successfully embodied what Nancy Miller (1995) terms “the dominant social script” about mothering. The difference between biological mothers and adoptive mothers is an epistemological one: adoptive mothers know that their status as mothers depends on mastery of the social script for good mothering; the contingency of their status as mothers is largely invisible to biological mothers, who embody the norms regulating their status as mothers—unless or until such time as they inadvertently (or advertently) deviate from that script.

The different epistemological standpoints inhabited by adoptive and biological mothers vis à vis social scripts of motherhood here parallels the epistemological standpoints on role playing inhabited by straights and queers as described by Marilyn Frye:

Homosexuals and lesbians are mocked and judged for “playing butch-femme roles” and for dressing in “butch-femme drag,” [but] nobody goes about in full public view as thoroughly decked out in butch and femme drag as respectable heterosexuals when they are dressed up to go out in the evening, or to go to church, or to go to the office. Heterosexual[s] . . . ought to look at themselves in the mirror on their way out for a night on the town to see who’s in drag. The answer is, everybody is. Perhaps the main difference between heterosexuals and queers is that when queers go forth in drag, they know they are engaged in theater—they are playing and they know they are playing. Heterosexuals usually are taking it all perfectly seriously, thinking they are in the real world. (Frye 1983, 29)

Not unlike heterosexuals in drag, biological mothers frequently think of themselves as “real,” intimating that adoptive mothers are just role-playing. This notion, however, presumes that the social script for good mothering simply *describes* what “real” (biological or “natural”) mothers do. What adoptive mothers know is that such role-playing is *prescribed* by the dominant view of motherhood and that *all* mothers are playing a role as mandated by this script or, if refusing to conform to such a role, are still subject to its imposition by those who are gatekeepers to motherhood.

Homan suggests, “the experience of adoption reveals that all parenthood is fundamentally adoptive, for adoption is not just a poor copy of a sterling original but rather . . . the copy that reveals there is no original, no tenable distinction between copy and original. Even biological parents must make an active choice to keep and bear the children they bear. There is no purely natural or physical parenthood or even maternity” (2002, 265–66). Yet choices to keep or bear children are not made in a vacuum. They are choices heavily influenced by prevailing social norms, discourses, and practices—all of which privilege biological motherhood as real. As Frye contends, heterosexuals are not merely pretending to be “the real world”; their behavior “has a function in the construction of the real world” (1983, 29). So, too, the linguistic and other practices surrounding mothering construct a reality that privileges biological mothering: “Whether feminist or not, the discourse of parenting is heavily weighted towards bodily experience, just as leading myths of what constitute the ‘real’ for adopted children privilege biological ‘roots’ over adoptive families” (Homan 2002, 266). Thus, while we can imagine, as Janet Beizer does, a world in which adoptive mothers weren’t contrasted to “real” mothers and adopted children were not contrasted to children of “one’s own,” a world in which “biological relationships were made in the image of adoptive relationships” (2002, 249) and featured choice and responsibility over nature and instinct, imagining won’t make it so. Other forms of resistance are also necessary.

### III. ADOPTIVE MATERNAL BODIES AS SITES OF CHOICE AND RESISTANCE

Despite the effects of discourse, surveillance, and regulation on the social construction of motherhood, it would be a mistake to view maternal bodies as simply docile, passive bodies. Maternal bodies are also bodies capable of resistance both to compulsory motherhood and to prevailing definitions of motherhood. This potential for resistance, however, like the realities of surveillance, is most easily seen from the point of view of marginalized maternal bodies. In particular, adoptive maternal bodies provide a unique vantage point for subversion of the dominant script governing motherhood because of their ambiguous status as maternal bodies.

In *Epistemology of the Closet*, Eve Sedgwick lists her experience as a “non-procreative adult” alongside her experiences as a “fat woman,” a “sexual pervert,” and a Jew, as those most salient to her epistemological outlook (1990, 63). Nancy Miller agrees with Sedgwick that “self-identification as a woman who has not had a child” is an important “marker of social difference” central to “a cultural critique of marginalities and dominations” (1995, 9). Both Sedgwick and Miller assume here a privileged—or at least unique—epistemological vantage point that comes from living outside the norms of compulsory motherhood. Yet the notion of a “nonprocreative adult,” or a “woman who has not had a child,” is complicated. What does it mean to have a child? Do adoptive maternal bodies have children? Do we procreate? On the one hand, we choose motherhood (and in so choosing, could be viewed as participating in compulsory motherhood). On the other hand, in adopting, we do not (biologically) procreate; we do not reproduce ourselves as bodies. Thus we do not have children, in the sense of conceiving, gestating or genetically “owning” children. As family, friends, and strangers are apt to point out (in a tone of pity), adoptive mothers don’t have children “of their own.”<sup>4</sup>

