2014-07-09

"Mothers by choice, single by chance": A qualitative exploration of becoming a single mother through the use of medically assisted donor insemination

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"Mothers by choice, single by chance": A qualitative exploration of becoming

a single mother through the use of medically assisted

donor insemination

by

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A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE

DEGREE OF MASTER OF ARTS

DEPARTMENT OF SOCIOLOGY

CALGARY, ALBERTA

JULY, 2014

ABSTRACT

There has been a rise in recent years in the number of women choosing to have a child without the involvement of a partner. These women, often referred to as 'single mothers by choice' or 'choice mothers', differ from single mothers who find themselves parenting alone following divorce, separation or unexpected pregnancy. This study delineates the experience of choosing single motherhood utilizing medically assisted donor insemination. I conducted 32 qualitative interviews focused on experiences of mothering and motherhood and reproductive decision-making. A grounded theory analysis revealed that for this sample, these women carefully craft a story to share with others explaining their decision. This story was influenced by the larger social discourses of "good" and "bad" mothering, "good" and "bad" female sexuality. These results give a new face and voice to the single mother, expanding our understanding of postmodern families.

ACKNOWLEDGEMENTS

I want to start off by expressing my deep admiration and respect for the women who participated in this study. Their remarkable trust and generosity was truly an honour. I want to thank them all for sacrificing the most precious of commodities - time.

To Anoop, my rock, my love, my partner. Thank you for your endless support and unwavering faith and love. Without you this would not have been possible.

My greatest thanks goes to my family, without whom I would never have made it through this journey. A particular heartfelt acknowledgement to my mother and father, you both have been my greatest support, my source of inspiration, and have shown me unconditional love. I am so grateful to have you both as my parents. To Marsha and Dan Muscoby for being my safe place to land.

I am especially grateful to my supervisor, Dr. Fiona Nelson, for her calm and unfailing capacity to demystify the thesis process, her commitment to this project, and, most of all, her endless support and guidance. Many have made it possible to finish; Fiona made it possible to start. I also feel grateful to the committee of faculty who worked with me. Dr. Gillian Ranson and Dr. Lorraine Radtke, your expertise is valued - thank you.

My deepest gratitude and love to my cohort, my dear friends, who have added such richness and laughter to my life. Laurie, Brian, Tamara, Sonja, Crystal, and Marcus I cherish you all! You have taught me so much. Laurie, you have been my greatest discovery in graduate school. There are no words to express how you have touched my life, inspired me, and gave me the greatest hope when all was dark.

My family and friends have been there, calling, cheering, and waiting, to them, to all, my thanks.

DEDICATION

To Mom and Dad
(Nancy and Ron Kapell)

For a lifetime worth of support and encouragement

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CHAPTER ONE: INTRODUCTION

Single Mothers: Here to Stay

Single mother households now make up a significant part of the contemporary family profile. The percentage of single-mother households has been on a steady incline. In Canada, single mothers headed 13% of all households in 1981 and that percentage has steadily increased over the years to 25% in 2006 (US Census Bureau: International Statistics, 2012). A similar trend has occurred in the US, rising from 20% in 1980 to 30% in 2008 (US Census Bureau: International Statistics, 2012).

Changing Family Form

Increasing numbers of women are having their first child at older ages. Almost one-third of first births in Canada in 1997 were to mothers aged 30 and over, compared to one-fifth a decade earlier (Statistics Canada, Milan, 2000). Also,

births to teenage mothers in Canada have been falling for the last 20 years. The proportion of Canadian mothers under age 20 has dropped by almost half, from 11% of all births in the early 1970s to 6% throughout most of the 1990s (Statistics Canada, Milan, 2000).

There are also differences among races and ages. For example, the rate of unmarried childbearing among Caucasian women has increased markedly. Bumpass and McLanahan (1989) found a doubling of the unmarried birth rate among Caucasian women between the ages of 20 and 34 over a decade.

Changing Social Mores

It is now economically, socially, and politically allowable for most women, in North America, to make active and conscious decisions regarding whether to reproduce, when to reproduce and how to reproduce (Sanger, 2004). As well, reproductive technology now allows a number of reproductive choices, which were at one time impossible. It is the combination of the changing social mores and technological advancements that have allowed the single-mother-by-choice family form to emerge. Further, gender arrangements have undergone many modifications due to the advent of easily accessible birth control measures, the influx of women into the paid labour force, and the increase in women's educational attainment.

In relation to childbearing, an eventual modification of attitudes may evolve due to the impetus of a significant number of women making innovative and non-traditional choices. The women in my study appear to be involved in such

innovation, and the numbers of women making these choices are rapidly increasing. This family form offers society new familial options and arrangements.

It is, useful, therefore, to understand the single mothering experience from multiple perspectives and not just to focus on the supposed age, race, and class of this family form. Scholars predict, and statistics show, an expansion of the single-mother family form. There is, however, substantial diversity within this group. Divorce and separation are causes often given for the rise of single motherhood among adult women because there has been so much growth in these demographic trends. Another, more under researched reason is the increase in single women who choose to become single mothers.

In the past, there was a stigma associated with being an unmarried mother. Today this stigma has been reduced but it still lingers (Myles, Hou, Picot, and Myers, 2009; Kelly, 1996; Evans, 1992). Perhaps this change has emerged because single mother homes are more common with the rise of cohabitation, divorce, lesbian mothering, and single women choosing to become mothers.

The degree to which the above statistics relate to conscious decision-making is impossible to ascertain. They surely, however, reflect a greater willingness of women to separate motherhood from marriage. Intercourse, parenthood, and marriage tend now to be considered separately. There is a lack of data and research that ascertains how many unmarried births are "chosen" prior to conception versus how many are "unplanned". There is, however, a societal perception of when it is "best" to choose. Value is placed on those who choose to conceive prior versus those who find themselves choosing whether or not to keep the child post conception. In

the case of single women choosing to pursue conception through the use of medically assisted donor insemination (DI), the women's purposive actions can be traced. There are complex dimensions to this choice. The single mother lives in a society of evolving social mores with changing laws and practices and she may choose single motherhood but she does not choose the society and social climate she lives in.

There is added complexity in the "telling" of her story of choosing single motherhood. She tells it in the context of a culture that somewhat denies her capacity to choose. The dominant culture tends to label the act as a misfortune (an accident of death or divorce), as imprudence (an accident of poor birth control efforts), as immorality (a selfish desire to enhance her life), and/or as non-normative or anti-male (a lesbian choice). In all of these labels, female agency is not acknowledged and yet female agency is a key element in choosing to become a single mother. In a society dominated by ideology that still limits women's choices in both public and private spheres, it is a challenge to recognize significant acts of personal agency. Thus, I want to facilitate a better understanding of the choice and experience of be(coming) a single mother.

We have now entered an unprecedented era in the development of reproductive technologies. Couples and individuals once unable to conceive now have the option of using a variety of assisted reproductive technologies (ARTs) in order to achieve parenthood. As a result, in recent years, a rapidly increasing number of children have been conceived by these new technologies. Some of the options now available and widely practiced are cryopreservation (freezing of eggs

and sperm), donor insemination (DI), intrauterine insemination (IUI), in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), and IVF and GIFT with donor sperm.

These reproductive techniques have made it possible for single men and women, as well as gay and lesbian couples, to become parents. The women in my study accessed only two forms of the ARTs listed above: medically assisted DI, and IVF with donor sperm. DI is also known as artificial insemination (AI). Medically assisted DI is the preferred term for this study. I chose to use the term DI instead of AI because the former is more positive connotations and the use of the term "artificial" can be interpreted as not real or un-human (Henry, 1993; Chabot and Ames, 2004).

Purpose of Study

There has been a substantial amount of research that focuses on the age, class, and race of a particular single mother family form (Katz Rothman, 2009; Crosier, Butterworth, and Rodgers, 2007; Sidel, 2006; Gucciardi, Celasun, and Stewart, 2004; Hope, Power, and Rodgers, 1999; Kinnear, 1999; Harris, 1993; Evans, 1992). Specifically, many studies look at the teenage single mother who becomes pregnant by accident. Research findings tend to be negative and focus on such things as intergenerational transmission of poverty, welfare dependency, deviant social behaviours of the children of single mothers, crime, and a lack of education. While demographic and statistical information about single mothers and their

children is readily available, there is a paucity of literature that explores the experiences of single women who choose to become mothers.

There are two veins of literature that do focus specifically on single mothers by choice. The first vein is statistical in nature and focuses heavily on demographics. The second vein of literature has been written by women who have gone through this process and pays considerable attention to guiding others. The latter serves as a personal account and how-to-guide for those considering single motherhood. Only a few studies employed qualitative research methods to explore women's personal experiences of this phenomenon.

The purpose of this study is to gain an understanding of the experiences of single women who choose to become mothers through the use of medically assisted DI. Specifically, I wanted to explore single women's experiences of reproductive decision-making, mothering and motherhood. I set out to research and gain an understanding of (1) how they made the decision to be(come) single mothers, (2) why and how they choose to use medically assisted DI, (3) their relationships and relational lives and, (4) their interactions with the medical community.

Single Mothers by Choice

While acknowledging that the phrase "single mother" has many meanings, for this project the definition was narrowed to include only women who 1) decided to get pregnant and raise their children without live-in partners and without a plan or expectation that they would have a co-parent or sexual partner in the household, and 2) chose to become single mothers by using medically assisted DI. They are

typically well-educated, financially independent women who have prepared for their obligations as the head of the household and as mothers.

In order to fully understand the needs of the single-mother-by-choice family unit, and assist in the integration of this family form into the North American consciousness, continued research should be done. This project turns from the dominant focus on the supposed youth, racialization, and poverty of single mothers and, through qualitative interviews, seeks to understand the experiences of single mothers by choice. I do this by examining the stories of 32 middle-class, educated, financially secure adult women who chose to become single mothers through the use of medically assisted DI.