Indeed, the notion of “nonprocreative adult” is complicated even if we read ‘procreation’ in a purely biological sense. As Miller suggests, there is a difference between those who refuse to reproduce—in conscious defiance of social norms—and those who “fail” to have children. Recounting her own experience, she says:

I cannot . . . claim that I have *refused* to reproduce, since at various times in my life I flirted with the possibility and tried to conceive a child—strenuously for three miserable years—at the borderlines of my fertility and failed a decade ago; rather by virtue of a tenacious ambivalence and treacherous propensity for deferral I have not had a child, and probably never really wanted to in the first place. (Miller 1995, 9)

As the phrase “probably never really wanted to in the first place” suggests, however, this distinction between refusing motherhood and deferring motherhood is not clear-cut. She continues:

For me, as for many women of my generation in the United States who modeled our identities on [Simone de] Beauvoir's famous split—intellectual accomplishment *or* babies—it might be more accurate to say that . . . we refused to reproduce as *women*, as though anatomy were our destiny instead of history, on schedule as though we had no say; only some of us then changed our minds (or thought we did in a frenzy of belatedness), and it turned out that for some of us “nature” (or maybe it really was history) would have the last word after all. . . . Choosing motherhood or refusing it has proven to be more complex than seventies feminists had imagined. (9)

Miller suggests that the complications unforeseen by 1970s feminists stem from a historical juxtaposition of “massive infertility” coupled with “dizzying adventures in reproductive techniques” (9). However, the complications involved in choosing and/or refusing motherhood preceded both this historical moment and the advent of second-wave feminism. The complexity of choosing or resisting motherhood has long been evident from the perspective of adoptive maternal bodies.

Adoptive mothers—like many other mothers—choose motherhood. However, we do so in a way that simultaneously rejects the idea that woman's anatomy is her destiny. Adoptive mothers make conscious choices whether to become a mother and how to become a mother. Motherhood does not just happen to us; no accidents befall our bodies, nor does anatomical destiny drive us. Motherhood here is a story of social agency. Adoptive maternal bodies are thus active, not passive bodies. Moreover, at the same time that we choose motherhood, adoptive maternal bodies—unlike other maternal bodies—can (and, in different ways, do) refuse to bear children. Some women choose adoption as a route to motherhood because of infertility. Others select adoption, rather than procreation, as a way of creating a family for personal or political reasons.

Infertile maternal bodies, although frequently portrayed as damaged, inferior, or even desperate bodies (see, for example, Berg 1995), can also be interpreted as healthy and resistant. Adoptive mothers do not have to adjust to the rapid changes in embodiment that accompany pregnancy and delivery; we are less physically exhausted or traumatized from childbirth than biological mothers of infants and thus have more energy; we do not suffer from postpartum depression and are less likely to suffer from sleep deprivation; our breasts do not suffer the tenderness of breasts laden with milk; we are thus able to retain more autonomy from our children, and so forth. Adoptive mothers do not, moreover, risk the short- and long-term health consequences of the prolonged hormone regimens that are a part of fertility treatments and we avoid the cost and invasiveness

of expensive, complicated medical procedures. Many infertile maternal bodies are bodies who, like Miller, delayed childbearing until after the completion of their education and the establishment of their careers. As such, these are female bodies who have established an identity and meaningful relationships for themselves outside of the norms of compulsory motherhood. They are also bodies who have resisted procreation during their most fertile years. These are bodies who, for years or decades, have uncoupled sexuality and procreation. And, in discovering their infertility and choosing to pursue adoption over fertility treatments, they are bodies who continue to resist making sex into a procreative ritual.

The personal and political reasons for which women may choose adoption over procreation as a means of creating a family are varied. For some fertile women—like infertile women who refuse fertility treatments—adoption represents a conscious personal choice to maintain a nonprocreative sexual body.<sup>5</sup> For others, such as those who adopt children with special needs, adoption may represent a way of sharing resources with children in need or of creating families that embody diversity. For at least some of those who pursue international adoption, this route to motherhood may represent the ability to avoid U.S. norms mandating two-parent, heterosexual, nuclear families. For yet other women, adoption represents an environmental choice related to concerns about global overpopulation.

None of these motives are uncomplicated. Some women who choose not to become pregnant may do so for reasons linked to questionable beauty ideals. Some white women who adopt children of color or disabled children may do so, consciously or unconsciously, for reasons linked to self-aggrandizement or religious principles that are questionable from a feminist, antiracist, anti-ableist point of view. Single women and lesbian women who adopt internationally may be oblivious to issues related to the Western appropriation of global resources. Similarly, some Western women who choose adoption to resist contributing to global overpopulation may remain oblivious to the ways in which Western consumption of global resources damages environmental stability. Nonetheless, these maternal bodies can also be read as resisting romanticized versions of the gestational maternal body, as refusing to define family in terms of genetic inheritance and ownership, and as rejecting notions of motherhood and of two-parent, heterosexual families as “natural.” In this sense, adoptive maternal bodies are a close relation to the nonprocreative adult bodies of Sedgwick and Miller. Our bodies mark social difference in ways that enable cultural critiques of the dominant social scripts governing motherhood.

This is so whether or not we consciously resist social norms governing motherhood.<sup>6</sup> In fact, however, adoptive mothers will typically be conscious of their resistances. The myriad questions that one answers in applying to become an adoptive parent are not merely invasions of privacy, they are also cause for



self-reflection about one's maternal desires and capabilities. In completing the application for adoption, one is forced to think about whether and why one wants to become a mother and about one's own capacities for mothering. One must also think about why one views adoption as preferable to other alternatives. One thus formulates a story that is both about desire (what one wants) and about repulsion (what one doesn't want). In circulating these stories, we authorize ourselves "to have the decisive role in deciphering [the] meaning [of our bodies] and adjudicating their circulation in the world" (Miller 1995, 9).<sup>7</sup> This is especially prevalent in cases of transracial adoption and open adoption. Here, no sustained secrecy or pretense of being a mother within a "normal" biological family is possible.

#### IV. BRINGING ADOPTION OUT OF THE CLOSET: QUEERING MOTHERHOOD

Although informal adoption has been practiced throughout history and continues to be practiced in many parts of the world, adoption was formalized as a legal procedure in the United States in the latter half of the nineteenth century, after which time it became largely a secretive practice.<sup>8</sup> As Judith Modell (1994) notes, a traditional kinship narrative—identifying kinship as biological lineage—had a profound effect on adoptive relationships in the twentieth century. Adoptive relationships, until recently, were governed by the principle that adoptive families should mimic, as far as possible, the relationships of the biological kinship unit. Thus, until the open adoption movement of recent decades, placement of children practiced racial and ethnic matching, adoption records were closed, and adoptive parents were advised to raise their adopted children as if they were their own flesh and blood. Often the secrecy surrounding adoption extended to keeping a child's origins secret from the adopted child as well. Birth certificates sealed this biological fiction by recording a child's adoptive parents as her birth parents.

In such secretive, closed adoptions, members of the adoption triangle live under what Margot Backus describes as a "discursive interdiction," akin to the "burden not to tell" experienced by lesbians and sexual abuse survivors—a burden that can, as noted by Ann Cvetkovitch, "create . . . its own network of psychic wounds [exceeding] the event itself" (Backus 2001, 139; Cvetkovitch 1995, 380).<sup>9</sup> Under such circumstances of secrecy, adoptive mothers had little role, much less a decisive one, in interpreting the meaning of their bodies or practices. Thus, far from marking social difference, adoptive maternal bodies (as well as the gestational maternal bodies whose children were "given up" for adoption, and the adopted children themselves) were largely rendered invisible and silent—except insofar as they "mimic[ked] certain idealized images of the mainstream family and . . . prop[ped] up the idealization" (Kirk and McDaniel

1984, 77). Invisibility and silence—and related to this, the association of adoption with stigma and loss—made it difficult for adoptive mothers, birthmothers, or adopted children to form communities. Thus they dealt with these aspects of their identities largely in isolation from one another.

In recent decades, however, practices of open adoption, as well as practices of transracial and international adoption, have brought adoption out of the closet. In coming out, adoptive mothers have joined with birthmothers and adopted children to confront the stigmatization of adoption and develop alternative family formations openly embodying a critique of conventional family structures and values. In particular, new adoptive practices explicitly resist “reprosexuality” and “repro-narrativity.”