Motherhood and Sexuality

As I have stated above, the North American family form is changing and diverse. The larger social discourse and societal views have evolved over the years and are more tolerant, accepting, and open to the changes that have occurred within the institutions of family, marriage, and motherhood. More "traditional" discourses do still linger in the social milieu. Of particular importance to this study are the discourses surrounding motherhood and sexuality, specifically, the motherhood/sexuality split. Social values determine the appropriateness of motherhood and sexuality (Carabine, 1992). These values deem the most appropriate mother the married heterosexual woman whose sexuality is only practiced within the confines of marriage (Friedman, Weinberg, and Pines, 1998; Carabine, 1992). She is the epitome of the "good" mother, who has practiced "good"

sexuality and is a "good" woman. This is a very traditional view of mothering and female sexuality and does not encapsulate the majority of women's experiences today. The overall evaluation of a woman as a "good" mother is still based on this traditional definition (Friedman et al, 1998).

These traditional views abound in society and they impact the lives and experiences of women and are of particular importance to single women who choose to become mothers. Single mothers by choice are situated within the larger cultural narratives of good and bad mothering and good and bad sexuality for women. In other words, what women do with their bodies and how they become mother's impacts them and their children. It impacts how they are viewed and labeled in society, their perceived legitimacy and abilities, and their social support. It is this larger discourse that frames this study.

In the next chapter I describe the empirical and theoretical context I am drawing on for this thesis. I begin by outlining the theoretical work on mothering and motherhood, single motherhood, and the motherhood/sexuality split, then move on to discuss relevant empirical works. In chapter three, I explain my methodological approach and methods. I explain my "worldview" and how it influenced the design of this study, how this research project has a feminist perspective, and how it has been informed by grounded theory. Chapters four and five are where the story is told. This is where I explain my findings that resulted from the interviews. Chapter four is focused on the decision-making process and chapter five looks at the participants' relational worlds. In chapter six, I conclude my

thesis by providing a general overview of the ideas found in the research. I also

describe the limitations of this research and suggest areas for future research.

CHAPTER TWO: THEORETICAL AND EMPIRICAL FOUNDATIONS

There is some research that differentiates between single mothers, but, overall, information is lacking on the diversity of this family form. Single mothers by choice, specifically, represent a growing familial arrangement but are very under-researched. To highlight the ways in which my study ties into existing literature and contributes to an understanding of women who choose single motherhood, I looked initially to any piece of research or literature that explores this phenomenon. Given that there is a minimal amount of research on single mothers by choice, and even less on single mothers who choose to parent through the use of medically assisted DI, I decided to broaden the scope of the literature I reviewed to include literature on mothering and motherhood, single motherhood, assisted reproductive technologies, sexuality, and marriage and the family,

My examination of the experiences of single women who access medically assisted DI is therefore informed and guided by the existing empirical and theoretical literature discussed below. A critical assessment of this prior research and theory, coupled with my analytical findings, allows me to extend academic understandings of the experiences of single women who access medically assisted DI to become mothers.

Feminist Perspective

Throughout this research I employ a feminist perspective. Feminists explore the positioning of women in history, literature, arts and social contexts. They also analyze the devaluation of women. Feminists take a critical perspective on the dominant traditions and in so doing they challenge the status quo. There is an activist component to feminist theory expressed as a commitment to changing the conditions of women (Reinharz, 1992). Depending on the school of feminism, efforts at change vary. A feminist perspective draws assumptions from this conflicting and growing complexity of views (Olesen, 1994). Included is the assumption of the normality and value of women's experience and a focus on the female standpoint in that experience. Gender is taken as an ongoing social construction. Feminists give attention to sociocultural and historical contexts and tend to deny a universal or single ideal of the family. They have an activist commitment to seek social change to alleviate gender-based oppression (Osmond and Thorne, 1993).

Most importantly, feminist theories provide guidance in revisiting assumptions, "…especially about issues of gender, power and the very nature of

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'family'" (Osmond and Thorne, 1993, p. 591). The dominant view still supports and holds the "traditional" family form (two parents in a heterosexual marriage) as ideal, making it the norm against which all other families are compared (Coontz, 2000). This ideal is not the reality of many families in society today.

Mothering and Motherhood

I choose social constructionist theorizing of mothering and motherhood because it considers mothering and motherhood as socially constructed, encompassing meaning, practice, ideology and identity. It also emphasizes the individual who experiences, identifies with, and practices motherhood (Arendell, 2000). Framing mothering and motherhood as socially constructed highlights how they are ideologically constructed phenomena, embedded within a social context and continuously constituted, reproduced, changed and contested (Hager, 2011; Arendell, 2000; Hays, 1996; Glenn, 1994). Arendell (2000) argues that feminist constructionism offers a framework in which to consider mothering and motherhood in terms of interaction, social context, relationships, interpretive process, intersectionality and gender. This perspective provides a unique opportunity to evaluate the "disjuncture [that] prevails between the ideologies of mothering and motherhood and the experiences of real women. Mothering is neither a unitary experience for individual women nor experienced similarly by all women. It carries multiple and often shifting meanings" (Arendell, 2000: 1196). Viewing mothering and motherhood through this lens opens up space to discuss the various forms of mothering that are realities in our society.

What is a mother? Who is a mother?

For social constructionists and feminist scholars what and who is a mother can be many things to many different people at many different times. We live, however, in a society that has a very particular idea of what and who a proper mother is. Glenn (1994) argues that the idealized mother model is derived from the situation of twentieth century white, American, middle class women and is projected to be universal. This ideology serves as a lens that filters and, to varying degrees, distorts experiences and understandings of mothering and motherhood (Glenn, 1994).

In Western society, this ideology places women in the home, being the primary caregivers and the centre of family life. Glenn (1994) argues that this positioning of mothers is seen as a "prestigious" position within society, which romanticizes the life-giving, self-sacrificing, and nurturing element of motherhood while simultaneously devaluing the actual work mothers do. This pervasive ideology paints a picture of what and who a mother is, and should be, in society. Many mothers strive to achieve this ideal because they want to be seen as "good" mothers (Glenn, 1994). Social constructionists and feminists alike fight this idealized notion and adamantly highlight the diversity, complexity, and contradictory nature of being a mother (Diquinzio, 2007). Mothers can be married, single (divorced or never married), step-mothers, surrogate mothers, biological mothers, social mothers, mothers who never live with their children, or who do not have legal custody of their children. Mothers vary by race, ethnicity, socio-economic class, and sexual orientation and these differences among mothers are as important

as commonalities (Glenn, 1994). Groups of mothers, individual mothers, and non-mothers all experience mothering and motherhood in different ways. They all have varying views, needs, expectations, and ideas about what being a mother, encompasses and about how they themselves will or unwillingly mother (Glenn, 1994). Feminists and social constructionists have displaced the notion of an innate bond between mother and child and have worked to show how mothering and motherhood are socially constructed.

"Good" and "bad" mothers

Motherhood is often depicted as a contradictory or ambivalent experience. On the one hand, it is regarded as an inevitable part of a woman's "normal" life course and, on the other hand, motherhood is loaded with social, cultural, and ideological images, models, and narratives that impact the experiences of every mother (Sevon, 2005). Rich's famous account of her personal ambivalence about motherhood, in her book *Of Woman Born* (1976), highlights how social portrayals and expectations of how mothers should feel does not coincide with the lived realities of many women's experiences of motherhood.

Motherhood is culturally derived and each society has its own ideology, complete with rituals, expectations, beliefs, norms and symbols (Thurer, 2007). The current Western ideology of mothering influences domestic arrangements and beliefs about what is best for children, how children should be raised, and who should be held accountable for a child's upbringing and well-being. Many scholars have worked to deconstruct the dominant ideology of appropriate motherhood as

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natural, innate and inevitable (Badinter, 1981; Rich, 1976; Cowdery and Knudson-Martin, 2005; Hager, 2011) and some insist that "mother love" is actually a feeling that is conditional, dependent upon context, and not innate (Letherby, 1994).

In addition to the dominant understanding that women who mother should feel a maternal instinct, there are also understandings about how they should perform mothering. The current dominant ideology surrounding standards of socially appropriate child-rearing in North America is what Hays (1996) calls intensive mothering (Arendell, 2000; Thurer, 2007). Implicit in intensive mothering are the beliefs that women are the most suitable caretakers of children because of their underlying maternal bond of love and affection, that motherhood is the most valuable identity for women, that a great deal of time, energy and resources must be spent on children and that children are innocent and sacred and deserve special treatment (Hays, 1996). Consequently, mothers must be willing to self-sacrifice in order to ensure the well-being of their children (Hays, 1996). Women who carry out intensive mothering and meet these demands are seen as "good" mothers.

One key element scholars have pointed to that makes a woman better able to meet the demands of "good" mothering is middle class resources (Fox, 2006; McMahon, 1995). Fox (2006) suggests that motherhood is a "class act", where class shapes and constrains women's mothering experiences. Consequently, the social positioning of women who mother, according to their class, marital status and race, will affect the resources and opportunities granted to them, their ability to meet the demands of ideal mothering, and ultimately, how they experience motherhood (McMahon, 1995). Women's knowledge and experience are no longer considered

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enough to raise children. Instead, women are expected to rely on expert advice. The stakes are very high for mothers today, right at the very moment increasing numbers of women are wanting to be more than solely a mother. Yet, never before has the task of mothering and motherhood been so difficult, so labour intensive, subtle, and unclear. Thurer (2007) argues that these standards are so formidable, elusive, changeable, and contradictory that they are unattainable.