“Reprosexuality,” as defined by Michael Warner, is an “interweaving of heterosexuality, biological reproduction, cultural reproduction, and personal identity” (1991, 9). The straight personal identity interwoven with biological and cultural reproduction is a “breeder identity”—a self-understanding (along with fantasies of self-transcendence) that is tied to one’s status as procreative. As Warner claims, “Reprosexuality involves more than reproducing, more even than compulsory heterosexuality: it involves a relation to self that finds its proper temporality and fulfillment in generational transmission” (9). As such, reprosexuality is closely aligned with “repro-narrativity,” or the notion that “our lives are somehow made more meaningful by being embedded in a narrative of generational succession” (7).

Adoptive relationships, when brought out of the closet, have the potential to queer the family by openly resisting both reprosexuality and repro-narrativity. In particular, as nonprocreative adult bodies, adoptive maternal bodies openly resist the notion that “reproduction must be the logic of sexuality and the means of self-transcendence” (Warner 1991, 9). As Warner indicates, the notion that reproduction is the goal of sexuality (and hence that if everyone were queer, humanity would become extinct) presupposes “that there are no lesbian or gay parents, that people who have gay sex do not have other kinds, that heterosexuals only have sex when they want to reproduce, that sex always means coupling, [or] that parental narcissism is higher consciousness” (9). Adoptive maternal (and paternal) bodies embody a critique of the notion that reproduction and (hetero)sexuality are inextricably intertwined. Adoptive parents may be single as well as coupled, lesbian or gay as well as straight, and even if straight and coupled, their status as parents bears no essential connection to their sexuality. The fact that most adoptive parents are straight and married highlights the enforcement of predominant cultural values; it is not a function of any “natural” edict.

Adoptive parental bodies resist reprosexuality also in an even more basic way. As Warner explains, “the problems with repro dogma” are so obvious—given the absurdity of the notion that humans are in short supply—that it is difficult

to know why anyone would believe it. Why then do so many wish to assume “a paradigmatic status for heterosexual coupling?” The real reason, Warner suggests, “is to render the tacit value on reproduction itself unquestionable.” Heterosexuality would not find itself necessary—“meaningfully opposed to something else—were we not invested in a growth economy of population” (1991, 10). Similarly, the notion of “real” motherhood might not find itself necessary—meaningfully opposed to something else, namely, adoptive (or foster) motherhood—were there no investment in a growth economy of population. Uncloseted adoptive maternal bodies stand openly (even if unintentionally) against a growth economy of population. Thus we also undermine a primary—albeit absurd—rationale for both compulsory motherhood and compulsory heterosexuality.

In open adoptive relationships, adoptive mothers also challenge the paradigms of “real” motherhood and of the heterosexual nuclear family in another way—by the deliberate inclusion in a child’s life of more than one mother. As Homans emphasizes, there is a “physical maternal body presupposed by adoption—a childbearing body that should not be erased or rendered invisible” (Homans 2002, 270). The practice of open adoption insists that we consider this gestational body a maternal body alongside the maternal body legally authorized to raise her birth child. Thus the practice of open adoption rejects the notion that children must have only one “real” mother, refusing the logic of either/or embedded in the nature/nurture dichotomy in favor of both/and reasoning. When adoptive mothers and gestational mothers embrace each other as co-participants in child rearing, we openly challenge both (biological and legal) ownership paradigms of parental rights and the heteronormative paradigm of families.

Kate Harrison, commenting on lesbian custody cases, writes, “The law has traditionally recognized only one type of mother—the person who either gave birth to or adopted the child” (1995, 181). Thus if, for example, two women coparent a child with an involved donor acting as a limited father, the existence of three people acting in a variety of parenting relationships to the child presents the courts with an unrecognized family structure. With a few exceptions (such as the 1992 case *In the matter of Evan*, where a lesbian was permitted to adopt the biological child of her partner without discontinuation of the birthmother’s rights), the courts have been reluctant to grant custody to those with *in loco parentis* standing for fear of jeopardizing the nuclear, heterosexual family as the accepted child-raising unit. As the court reasoned in *Nancy S v. Michele D*, the notion of ‘functional parenthood’ is a “novel theory,” the application of which would leave the courts facing “years of unraveling the complex practical, social and constitutional ramifications of this expansion of the definition of parent” (Polikoff 1990, 459). Indeed. And yet, this is precisely the unraveling that must occur if the law is to be flexible enough to embrace alternative family

structures—including both those created by lesbians and gay men and those created by open adoption. In both cases, the barrier to legal recognition of such queer families is the same—the refusal to recognize more than one person of the same sex as having parental status. And, in both cases, the result is the same: a legally recognized parent (the birthmother) can only create another parental relationship for her child (an adoptive mother) by forgoing her own parental status. Adoptive maternal bodies occupy a position with the potential to resist this result and its heterosexist implications by embracing two-mother families and advocating for the legally recognized status of open adoptive relationships.