While the "good" mother possesses qualities of intensive mothering, the "bad" mother is someone who has failed to enact those qualities (Ladd-Taylor and Umansky, 1998; Hays, 1996). The "bad" mother label is elastic and some mothers, such as economically disadvantaged or single mothers, have consistently been portrayed as "bad" mothers while others move in and out of this category (Ladd-Taylor and Umansky, 1998). Labeling mothers as "bad" comes from a range of sources such as parenting advice authors, the state, social services, politicians, family members, and even mothers themselves. Ladd-Taylor and Umansky (1998) argue that both mothers and children suffer from mother blaming and that the "bad" mother label has been used as a scapegoat for social ills and governmental failures.

Ideologies surrounding motherhood shape and constrain how women experience motherhood. Glenn (1994) argues that these ideologies leave no room for, and do not take into account, the multiple identities, actual lived experiences, and the agency mothers have. Such ideologies result in a gap between women's expectations of motherhood and their actual experiences (Hager, 2011). Furthermore, these ideologies misrepresent mothers as whole. They group all mothers together and do not represent the majority of mothers (as most women's

experiences of motherhood are quite individual) (Sidel, 2006; Lewin, 2007; Collins, 2007a; 2007b). Although women experience a gap between expectations and experiences, it has been noted that they still attempt to achieve the status of "good" mother by engaging in intensive mothering (Miller, 2005; 2007). One way women attempt to achieve this ideal, or at least appear to achieve it, is by what Maushart (2007) calls the "mask of motherhood". She argues that women put on the "mask" in order to conceal, from both themselves and others, their inability to meet the expectations of the ideal mother. The mask is described as a collection of socially constructed representations involving an "assemblage of fronts – mostly brave, serene and all knowing – that we use to disguise the chaos and complexity in our lives" (Maushart, 2007: 2). What this mask does is glorify the ideal of motherhood and add more work to motherhood, all while hiding women's lived experiences of mothering and motherhood.

Sexuality

Prevalent ideologies concerning sexuality, such as those coming from the religious, psychoanalytical, and socio-biological traditions, influence commonsense and institutional ideas about what is both "normal" and appropriate sex and sexuality. The socio-biological influence has theorized sex as unavoidable, consisting of an uncontrollable urge, and that sex is needed regularly especially in the case of men (Carabine, 1992). Women's sexuality, however, is compared to men's and is presented as oppositional and complementary. Women are not active but passive receptacles of male sexuality. Socio-biology states that not only is sex heterosexual

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but that it is natural to want heterosexual sex. In psychoanalysis, male sexuality is also seen as active, dominant, and strong whilst female sexuality is repressed and passive. Again "normal" and "healthy" sex is heterosexual sex. Carabine (1992) argues that these traditions have created normative values about sexuality, which are replicated, asserted and reasserted in social policies through the ideology of heterosexuality.

Carabine (1992) argues that as with male and female sexuality, women are defined in relation to men. The idea of women's dependency (on men or the patriarchal state) mirrors women's expected lack of autonomy in heterosexual relations and sexual self-definition and self-determination. She goes on to state that when a woman does seek sexual self-definition she may be ostracized (Carabine, 1992). Women who have multiple partners tend to be labeled "sluts". Bound up in these ideas of female sexuality are double standards. Women are either "virgins" or "whores", "ladies" or "tramps", "good" or "bad". These ideas inform notions about good and bad mothers, specifically that "good mothers" practice sex within the confines of a heterosexual marriage for the sole purpose of procreation. The larger social discourse incorporates the image of the "normal" woman and this image (which does not always conform with actual behaviour or practice) presents the majority of "proper" women as married mothers in heterosexual relationships when, in fact, many women are single, single parents and lesbians (Carabine, 1992). It defines, however, what is normally expected and appropriate for female behaviour and central to these ideas about women's sexuality is the ideology of heterosexuality.

Motherhood and sexuality

There is a split between motherhood and sexuality. According to socio-biology the split is the result of evolutionary processes (Darwin), and according to psychoanalytic perspective, the split is a result of early childhood experiences (Freud). Regardless, of theoretical background, there is basic disregard for women's sexuality and constant attempts to limit it and direct it into motherhood (Carabine, 1992; Friedman, Weinberg, and Pines, 1998). Friedman et al. (1998) state that as long as a woman's sexuality remains in the family sphere and is channeled into procreation, it receives full legitimacy. When her sexuality is "uncontrolled", whereby she has sex how and when she chooses, it is seen as illegitimate and is criticized and even penalized (Friedman et al., 1998).

This split between motherhood and sexuality is illustrated in a study of stereotypes related to women's sexuality described by Allport (1958). In this study, men and women were asked to describe the sexual behaviour characterizing women. Two clusters emerged: (1) women were described as virginal, sexually inexperienced, lacking interest in sex, innocent, romantic, and child loving, or (2) women were described as manipulative, seductive, experienced sexually and sly like a snake (Allport, 1958). I cite Allport (1958) because no one has replicated this study in a more contemporary context, but more importantly, Allport's findings are still relevant over 50 years later. Today, there still is a presence of these narrow confines of female sexuality. This dichotomous thinking may not be as formidable as it was 50 years ago, yet this split still exists and confines female sexuality.

Ideas about women as mothers and vessels for procreation are central to perceptions of women's sexuality. The acceptable context for female sexual expression is procreation and motherhood within the confines of a heterosexual marriage (Carabine, 1992). Friedman et al. (1998) finds that the more sexual a woman is, the less motherly she is perceived to be. Their results show that the more sexual a woman is described as being, the less she was perceived as a "good" mother and a "concerned and investing" mother. Carabine argues that social policy contains implicit notions of "fit" and "unfit" motherhood and these definitions are influenced by commonsensical ideas about "appropriate" and "normal" sexuality. Carabine claims that social policy is significant because it has two functions: (1) as a means of regulating sexuality generally in society, and (2) by specifically regulating women's lives, particularly, their sexuality through the reinforcement of normative assumptions about sexuality which affect women's roles and behaviour in society. Carabine states that this is achieved through a system of "reward" and "punishment", whereby appropriate sexuality, such as married motherhood, is rewarded, or at least not questioned, and inappropriate or "unfit" sexuality, such as single and lesbian mothers, is penalized within social policies.

Single Mothers

Single mothers tend to be looked upon with suspicion and hostility. Common stereotypes cast single mothers as sexually permissive, welfare dependent, lazy, and weakening the "traditional" family form. Single mothers continue to be systematically stereotyped and stigmatized, often being vilified as lazy,

irresponsible, dependent, deviant, living off the hard work of others, and, above all, "bad" mothers (Sidel, 2006: 2).

The cultural rhetoric surrounding single mothers might differ between the United States and Canada. Although both countries have a high per capita income and are highly developed and industrialized, they differ in their extent of social and economic inequality. There are differences in government policies and programs that address inequality, healthcare systems, provisions of services to individuals, and in their societal attitudes concerning sexuality and the family (Sidel, 2006). All of these factors likely affect the discourse surrounding single mothers in each country. Further, there are demographic differences in the single mother populations between Canada and the US. Myles, Hou, Picot, and Meyers (2009) find that Canadian single mothers tend to be older with fewer children than their US counterparts and that immigrants make up a larger portion of single mothers in the US.

The majority of published literature on single motherhood comes from the US where single motherhood has had quite a bleak history. This history includes the novel *The Scarlet Letter*, Ronald Reagan coining the term "welfare queens", Dan Quayle's attack on TV single mother Murphy Brown, Bill Clinton's attack on poor mothers (known as "welfare reform"), George Bush's call for abstinence and a push for marriage rather than sex education (as a strategy to end poverty), and the political and religious war on women's healthcare. It has been quite a long, sorry story for single motherhood in the US (Katz-Rothman, 2009). Most notable in relation to my study was Dan Quayle's infamous condemnation of Murphy Brown. In

a speech, Quayle stated "It doesn't help matters when primetime TV has Murphy Brown, a character who supposedly epitomizes today's intelligent, highly paid, professional woman, mocking the importance of fathers, by bearing a child alone, and calling it just another 'lifestyle choice'" (Bock, 2000). Several months later, a widely read article by Barbara Whitehead entitled "Dan Quayle Was Right," was published. This publication claimed that children who grow up in single-parent families are at significantly greater risk for a variety of problems compared to children raised in two-parent families (Whitehead, 1992).

In the US, the single motherhood discourse is wrought with economic, child developmental, and moral concerns. Single mothers, particularly those who conceive outside of marriage, have been blamed for the "breakdown" of the family, crime rates, drug and alcohol addiction, illiteracy, homelessness, poverty, and poor academic performance (see Kinnear, 1999; Sidel, 2006). These different discourses of denigration and demonization of single mothers have deep roots in American society and contribute to the "anxiety" people feel about single mothers more generally.

The discourse surrounding single motherhood in Canada is not as clear. There have not been as many public attacks on single mothers or as bleak a history that has shaped public opinion as there has been in the US. Of course, the negative, stigmatizing stereotypes are known in Canada and many people may agree with them. Overall, Canadians have become more accepting of childbearing outside of marriage in the last three decades (Erfani and Beaujot, 2009).

Not one scenario or set of circumstances explains the diverse, complex lives of single mothers (Sidel, 2006). Sidel (2006:16) argues that a woman's status as a single mother is attributed to her own character. Her character is thus explained by a set of negative attitudes and behaviours that are summed up in the single mother stereotype (Sidel, 2006). Sidel (2006) states that the experiences of single mothers cannot be reduced to a simplistic stereotype. In her study, Sidel notes that single mothers tend to be serious, caring women trying to do their best for their children and themselves. They are trying to balance work and nurturing, trying to make ends meet despite resources that are often seriously inadequate, and ultimately trying to create meaningful and rewarding lives. Many scholars have worked hard to deconstruct the dominant ideology and have argued that most single mothers are strong, courageous and hardworking (see Sidel, 2006; Katz-Rothman, 2009; Miller, 1992; Harris, 1993). Further, Sidel (2006) argues that single parents and two parent families are more similar in their circumstances, problems, concerns, and needs than they are different.

Single Mothers by Choice

In 2005, single mothers headed the fastest-growing category of family (Hertz, 2006), with 1.7 million children today being raised by unmarried mothers (Statistics Canada, 2009). Popular belief is that most single mothers are young and poor, but this is often not the case. In fact, in 2006, only 28.3 percent of lone parent pregnancies occurred to teenagers (Statistics Canada, 2009). Moreover, the percentage of single, educated mothers between the ages of 35 and 44 has doubled

between 1981 and 2001(Galarneau, 2006). These women tend to have careers or professional occupations and are well educated. This is highlighted in the claim made by a large international support network for single women choosing motherhood, who disavow any form of dependency by stating "we are single women who chose to become mothers, single mothers who are mature and responsible and who feel empowered rather than victimized. We are at least as able, if not more, to support a child and ourselves as is the average man, without recourse to public funds" (as cited in Juffer, 2006). These single women have elected to bypass the "traditional" link of marriage to children. "They have taken matters in their own hands, as it were, to fulfill a familiar dream in an unfamiliar way" (Hertz, 2006 p. xvi).

What is unique to this group of women is that they have deliberately and consciously chosen to have children without a partner. They represent a single-mother phenomenon different from the stereotype of the unwed mother who is generally thought to be poor, a teenager, and unprepared for motherhood (Harris, 1993). According to Mattes (1997) and Morrissette (2008), the majority of these single women are in their 30s and early 40s, and are well educated and financially secure, with most having attended college or university and many having post-graduate degrees and careers in a variety of fields.

Deciding to "go it alone"

Much of the minimal literature on single mothers by choice looks at the decision to parent alone. Frank and Brackley (1989) argue that there are a number

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of instrumental factors that play a role in making the decision to parent alone, and this process of deliberation is carefully considered over a lengthy period of time. Deciding to become a mother is a decision taken very seriously and contemplated rigorously (Siegel, 1998). Women choosing to become single mothers tend to be very methodical and assess their personal attributes, social networks, employment status, financial capabilities, personal readiness, and desires before starting the process of becoming a mother (Bock, 2000; Hertz, 2006; Frank and Brackley, 1989). Morrissette (2008) characterizes single mothers by choice as having met their education and career goals and switching their attention to home and family. Hertz (2006) argues that the first key step in deciding to become a single mother is prioritizing the desire for motherhood over the old ideological imperative of marriage-then-motherhood. One way in which this is done is by coming to terms with their single status and accepting that they are alone (at least for now) (Hertz, 2006). Further, Poelker and Baldwin (1999) find that these women engage in a substantial amount of introspective work and rationalizing to determine if they are emotionally ready to undertake this endeavor.

Another factor in the decision-making process is age. Renvoize (1985) found that, for some single women, their age is seen as an indicator of time passed by, and birthdays start to serve as reminders of what they have yet to accomplish, such as finding a man and having a baby. Bock (2000) argues that many childless women start to feel as though they are "falling behind" developmentally. Hertz (2006) found that many single women feel that they are off their imagined life course and that reaching certain ages such as 30, 35 or 40 can be a catalyst to start thinking about

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unwed motherhood. Further, Merritt and Steiner (1984) state that women in their 30s are experiencing the "biological squeeze" as motherhood cannot be delayed much longer. Women start to change their hopes of holding out for "Mr. Right" as they are confronted with the realities of female fertility (Linn, 2002). Anderson, Stewart and Dimidjian (1994) argue that all women who are single for any significant part of their adult lives have to confront what they call "the dream", the-happily-ever-after, the life promised by fairy tales beloved by most little girls. The dream, of course, is the motherhood mandate (Russo, 1976; Hardin, 1974; Anderson et al. 1994) all dressed up in the guise of romance. The details of this blueprint for happiness have changed through the generations and yet the dream itself has stayed central for many women.

Another factor that influences the decision to become a single mother is finances. Specifically, Bock (2000) found that finances serve as perhaps the primary consideration in determining whether her participants would justify entrance into single motherhood. Hertz and Ferguson (1997) argue that middle-class status compensates for much of the stigma associated with being a single mother. This, financial capability marks a noteworthy separation between single women choosing motherhood and the single motherhood stereotype. Single mothers by choice often seek advice from others and make practical changes such as saving money, creating a support system, and obtaining job security before deciding to become a mother (Jadva, Badger, Morrissette, and Golombok, 2009).

Marriage

Marriage is heavily emphasized, idealized, and romanticized in Western culture (Greer, 1999). Greer (1999) states that there is pressure on women to marry because heterosexual romance and marriage tend to be perceived as the ultimate successes in a woman's life. The adage "first comes love, then comes marriage, then comes a baby in a baby carriage," runs rampant on the school playground and seems to be forever stuck, to varying degrees, in the minds of women throughout the life-course. Gilbert and Walker (1999) have argued that this adage, and the discourse surrounding marriage, obscure women's agency and selfhood beyond heterosexual romantic relationships, constituting an obstacle to unmarried women's acceptance of their own lifestyles as valid (Anderson and Stewart, 1995), obscuring the possibility that women might positively choose to remain unmarried (Bock, 2000; Morrissette, 2008) and contributing to cultural images of unmarried women as desperate and flawed (Coontz, 2000).

There is a significant historical reversal occurring in the attitudes of men and women toward marriage (Coontz, 2005). Coontz argues that during the first three-quarters of the twentieth century, women needed and also wanted marriage much more than men did. Men were more reluctant to enter marriage than women and more likely to complain of its burdens. During the 1980s and 1990s, however, men began to rate marriage much more highly and, by the end of the century, more men than women said that marriage was their ideal lifestyle (Coontz, 2005). Furthermore, Gearson (2002) finds that many women are stating that they would rather be single than in a traditional or even modified traditional marriage, and that

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many women said they would consider having a baby on their own if they had not found a man they considered good marriage material by the time they were 35 or 40.

There has been a heavy dose of fear mongering placed upon single women. For instance, in 1986 a *Newsweek* cover story titled "'Too Late for Prince Charming' claimed that a woman's prospect of getting married plummeted after age thirty, so that a single woman of forty had a better chance of being killed by a terrorist than of finding a husband" (as cited in Coontz, 2000: 284). More recently, in 2002, economist Sylvia Ann Hewlett wrote, "nowadays the rule of thumb seems to be that the more successful a woman, the less likely it is that she will find a husband or bear a child" (2002: 41). Coontz argues that the *Newsweek* claim was wrong back in 1986 and, by 2002, Hewlett's "nowadays" was already out-of-date. More women than ever before are marrying for the first time at age thirty, forty, fifty, and even sixty (Coontz, 2005). Feminist icon Gloria Steinem, for example, married for the first time at the age of sixty-six. This delay in marriage does not indicate a devaluing of marriage itself but rather that women may no longer see marriage as a precursor to childbearing or homeownership (Huston and Melz, 2004). Women can now attain these things on their own in any order and the choice of whom to marry has now become more important than when to marry (Huston and Melz, 2004).

Family

Single women who decide to realize their wish for a child out of wedlock are among the fastest growing category of family (Bock, 2000; Linn, 2002). This

increase in childbearing outside of marriage among relatively affluent women, the so-called "Murphy Brown syndrome," (Davies and Rain, 1995) has been a cause of concern among "traditional family" advocates. Whitehead (1993) and Popenoe (1996,1993), being such advocates, argue for the necessity of both a mother and father in the home. They believe that the masculine figure in the traditional father-headed household is central to the family (Whitehead, 1993; Popenoe, 1996; 1993) Solo-parenting women, therefore, are under attack by "traditional family" advocates who zealously discourage non-nuclear family structures and support the idea of a father as inherently necessary for a child's upbringing and well-being (Popenoe 1996; 1993; Whitehead, 1993). Popenoe bluntly states: "we should seek to diminish non-marital, father-absent births and discourage movements such as Single Mothers by Choice" (1996:197).

Claims that children need both a mother and a father presume that women and men parent differently in ways crucial to child development. Silverstein and Auerbach (1999) challenge this popular discourse of the dangers of being fatherless in their article "Deconstructing the Essential Father". They contend that successful parenting is not gender specific and that children do not need fathers, or mothers either, for that matter. Rather, any gender configuration of adults would parent well as long as they are meeting the needs of the children. Further, many believe children in two-parent homes do better than children who are raised in single-parent homes, but that does not necessarily imply that children who are raised by single parents are inherently at risk for disaster. Biblarz and Stacey (2010) find that, in reality, resource (monetary and emotional) investment is a major predictor of positive child

development.

There is an increasing diversity of family types, and most individuals in North America move in and out of a variety of family types over the course of their lives (Coontz, 2000; 2005; Fox, 2001; Nicholson, 1997). Coontz argues "that our recurring search for a traditional family model denies the diversity of family life, both past and present, and leads to false generalizations about the past as well as wildly exaggerated claims about the present and the future" (2000:14). Single women who choose to conceive through donor insemination are thought to be deliberately imposing single parenthood on their children. They are entering a situation that is avoidable and therefore should be avoided. However, many solo-parenting women choosing motherhood are actively pioneering a different way of looking at single-parent families as better than "second-best", perhaps even better than the reality of many two-parent families. They argue that their children have not had to suffer the trauma of divorce or bereavement and that their children were planned and wanted from the very beginning (Campion, 1995, p. 206).