Open adoption acknowledges that a child may benefit from a connection to her birthparents—especially her birthmother, who nurtured her in utero (and beyond, in the case of older child adoptions) and who is the birthparent more likely to be identifiable and available. At the same time, adoptive motherhood refuses repro-narrativity, by complicating the narrative of generational succession. In choosing adoption, as Berg notes, parents forgo the “sense of continuity and history created by the genetic tie” sought by Warner’s breeders. Adoptive mothers “must be able to love a child who does not represent an extension of their own bodies and genetic linkages; one who has the potential to be quite different from either parent” (Berg 1995, 82).

Adoptive mothers invite into our homes (and arms and hearts) a body (or bodies) that may be quite unlike our own and give meaning to our lives through the challenge of difference, rather than the familiarity of replication. As Beizer notes, “The decision to adopt often represents a *choice* of otherness and difference and the unknown.” Thus, open adoptive maternal bodies “make visible the irrelevance of consanguinity to family bonds and the reality of alternatives to conventional family structures” (2002, 248). Describing her relationship to her adopted daughter as an “as is” relationship, rather than an “as if” relationship, Beizer indicates her surprise and wonder at her daughter’s “unanticipated talents and skills,” which often unfold in “(welcome) contradiction of established family traits”:

I cannot walk on ice or rocky terrain without stumbling; she can dangle from trees by her toes. I cannot carry a tune; she can imitate any succession of notes on the first hearing. I agonize over every alternative; she leaps spontaneously towards each decision. I turn in circles without a map; she backseat drives with glee and flawless spatial precision. On the other hand, like me, my daughter likes cooking, cuddling, puzzles, red, and irony. Coincidence? Parallel genetic construction? Environment? Nurture? Chance? Magic? Does it matter? (248–49)

Arguably, this openness to surprise and wonder as a child’s traits unfold, and the willingness to accept a child “as is,” should be a feature of all parenting

relationships, whether adoptive or biological. The potential for children to display significant differences from their parents exists in biological relationships as well, as happens most notably in circumstances where a biological child borne to a healthy mother suffers a traumatic birth or genetic disorder or later accident that results in a disability. As Eva Feder Kittay (1999) illustrates poignantly, successful parenting here too must acknowledge and respect such differences, be able to learn from them, and embody a love that does not demand acquiescence to normative similarity.<sup>10</sup> The doctrine of repro-narrativity, however, with its emphasis on the importance of genetic continuity and the cultural transmission of family values, may often erase or devalue important differences between parents and children and make love appear to be (or actually be) conditional upon the child's conformity to family norms and willingness to transmit these inherited values to a subsequent generation. Nowhere is this clearer, perhaps, than in the case of heterosexual families who disown their gay sons and lesbian daughters.

I do not wish to suggest here that adoptive mothers (or fathers) never withdraw their love from children who differ from them in ways those mothers (or fathers) may find intolerable. Indeed, adoptive parents may also erase, devalue, or reject their children's sexual (or other) identities where these differ from their own. I do think, however, that a rejection of difference—including, importantly, sexual difference—may be less likely in adoptive families than in biological families, for several reasons. First, adoptive families cannot accept the repro-narrative assumption that generational succession will engender similar bodily appearances, skills, desires, or practices. Of course, we may and often do strive to replicate our manners, tastes, habits, and values. Yet we cannot assume we will be able to do so in the ways that biological parents might. Nor, in the case of open adoption, can we assume that our manners, tastes, habits, and values will be uncontested by other parents who may embody aesthetic and moral values different from our own. In the case of transracial adoption, our values and practices may, indeed, be contested not only by other parents, but also by larger communities.<sup>11</sup> “Good mothering” within such interpersonal and political contexts cannot be reduced to self-propagation, but must include both mother and child learning to understand, accept, respect, and negotiate difference.