Assisted Reproductive Technologies

The bulk of published research on assisted reproductive technologies (ARTs) tends to be couple-focused or simply alludes to the fact that, with the medical advancements of ARTs, lesbian and single women are now able to conceive. Single women achieve motherhood in obvious and not so obvious ways such as donor insemination (McCartney, 1985), legal adoption (Ben-Ari and Weinberg-Kurnik, 2007; Miller, 1992), and sex with a man. To this point, there has been little academic

research focusing specifically on single women who choose donor insemination (DI) and the complexities surrounding this particular way to conceive. Two prior studies, however, have looked at single women conceiving through DI and they both suggest that the majority of medical doctors refused to inseminate single women (McCartney, 1985; McGuire and Alexander, 1995). McCartney (1985) and McGuire and Alexander (1995) argued that the doctors' reasons for refusal reflected stereotypic thinking about single mothers. Doctors expressed concerns about legal liability of the doctor if a pregnancy was achieved; they worried that a child may return years later to sue under some innovative theory of medical responsibility. They expressed concern for a child raised without a father, doubt about the economic ability of a woman managing alone, and moral opposition to lesbians being mothers (McCartney, 1985; McGuire and Alexander, 1985). With all the larger societal shifts that have been occurring, such as women delaying childbirth, women establishing careers and being a permanent fixture in the workplace, the increase in different family forms, the legalization of gay marriage (in Canada), and the increasing number of women electing to become single mothers, it is necessary to look at this single-mother-by-choice phenomenon in a more contemporary light to determine and assess any changes that might have occurred for single women who access medically assisted DI.

Donor insemination: History and practice

There are conflicting reports regarding the first recorded case of donor insemination (DI). One story from 1884 is, however, continually referenced. It

occurred at Jefferson Medical College in Philadelphia (Hard, 1909; Corea, 1985).

Hard is credited with assisting Professor Pancoast in performing an "artificial

impregnation" (1909:163). According to Hard's account, a man and his wife were

said to be childless. When the man's sterility was diagnosed, she was inseminated

under general anesthetic with the sperm supplied by a medical student. It is said

that this occurred initially without the knowledge of either partner. When the

husband was later informed, he was said to have been delighted with the idea and

conspired with the professor in keeping it secret from his wife (Corea, 1985).

Curie-Cohen, Luttrell, and Shapiro (1979) conducted a large-scale study on

the practice of DI in the United States and they reported that the majority of fertility

doctors from the early 1900's had their own sources of donors, while only 15% used

frozen semen obtained from sperm banks. Records were kept by only 30% of

physicians, and more than half of the women who became pregnant were referred

to other physicians for care during their pregnancy, as a way to ensure the

anonymity of the donor. Further, donor anonymity in the early 1900's was also

maintained by trying to create ambiguity regarding genetic paternity using such

measures as mixing semen from several donors and encouraging sexual intercourse

by the couple during treatment (Curie-Cohen, et al., 1979).

DI has since been advanced and medical practices have evolved and changed.

DI was revolutionized by the development of sperm freezing techniques, which

allow sperm banking and consequent screening of donors (Kovacs, Mushin, Kane,

and Baker, 1993). Sperm banking has now become commonplace with over 70

commercial and university-based sperm banks worldwide, with the greatest

number being in the United States (Daar, 2008; Gunby, 2010; Gunby and Daya, 2005). Sperm banking increased the availability and convenience of insemination and allowed testing for genetic, STI, and other disorders, of donated semen. A woman or couple are now able to choose what sperm to be inseminated with and sperm banks themselves control anonymity. Today, the U.S. houses over 400 fertility treatment centers and Canada houses 39 (Daar, 2008; Gunby, 2010; Gunby and Daya, 2005).

Reproductive Decision-Making

Little research has been done on the process of reproductive decision-making. The studies that have been conducted focus on heterosexual couples, infertile couples and, to a lesser extent, lesbian women. One study on reproductive decision-making, with heterosexual coupled women, was conducted by Currie (1988). The women in Currie's sample spoke of weighing various concerns such as financial stability and job security against their desire to mother. She notes that many of the women had never really considered when they would have children but, rather, assumed that it would eventually happen. It became clear that the decision was not as much about whether to have children as it was about logistical considerations in reaching the goal. For many of the women in Currie's (1988) sample, choosing a husband and being settled was often enough to make it the right time to consider having children because, in having a mate, a woman had already met the basic requirement for having a child. Many of the women, however, discussed the notion of the "right time" to have children. Currie pressed them to

explain what constituted the "right time" and soon Currie came to realize that it was not a matter of time at all. Instead, the women would talk about job security, financial stability, and social support. Currie interpreted these factors as material or structural features of the women's lives. These were external factors that the women had internalized to the point that they were experienced as internal readiness to mother. Further, many women discussed struggling to balance the desire for a child and the desire for a career.

Another study that considers reproductive decision-making from a lesbian perspective is Nelson (1996). Nelson (1996) finds that the two most common characteristics of the right time for her participants were of being in a stable relationship with someone with whom they wanted to co-parent, and having a sense of being emotionally ready. Nelson (1996) also notes that the desire expressed by some lesbian women to be in a stable relationship prior to pursuing motherhood is similar to some heterosexual women's desire to marry (freeing women to consider other factors such as finances and career). The primary concern of many lesbian couples is to bring their lives into alignment with some of the ideals associated with marriage, relegating concerns such as finances and career to secondary importance (Nelson, 1996).

Pathways to single motherhood

In addition to deciding about becoming a single mother, the decision about how to go about it is also a source of deliberation. There are many ways for women to become single mothers including adoption, sexual intercourse and assisted

insemination with a known or unknown donor (Mattes, 1997; Morrissette, 2008). Although this is a highly personal decision, public perceptions around each method can also play a role in a woman's decision-making process. Mechanech, Klein and Kuppersmith (1997) explored societal attitudes about single motherhood. They state that 75% of the public surveyed favoured adoption as a method for those making this decision. They argue that this may have been because the more "traditional" (heterosexual intercourse) the method, the less social disapproval there would be and, overall, adoption tends to be seen as a "morally correct" choice – by giving a home to an already living child in need (Mechanech et al., 1997).

Known donor

The literature shows that the majority of single women choosing to become mothers had, at one point in this process, considered asking a man to get them pregnant, and quite a few women had conversations with potential candidates (Morrissette, 2008; Mattes, 1997; Siegel, 1998). Siegel (1998) states that the pathway to motherhood is largely influenced by the expected role of the father in the child's life, and the mother's perception of the necessity of access to the biological father by the child in the future. Therefore, if a mother feels strongly that her child should have their biological father in their life, or know the biological father, then a known donor may be a beneficial option. Morrissette (2008) points out, however, that the known donor route does require both parties in the conception process to negotiate involvement, maintain some form of connection or communication, and remain sensitive to the changing needs of the child.

Adoption

Although adoption may be publicly perceived as the "morally correct" choice (Menchanech et al., 1997), Morrissette (2008) states that there are a lot of external aspects that must be factored into deciding to adopt. Many women are clear that bearing a child with the sperm of someone they do not know is of no interest to them, nor do they want the complications of a known donor, thus adoption can be a clear preference. With adoption, however, comes long waiting lists, overwhelming paperwork, the scrutiny of home studies, substantial financial costs, the intense competition for adoptive children, and the disadvantage that can come with being an unpartnered applicant (Morrissette, 2008; Mattes, 1997). In addition, children available for adoption are often older, interracial or might have some form of disability (McCartney, 1985). McCartney (1985) finds that, for some women, the above-average stress of raising such children, coupled with their single status, might be too much to handle and stretch their resources. Often, the emotional handicaps possible in older adopted children were of greater concern than physical handicaps (McCartney, 1985: 324). Further considerations mentioned included lack of knowledge about the birth mother's habits during pregnancy, fear that a mother may change her mind, and uncertainty about the ability to answer questions and educate their child about their culture if they are of a difference race (Morrissette, 2008).

Medically assisted donor insemination

There are many reasons why a woman might choose medically assisted DI but three main reasons that come from the literature are what I am calling experience, responsible decision-making and legality. Experience encompasses a woman's desire to live out all that motherhood offers, including pregnancy and childbirth (Hertz, 2006). Hertz (2006) notes that, for some women, there was a deep desire to 1) carry a child and experience gestation; 2) have a biologically genetic child, someone in whom they could see themselves; 3) go though labour and childbirth; and 4) have the ability to control what they did with their bodies and, in turn, the fetus, during pregnancy.

Choosing medically assisted DI is also seen as a responsible decision. By choosing medically assisted DI, women can avoid what McCartney (1985) describes as feeling "cheap" in picking up someone to get them pregnant, and "dishonest" if they do not declare their intentions. Hertz (2006) finds that women choosing DI also see it as a way to legitimize their lifestyle choice because others would be more likely to grasp that this was responsibly chosen and actively sought out. Medically assisted DI provides a way for women to attain their goal of conceiving a child while sidestepping societal views around female sexuality and practices of slut-shaming. Further, medically assisted DI is seen as responsible decision-making in regards to sexual health. Women value medically assisted DI because they know donors undergo genetic screening and that semen are free of sexually transmitted infections (McCartney, 1985) and, by choosing to use donor sperm, women have access to self-reported information about the donor (Shuler, 2010). They know

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blood type, family medical history, physical descriptions, activities and hobbies and they use this information when picking a donor. Shuler (2010) jokes that, by using medically assisted DI, single women may know more about their donor than some partnered women know about their partner (Shuler, 2010).

Legal issues are also a major concern for single women and, by opting for medically assisted DI, there is less legal ambiguity surrounding this decision (see McCartney, 1985; Robinson and Miller, 2004; Siegel, 1998). There are two types of donors women can choose from when purchasing sperm from a sperm bank, an anonymous donor or an open-identity donor. An anonymous donor provides the greatest legal protection for donor and mother but does leave the child with few options for dealing with any identity issues or questions that might arise (Morrissette, 2008: 173; Mattes, 1997: 30). In comparison, an open-identity donor means that the child is given the opportunity to contact their donor after the age of 18. Morrissette (2008: 174) argues that an open-identity donor option gives children the option to search out their donor although some children may never do so. Instead, they may find solace in knowing their mother left this possibility open for them. Also, mothers may find it encouraging knowing that they have selected a donor who understands and accepts responsibility for an offspring's curiosity about their other genetic half (Mattes 1997: 31).

Disclosure

Related to the decision about method used to conceive, single mothers by choice also face the issue of disclosure. They must decide how and what they will

tell their child regarding how they came to be. A few guidebooks for women choosing to become single mothers discuss what they term a "conception story" and they encourage women to take time and think about their child's conception and decide what is comfortable for them to tell their children, because questions will inevitably arise (see also Morrissette, 2008; Hertz, 2006; Mattes, 1997; Merritt and Steiner, 1984).

There is also the question of when to disclose to the child. Leiblum, Palmer, and Spector (1995) found that single lesbian and heterosexual women, as well as lesbian couples, all planned to disclose the circumstances of conception with the child, although the specifics of how they would do so varied. While many expressed the wish to do so early in the child's life, some women expressed uncertainty about whether to wait for the child to ask questions or to provide the information unsolicited (Leiblum et al., 1995). Overall, most single women using DI opt to be very open about their children's conception (Shuler, 2010). They discuss it freely and tell their child from a very young age that they have a mother and a donor. They feel there is nothing shameful in how their child came to be and do not want their child to feel "less than" other children (Shuler, 2010). Furthermore, Leiblum et al. (1995: 19) found that the majority of the women planned to explain to their child the fact that there are "many different kinds of families" as a way to normalize their conception story and family life.

This review of prior research surrounding my topic of the experience of single women choosing to have a child through the use of medically assisted insemination with donor sperm set me on an interesting, broad and varied reading

course. By constructing a context involving literature on single motherhood, mothering and motherhood, sexuality, reproductive decision-making, family and marriage, and assisted reproductive technologies I came across a wide range of theoretical and empirical research. As a result, I developed a comprehensive grasp of the broader context related to my topic, as well as an expansive new knowledge. I came away from my literature search with a broad overview of relevant work specific to, and surrounding, single women who choose medically assisted insemination to become mothers.

CHAPTER THREE: METHODS AND METHODOLOGY

In Chapter Two, I outlined the theoretical and empirical literature that provides context for my thesis research. In this chapter, I move to a discussion of the research itself. I discuss the methodological and analytic choices I made as the research project was designed. Specifically, I explain how the women were recruited, how interviews were conducted, who the women were and how the interview data were analyzed.

Research Design

As I noted in the previous chapter, much of the research provided on single mothers and their children does not differentiate between populations of single mothers. Hence, those who purposefully choose to become single mothers versus those who do not are indistinguishable in research studies and remain ill-defined in

society. Similarly, the minimal literature on single mothers by choice does not distinguish between different pathways to single motherhood. These include adoption, known sperm donor, donor insemination, and heterosexual intercourse. Consequently, by continuously categorizing all single mothers as similar, inaccurate statistics, profiles, and experiences of single mothers and their children have been provided and accepted (Sidel, 2006).

I conducted qualitative in-depth interviews with 32 single women who have chosen to become mothers through the use of medically assisted DI. Roughly, half of the women lived in Canada and the other half resided in the USA, with one woman living in Cambodia. Some of the women were trying to conceive at the time of the interview while others were pregnant or parenting. All had, however, made the decision to become a single mother by choice. In this chapter, I explain the research and outline how it was approached and carried out.

Terminology

A study must have its parameters. The definitions for this study make up the selection criteria for participants. The selection criteria in no way suggests that I consider the terms "single", "mother" and "choice" easy to define.

<u>Single:</u> She must start out deciding to use ARTs to conceive alone, as well as go through the conception process alone. She must not have had a plan or expectation that she would have a co-parent.

<u>Mother:</u> The gestational parent who would be raising the child after birth.

Choice: A woman who is pregnant may have three choices: 1) raise the child; 2) abort the fetus; 3) give the child up for adoption. Some solo-parenting women by choice have chosen whether 1) to adopt; 2) to use artificial insemination through sperm bank or acquaintance; 3) to retain an unplanned pregnancy; 4) ask a man to have sex with her. The definition of choice particularly suggests the guidance of choice by one's judgment. For this study, choice can only be made before conception. She must have decided to become a mother by choosing to use DI.

The concepts of mother, single, and choice are much more complex than the definitions given above indicate. I understood and expected that the women in this study would contextualize and experience the terms mother, single, and, choice in more than one way and in more than one situation. The above definitions, however, were only used in the simplest form in selection criteria.

Research question

As a researcher, I wanted to learn about the experiences of women who choose to mother alone through the use of medically assisted insemination, using donor sperm. My focal research question was: what are the experiences of single women who access medically assisted DI to become mothers? I also wanted to explore the notions of decision-making and social support, as well as how these notions might impact the realities of single women as they situate themselves in the medicalized process of conception. I was interested in the manner in which these women confront conventional family structures and create and sustain families that live in opposition to dominant ideology.

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Qualitative Inquiry

It was clear from the outset that qualitative methods were most appropriate to address my research question. With qualitative research, the main objective is to discover, explore and understand, rather than to verify. The researcher serves as the instrument for data collection, usually collecting data via interviews and observations (Denzin and Lincoln, 2011). The units of data are the words of the participants, which are gathered from subjects in their natural environment (Denzin and Lincoln, 2011). As Denzin and Lincoln (2011) posit, by its very nature, qualitative research tends to be exploratory, seeking to understand phenomena not necessarily explained by existing theories. Qualitative methods can provide rich, detailed accounts of personal experiences (Denzin and Lincoln, 2011).

Qualitative methods also allows for personal reflexivity on behalf of the researcher and the participant. It allows the researcher to see the participants personally as they are developing their own definitions of the world (Bogdan and Taylor, 1975). The women who participated in this study looked back into their own lives to find memories of significant events, relationships and experiences relevant to their capacity to choose to enter into single motherhood and the means by which to do so. By responding to the questions, these women had a chance to evaluate their experiences and thereby contribute to the search for understanding. Data analysis is executed in an inductive manner, with a focus on the meanings and subjective perspectives provided by the participant (Creswell, 2007).

Creswell (2007) argues that the foundation of qualitative research is the worldview or perspective, which is a basic set of beliefs that guide the study. Guba

(1990:17) describes worldview as "a basic set of beliefs that guide action" of the researcher. Creswell (2007) explains that exploring the worldview of the researcher is important to understanding the specific methodology selection in qualitative research.

Therefore, in line with these recommendations, before delving into the specifics regarding my methods and methodology, it is important to recognize my role within this interactive research process (Denzin and Lincoln, 2011; Sprague, 2005). I feel it necessary to explain my own worldview because I know it influenced this study in subtle and explicit ways. I do not mean that I actively tried to influence my study, rather I know that who I am and how I view the world influences all that I do and this was no exception.

I acknowledge that my personal characteristics and motivations had an effect on this research. Being a Caucasian, middle-class, educated young woman who has never been married or had children influenced how this research was created, conducted, and how the participants interacted with me. I believe that many of them looked at me as a younger version of themselves, which, for the most part, I am. Specifically, I believe that my heterosexuality, or at least what they might have assumed was my heterosexuality, and being on a similar educational and professional track to what they once were on, impacted this research. Being a younger version of them may have created a comfortable environment for them to open up. It may have reduced any threat or concerns they might have been having. Some women talked to me about my research – method, methodology, and theories

– and some asked about my future desires. I felt that many of these women "took me under their wing" and wanted to educate me and inform my study.

This impacted the research, both, in terms of how they interacted with me and how I felt and interacted with them. I was looking at my own future in ways that I had not necessarily thought of before. Previously, I was under the assumption that one day I would get married and have a baby after I find a partner and settle down. I had not given much thought to the reproductive choices available to me but, rather, assumed that it would eventually just happen. In interviewing them I was gaining a glimpse into a possible future for myself, one I had not considered before.

I tried my best to let the women's voices speak for themselves and to let themes emerge organically but I cannot ignore that I was the one creating the interview guide and analyzing the data. Therefore, I feel it important to identify my perspectives in hopes of transparency to the reader. The two that I will discuss are social constructivism and feminism.

Social Constructivism

I align myself with a social constructivist paradigm and used this set of beliefs to guide my actions in this qualitative research study. According to social constructivism, researchers must position themselves in terms of their personal beliefs and cultural influences as they acknowledge and recognize that their background shapes their interpretations. Thus, the researcher presents an interpretation that has been shaped by their own unique experiences (Creswell, 2007). Social constructivism acknowledges that individuals develop subjective

meanings and understandings of the world, which result in multiple complex views. Applied to social research, the researcher must rely on the participants' view of an experience and must understand that these views are shaped from social interactions and environmental factors (Creswell, 2007).

Feminist Perspective

I identify as a feminist so, throughout the entire research process, from the initial research design to the final data analysis, I incorporated a qualitative feminist approach to grounded theory. Neuman (2011) argues that the major tenets of feminist social research include concepts such as advocacy of a feminist value position and perspective, creation of an empathic connection between the researcher and those she studies, and sensitivity to how relations of gender and power permeate all spheres of social life. Further, the concept of feminism identifies three basic principles: (a) the struggle for equality between men and women; (b) valuing and respect for the individual woman; and (c) awareness of oppression of women (Allan, 1993).