Second, insofar as adoptive parents are themselves nonprocreative adults—that is, embody a resistance to reproductivity—they should have less difficulty embracing children whose sexuality is nonprocreative. Adoptive mothers, in particular, are apt to be familiar with having their bodies stigmatized as abnormal, since whether or not infertility is an issue and whether or not it is their own body or their male partner's who lacks fertility, it is the common assumption that all adoptive mothers have bodies unable to uphold the norms of reproductivity.<sup>12</sup> Adoptive families are, furthermore, aware of alternative ways of creating families and varying configurations of families. Finally, families who engage in

open adoptive relationships featuring multiple parents (including, typically, two mothers) are, as I've suggested here, in a sense, themselves "queer."

These and other situational factors (for example, the transnational composition of some adoptive families) provide an epistemic advantage to adoptive parents and especially adoptive mothers in understanding and negotiating bodily and ideological difference. An epistemic advantage is not, of course, an epistemic guarantee. Nonetheless, these factors suggest that the adoptive maternal body may occupy a societal vantage point that makes it better suited than the biological maternal body as a paradigm for politically conscious mothering.

As Martha Fineman notes, while motherhood has long been a topic of interest to feminist theorists, it has been largely perceived and theorized as a burden or problem for women (Fineman 1995, xi).<sup>13</sup> Feminist critiques of motherhood, like conservative idealizations of motherhood, largely presuppose, I believe, a biological paradigm of motherhood. Both erase the possibility of "unnatural" forms of motherhood that embody resistance to conservative discourses and practices of mothering.

In this essay, I have argued that taking biological maternal bodies as the paradigm from which we think about issues of mothering and family obscures important facets of mothering that are more visible from the point of view of more marginal maternal bodies—bodies marked as deviant in some fashion. In particular, I have suggested that adoptive maternal bodies, by virtue of their ambiguous status as nonprocreative (queer) maternal (normal) bodies, provide a unique perspective on mothering. Thinking from the perspective of such queer (even if also straight) bodies, enables us to make visible the social mediation and regulation of biological maternal bodies, thus denaturalizing them. As nonprocreative bodies who create families, adoptive maternal bodies both participate in the institution of motherhood and yet resist the notion that a woman's anatomy is her destiny. Moreover, as participants in motherhood who resist reproductivity and repro-narrativity, adoptive maternal bodies have the potential to queer our notions of "normal" mothering and normalize our notions of queer mothering.

My claim is merely that adoptive maternal bodies occupy a privileged epistemic position. Other uniquely located maternal bodies may also enjoy epistemic privileges, although it is part of my claim that they are more likely to do so if they stand simultaneously inside and outside, and thus in productive tension with, "normal" discourses of mothering. It is, I think, the ambiguity of the adoptive maternal body as a maternal body—its position on the borderlands of maternity, a body that has been given an entry visa, but not full citizenship in motherhood—that provides the opportunity for a critical double consciousness. Moreover, the adoptive maternal body enjoys a specific form of ambiguity related to its status as a nonprocreative mother. This status enables a particular

view of the maternal vista, one that provides the opportunity for a specific interrogation of the assumption that mothering is “natural,” that parenting is linked to sexuality, and that families are reproduced in ways that engender familiarity. Other views of maternity from other borders may see similar difficulties with the dominant paradigms of motherhood, but are likely to see these difficulties from a different angle than offered here. Or, they may focus on different issues altogether that are better seen from another critical maternal perspective. I do not, thus, contend that the perspective offered here is the only basis for a critical maternal praxis. I do, however, believe that it is a useful perspective for developing a critique of and alternatives to our dominant views of mothering. It is especially useful, I think, for destabilizing the still prevalent, although increasingly inaccurate, paradigm of the family unit as a “nuclear, two-parent, self-sufficient, procreative family” (Calhoun 1997, 147) that successively regenerates itself in its own image.

A critical vantage point on mothering (or any other topic) does not guarantee, of course, a critical vision; even those ideally located to see both the difficulties and the radical possibilities of mothering are capable of being inattentive, of closing their eyes to or averting their gaze from that which they could see from their position. And certainly, some adoptive mothers do just this, simply mimicking, as best they are able, the norms and values of traditional motherhood, despite their alternative embodiments as mothers. Like persons who, despite living in a racist society, advocate color blindness, some adoptive mothers will fail to see and acknowledge the differences between their children and themselves, aiming to raise their children “as if” they were “their own.” Or, like closeted lesbians or gay men, adoptive mothers may see their differences from their children, but fail to respect and embrace these differences, viewing them as a source of shame and hoping they can be transcended, erased, or hidden. This is best counteracted, as I’ve suggested here, by open adoptive relationships that shift family configurations in ways that blur the distinction between the queer and the normal and, in so doing, allow for—indeed, demand—the honest negotiation of differences within and across generations.