Hall and Stevens (1991), suggest that there is no universal women's experience or definition of feminism due to differences in personal values, beliefs, interests, and interpretations of life knowledge. Diversity of class, race, sexual identity, religion, education, and age influence the uniqueness of every woman. Hall and Stevens (1991) describe "feminism" as having three basic principles: (a) valuing women by validating their experiences, ideas, and needs, (b) recognizing the existence of ideological, structural, and interpersonal conditions that oppress

women, and (c) a desire to create social change through social and political action. I have integrated a feminist lens to increase knowledge and understanding regarding single women's experiences in choosing motherhood.

In feminist research, women's experiences are respected as legitimate sources of knowledge. Sigsworth (1995) clearly identifies the following six conditions of feminist methodology:

1. The research is based on women's experiences, perspectives, and truths;

2. Contextual and relational phenomena must always be considered when designing, conducting, and interpreting research;

3. Equal importance is given to both the questions asked and the answers obtained. The research should be for women and address the questions that women want answered;

4. The research should not be hierarchical;

5. The researcher's point of view or assumptions, biases, and presuppositions are part of the research process;

6. The researcher and the participants are partners therefore creating a bond from which knowledge gained leads to understanding.

I was guided by these six feminist conditions and incorporated them into my study. First, I conducted research about women, and for women, as my research aims to understand the experiences of single women who choose to mother alone - their experiences with motherhood, with other individuals, and with the reproductive decision-making process. This piece is wholly focused on the experiences, perspectives and truths of the women I interviewed – it is their story that I am

telling. Second, I take into account the larger social context that produces

stereotypes, stigma, and discourses that have all influenced and constrained these

women's stories and experiences. I am not taking their stories at surface level;

rather, I am placing their stories within the larger contextual and relational

phenomena. I have done this in all stages of the research by asking questions related

to social movements, relations with others, and stereotypes surrounding single

mothers. Third, I have given equal importance to the answers they provide whilst

realizing that how I ask the questions, the ordering, my responses and reactions all

influenced them. I also created a semi-structured interview guide to allow me the

ability to add and delete questions as interviewing proceeded. This was valuable to

my overall research (as I will discuss in more detail later) because, for example,

after a few interviews I realized that many women wanted to discuss the process

they went through to choose a donor. I soon added a section of questions addressing

this area. Fourth, I did my best to conduct egalitarian research by giving the women

the ability to discuss what was important to them, having interviews more

conversational in nature, and, when analyzing and typing up the results, I tried my

best to let the women's stories be told. Fifth, I acknowledge that I influenced the

data and in an effort to be reflexive I explain my perspectives and worldview. This is

an effort to be transparent to the reader and give an understanding of where I may

have, unwittingly, influenced the data. Sixth, I believe that a bond was created with

my participants and a shared understanding emerged leading to gaining knowledge.

I believe who I am was instrumental to creating this bond as I am very similar to

their past selves – in almost every way I am a reminder of who they once were.

Grounded Theory

Grounded theory aims to produce a theoretical explanation of a phenomenon. For my study, however, grounded theory (and feminist methodology) informed data collection and analysis although I did not arrive at a theory. Instead, the final product is framed as more of a grounded description than a presentation of grounded theory. One goal of this study was to develop some further questions or hypotheses to explore in future research, given that this is a newer area of research, studying single mothers by choice, and this effort was more exploratory in nature.

Grounded theory recognizes that the world is complex and that simple explanations do not exist. Multiple factors combine and interact in ways to create complex phenomenon. This method aims to capture the complexity but acknowledges the unlikelihood of uncovering all of the complexity associated with a phenomenon (Corbin and Strauss, 2008). Grounded theorist are interested in how people experience certain events and the meanings they attribute to such events, while understanding that the explanation of the experience is not complete if the context is not addressed (Corbin and Strauss, 2008). A defining feature of the grounded theory method is the constant comparison analysis process where data is collected and analyzed simultaneously (Glaser and Strauss, 1967).

Charmaz was the first to publish a constructionist approach to grounded theory (Mills et al., 2007). A constructionist approach to grounded theory views data and the analysis of data to result from the participants' relationships, the researchers' relationships, and the relationships between the participant and the researcher. Interest is focused on how meanings are developed and how actions are

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conducted. In addition, this approach acknowledges that the theory represents an interpretation (Charmas, 2000; 2002). The resulting theory exists because of the viewpoint of the researcher. Using a constructionist approach to grounded theory means that the researcher must maintain an awareness of larger processes such as power and hierarchies and remain mindful of how these will manifest in differences between individuals or groups (Charmaz, 2006). The researcher also remains aware of her own values and how those might impact the study through the interaction with participants and interpretations made during analysis (Charmaz, 2006).

Contrasting the constructionist method to the classic method of grounded theory of Glaser and Strauss (1967), Glaser and Strauss' approach represents a more positivist stance where data is viewed as representing the truth and is free from the influence of relationships in data collection and analysis. Furthermore, the data represent the objective reality and the researcher discovers the theory that is attached to the data. The researcher is viewed as unbiased and fully objective while uncovering an external reality (Charmaz, 2006). The constructionist approach, on the other hand, views grounded theory as an interpretation by the researcher, which is based on the interpretations by the participants. Therefore, it does not represent an objective reality. Instead, it represents how the researcher believes the participants view their world.

A constructionist approach to grounded theory does not focus on finding a new category as in the traditional approach. Rather, the complexities of a particular phenomenon are studied and it is recognized that the realities of people are influenced by time, culture, and personal history and therefore are multifaceted and

always changing (Charmaz, 2006). I determined that Charmaz's (2006) constructionist approach aligned best with my social constructionist paradigm and feminist methodology. I appreciated the acknowledgement of cultural, historical, and personal influences. Also, being a novice researcher, Charmaz's book proved helpful in outlining the methodology and provided an outline of the flexible procedural steps.

Reflexivity

Incorporation of the researcher's personal feelings and experiences into the research process, flexibility in choosing research techniques, and research that facilitates personal and societal change are integral to feminist research (Neuman, 2011: 80). Reinharz (1992) reiterates the concern for power and how the researcher must be accountable for the relationship that she builds between herself and the participants. Reflexivity, or the "the fact that the researcher is part of the social world he or she studies, and can't avoid either influencing this or being influenced by it" becomes a major component of any feminist research (Maxwell, 2012: 90).

I tried to be reflexive throughout this project starting with my initial curiosity about the experiences of single women who choose to become mothers through the use of medically assisted DI. This interest steered my research, derived from an academic curiosity. As I read relevant literature and reflected on my research, I realized that my interest was also partially personal. I began to consider my perceptions of motherhood and really started to reflect on whether I want to

become a mother. Although I have always thought of myself as someone who is open

to lifestyle alternatives, I had never given much thought to entering motherhood

alone. I started to realize that maybe the lives of my participants might not be so

alien to me; I may very well one day make the same choice as part of my own life

course.

Sampling and Sample

As I knew very little about the current situation of single mothers by choice,

or about medically assisted DI, before starting this research, I chose to approach the

topic of sample formation in one broad way. I began by emailing the founder of an

online support website for single women choosing to become mothers. The group

was founded in 1981 in New York and its primary purpose is:

> To provide support and information to single women who are considering, or
> have chosen, single motherhood. Our members meet with one another all
> over the United States, and in Canada, Europe, and beyond. We network with
> each other and share information and resources about donor insemination,
> adoption, and parenting at local levels and/or through our lively online
> discussion forum and newsletters. (Organizations website)

The website founder was extremely helpful and posted my recruitment poster in

their quarterly newsletter, which is circulated to all members. As well, she posted

my recruitment poster on their online forum. Members were able to contact me if

they were interested in participating. Slowly, over the course of three weeks, I had

three women express interest in participating. I was quite disheartened because this

site has thousands of members, with roughly 60% having conceived or thinking of

conception through the use of DI. I had hoped to garner more interest from such a

concentrated group.

I decided to imagine myself as a potential participant and critically review my initial recruitment poster. It became clear right away that my poster was very specific, stating that I intended the interview to last 90 to 120 minutes, and who exactly could participate, but not stating what I wanted from them or what I was hoping to gain by talking with them. It seemed cold and uninviting, especially for a group of women who might have faced backlash when revealing their decision to parent alone and who might be wary of talking with an unknown researcher who has not clearly stated her intent. I made the necessary changes to my poster (Appendix A) and, with ethics approval, it was re-posted on the online forum and in the newsletter. The second version of my poster stated who I was wanting to recruit but I articulated that my intent was to learn from them, that they are the experts in this and that I am in no way placing judgment on their decisions and, in fact, that I want this research to broaden understandings around this phenomenon. I also did not set any time limits on the interview itself. I am not sure if it was timing or the changes to the poster but, within a few weeks, I had numerous emails from women interested in participating and, in total, I interviewed 32 women.

The selection of women was guided, first and foremost, by a theoretical or purposive sampling scheme, which was designed to shed light on the research questions. This type of sampling is used in grounded theory and it results in an ideational sample rather than a representative sample (Glaser, 1998). The goal of this technique is to refine emerging categories rather than increasing sample size or sample representativeness (Charmaz, 2006). As Mason notes, this type of sampling is "concerned with constructing a sample which is meaningful theoretically because

it builds in certain characteristics or criteria which help to develop your theory and explanation" (Mason, 2002: 94). In other words, its purpose is not to generate a sample that is representative of an entire population. Rather, it allows a researcher to gain a deeper understanding of the important analytical issues. In order to engage in theoretical sampling, data collection, coding, and data analysis must simultaneously occur (Charmaz, 2000).