## NOTES

1. As Rebecca Kukla has suggested to me, ‘resembling’ is always relative to some measure. The measure here is the notion of ‘family resemblance’ that naturalizes the family relationship giving rise to the presumption that members of a family should share such features as eye, hair, and skin color, height, weight, and build and so forth. Clearly, there are many ways in which adopted children may resemble their mothers, but these may not be readily visible to the eye looking for a narrowly defined physiological resemblance.

2. Some feminist legal scholars have sought to address the unjust outcomes of surrogacy and other custody cases by highlighting the unique nature of mothers' gestational experiences—arguing that the donation of sperm does not make one a parent. Carole Pateman, for example, has argued that upholding surrogacy contracts is dangerous to women because it “denie[s] significance to women's unique bodily capacity” (1988, 217). See also Woliver 1995 and Shanley 1993. This is a plausible argument. However, the upshot of an exclusive focus on women's gestational capacities as *the* differentiating factor between male and female parents is that gender is irrelevant to adoptive parenting.

3. For discussions of the surveillance and regulation of black, Latina, indigenous, lesbian, teen, and poor mothers, as well as those who have neglected or abused their children, see Fineman and Karpin 1995.

4. See Beizer 2002 for an extended analysis of this language.

5. The distinction between fertile and infertile women is problematic, of course, since fertility is better construed as a difference in degree than a difference in kind.

6. As Miller remarks with regard to Sedgwick's nonprocreative bodies, “Whatever our respective singular and collective intents about reproduction . . . the effects—wished for or not—are shared: for to be a ‘nonprocreative adult,’ as Sedgwick puts it, winds up being a marker of social difference more important, I'd like to argue, to a cultural critique of marginalities and dominations than one might think” (1995, 9).

7. Miller (1995) writes this in the context of commenting on the Boston Women's Health Collective's now classic text *Our Bodies, Our Selves*. But, the point holds for the circulation of adoption narratives as well. Recent works, such as Wadia-Ells 1995, Linzer and Whiteman 2003 and Cahn and Hollinger 2004, have made significant progress in bringing to light the diverse experiences of adoptive mothers, as well as those of birthmothers and adopted children, and allow the stakeholders to speak authoritatively about their own embodiments.

8. In 1851, adoption was legally formalized in Massachusetts and during the second half of the nineteenth century, almost every state legalized civil adoption (Grossberg 1985, 270–71). In the South Pacific, “adoption is common, public, casual, and characterized by partial transfer of the adopted child to the new family and dual parental rights and obligations” (Carp 1998, 4). Similarly, open informal adoptions are practiced among many indigenous persons in the United States and New Zealand, as well as among some African Americans (Novy 2001, 4).

9. Backus makes the analogy specifically between the effects of secrecy on lesbians, abuse survivors, and adoptees. While it is true that parents hold “discursive power” over their children, it is also fair to speculate that the toxicity of secrecy surrounding adoption in the twentieth century had effects on adoptive mothers and birthmothers as well as on their children.

10. Kittay also suggests that a privileged epistemic standpoint is embodied by the parent of a disabled child: “Raising a child with a severe disability is not just like a parenting a normal child—but more so. It is often very different. Yet in that difference, we come to see features of raising any child that otherwise escape attention or that assume a new valence. One notices aspects of maternal practice that are not highlighted when we begin our theorizing from the perspective of the mother of the normal child. . . . Thinking about caring for dependent persons by thinking of mothering the child with severe disabilities reorients our thinking about the meaning of maternal practices in our social life” (1999, 16).



11. White families' adoption of black children has, for example, been contested vocally by various members of the black community, most notably the National Association of Black Social Workers (1972).

12. As Berg notes, male infertility occurs at a rate comparable to female infertility. Yet there is a bias that arises from male reluctance to take responsibility for conception, the tendency of contraceptive research to focus on women, and male difficulties in sharing their issues with others or dealing with their feelings about their own fertility. Hence, "fertility is often assumed to be the result of a woman's faulty biology" and a disproportionate number of fertility diagnoses and treatments are aimed at women (1995, 99–100).

13. See, for example, Allen 1984.

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