To construct a theoretical sample, I grappled with a number of important issues. Should my sample be constructed so that it achieves typicality or relative homogeneity of the single-mothers-by-choice community or should it capture more of the heterogeneity of that community, and thus be representative of the range of variation that existed? I felt that, as a sociologist, it was important to include as much diversity as possible in order to provide extreme cases that not only would ensure the possibility of hearing different perspectives and opinions but that would provide me with the ability to establish particular comparisons of thematic differences. At the same time, I must acknowledge that single mothers by choice, as a group, are relatively homogenous in nature. Consequently, I felt that I needed to create, to some extent, a sample where some heterogeneity existed within a very homogenous or typical population. With this in mind, I decided to recruit online with hopes of reaching more women with diverse backgrounds. The sample size was not pre-defined and included interested participants who met the recruitment criteria.

Saturation

In grounded theory, saturation marks the end of sampling. Saturation represents the point when no new data are being found (Glaser and Strauss, 1967). Originally, Glaser and Strauss (1967) stated that saturation occurs during interviewing when no new themes emerge, thus determining sample size. Conversely, Charmaz' (2006) version de-emphasizes the importance of categorical saturation, and instead promotes sampling that focuses on strengthening the theory being developed. For my study, the same themes kept appearing around the 15th interview. Although I was not finding any new themes, I felt that I did not have enough detail about each category to cease data collection. Data collection then continued until I felt I had enough information to provide detailed description of each category. In hindsight, I believe saturation occurred for me around the 25th interview. I felt that no new categories were emerging and the categories that I had found could be fully described but, being a novice researcher, wanting to make sure that I had fully reached saturation, and having so many women willing to speak with me, I went on to interview seven more women. I am confident in saying that I achieved saturation with 32 interviews.

Participants

Thirty-two women who had decided to use medically assisted DI to become mothers participated in interviews about their experiences. The women were between the ages of 30 and 53 when interviewed. There were no temporal restrictions on where they could be in the process besides having already made the

decision to become single mothers. Therefore, some women were mothers of teenaged children. Twenty-one women had children and were mothering, three were pregnant, and eight were trying to conceive at the time of the interview. The average age at which these women tried to conceive was 36. The majority of these women were white (29) with one identifying as Indian, one identifying as West Indian/Caribbean, and one identifying as Latin American. All of the women have university degrees with the majority (22) having graduate or professional degrees. Incomes of the women reflected their education with only one earning under $40,000 annually and 10 earning over $100,000; the average income of the participants, both Canadian and American, was $83,000 annually. Occupations among the women included lawyer, police sergeant, event planner, social worker, parole officer, assistant principal, teacher, software developer, researcher, and World Bank employee. Twenty-eight of the women identified as heterosexual, two as heterosexual but identifying more as asexual, and two of the women identified as bisexual. Nineteen of the women were from the United States, 12 were Canadian, and one was from Cambodia (She is a US citizen who has been living in Cambodia for a few years while working on her PhD dissertation but went through the insemination process in Bangkok). Sixteen of the women stated they were agnostic or non-religious, two stated that they were atheists, two identified as Jewish, seven identified as Christian, and three said they were spiritual. None had been married or had a child previously.

Canadian and American differences

When interviewing women from different countries it must be acknowledged that differences will emerge. Residing in different countries with different political climates, social policies, discourses and needs create and offer different options for its citizens. Therefore, the decisions, options, and resources afforded to these women are different based on their nation. Overall, the cost of pursuing medically assisted DI was lower for Canadian women. American women, on the other hand, paid more but had more options and easier access to fertility centres. Maternity leave was not a large part of the Canadian women's consideration because they all knew they were entitled to one year paid maternity leave.. American women had to plan more carefully for the first year after the child was born because they generally did not have access to the same amount (if any) of paid maternity leave. These national differences do create a different environment in which these women make their choices and these different environments also afford different choices, options, access, and decisions. For this study, however, both the American and Canadian women's stories were analyzed together. The main objective of this research project was to gain a glimpse into the decisions, experiences, and lives of single women who choose to mother alone. Being an exploratory piece, analyzing all the women's stories together, regardless of national differences, was designed to produce a stronger, more cohesive, overall picture and a deeper explanation of this phenomenon. Recruitment and sampling did not take into account national differences, nor, were questions asked about national influence on this decision or experience. Analyzing Canadian and American women's stories separately, and

comparing analyses, could be a fruitful direction for future research; however, it was beyond the scope of this project.

Data Collection

Qualitative in-depth interviewing and email interviews were utilized as a method of data collection for my research and will be discussed in turn. According to Charmaz (2006: 25), "intensive interviewing permits an in-depth exploration of a particular topic or experience and thus, is a useful method for interpretive inquiry". This type of research method, which is particularly suited to a feminist research perspective, allowed me to capture these women's lived experiences, their feelings, thoughts and ideas in their own words, as opposed to my own words (Reinharz, 1992).

Following Reinharz (1992), I felt that the use of in-depth, semi-structured interviews would best achieve my aim, as a feminist researcher, of actively involving the participants in the construction of data about their lives. I conducted in-depth interviews via Skype with the goal of generating a narrative, the story of a critical time in the woman's life – a time of choosing to mother alone through the use of medically assisted insemination and the process of pursuing that choice. As Reinharz (1992) suggests, I aimed to facilitate a conversational type of situation during the interviews, encouraging the participants to feel involved and invested in the interview process. Creswell (2007) argues that interviewing is a common method within grounded theory-informed research because the researcher may adjust questions from one participant to the next as important themes emerge. I did

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employ this method and such flexibility allowed me to add new questions or ask

clarifying questions that evolved throughout the interview process until saturation

was reached.

In order to interview women living outside of my geographical range, I

decided to conduct interviews via Skype or through the use of email. I really wanted

to keep as much of a face-to-face interview as possible and Skype allowed me this

opportunity when interviewing people all over North America and even South

America. I interviewed one woman face-to-face in a coffee shop and 15 women via

Skype. Sixteen women completed email interviews.

Face-to-Face Interviews

All face-to-face interviews lasted roughly an hour with a few lasting as long

as an hour and a half. The specific structure of the interviews was in-depth and

semi-structured. The interview guide (Appendix B) was flexible enough to allow

respondents the opportunity to talk about topics of interest or importance to them

and allowed me the flexibility to add, change, probe, or delete questions. Reinharz

(1992) argues that this approach allows talk to flow more organically and

conversation to develop in unanticipated directions. The goal was to hear each

woman tell her story in her own words, and yet cover certain areas and topics for

my research project. No notes were taken during the Skype interviews; I

concentrated on responding in an open and accepting manner and I wanted them to

know they had my full attention. With each woman, I went where she led me by

following her line of discussion and asking her for clarification or elaboration of her

story. I came back to the schedule when it seemed we had exhausted an area of discussion and could move on. It should be noted that all of my interviews were done post-decision making - as all women were either trying to conceive or were parenting – these interviews are a reflection on their decision. The interviews reveal the women's perceptions of how events occurred and processes happened.

Memos

Within a few days of each Skype interview, I would write an account of the interview that included personal impressions, notes, and memories of what stood out for me in the interview experience. This process of memo-writing allows the researcher to explore various meanings that the data hold (Birks and Mills, 2011). Ideas are developed and fine-tuned by the process of memo writing (Charmaz, 2006). Memo writing is an informal process and the main purpose is for the researcher's personal use. Memo writing acts as the step between data collection and paper writing (Charmaz, 2006). The process of memoing provides an avenue for the researcher to be actively engaged with the data (Charmaz, 2006). Charmaz (2006) recommends finding a process of memo-writing that works best for the individual researcher. I recorded my perception of the tone and mood of the interview. I attempted to be as descriptive as possible to convey the feelings that were generated in the session and the thoughts that I came away with. I also listed themes that emerged from each interview.

Email Interviews

I decided to offer an email interview as well. I did update the email interview guide with new questions as the interview process evolved, just the same as the face-to-face guide. Email interviews allowed women to complete the interview at a time most convenient for them and at a pace that matched their lives. Once a participant emailed me back her completed interview I would read through it and send it back to her with more questions, asking for clarification, or probing for more information. It seemed to me that once these women realized that I was carefully reading their personal stories and actively engaged with them, the second round of responses would come back with all of my questions and probes fully answered. Most email interviews were only sent one round of clarification, probes, or new questions after the initial interview guide was filled out. The second round also seemed to garner more in-depth and detailed responses and excerpts about their experiences. I think this might have been because they felt more comfortable with me as we built rapport through rounds of back and forth email communications. Some women sent me photos of themselves and their children, wished me good luck with my studies and thanked me for taking up this topic. There was a general acknowledgement that there is not enough known about female fertility overall in society, or about the options single women have in choosing motherhood. Many were happy and excited to have someone researching this topic. Overall, I feel honoured to have had these women open up to me with the intimate details of the highs and heartbreaks of their journeys to become single mothers by choice.

Interview Differences

Offering two different types of interviews did produce different types of data. Email interviews were solely the words, stories, and creation of the participant. Face-to-face interviews were co-created by the participant and myself. They were also conversational in nature and touched on a wider range of topics as I let the interview go wherever the conversation led, while only coming back to the interview guide periodically to make sure all questions and topics were covered. The email interview is simply questions and answer but the answers given were concise, poignant, and detailed for the questions asked. Both were analyzed together for this project because the same themes kept emerging from both methods of interviewing. It became clear that similar trends, ideas, experiences, thoughts, and highlights were of importance to these women, regardless of the medium via which they conveyed them. This being an exploratory piece of research, I thought it best to analyze all the data together and see the larger themes that were emerging, in order to gain a broad understanding of this phenomenon and lay the groundwork for future research.

Data Analysis

As mentioned at the beginning of this chapter, the data collection and analysis were informed by grounded theory methods, and the final product is more of a grounded description and not a theory. The foundation of data analysis in grounded theory is coding and the suggested steps can vary. Strauss and Corbin (2008) advocate analyzing the interview as a whole before interpreting themes,

utterances, and nuances, and to systematically analyze the impact of the researcher on the process in a regular and ongoing basis. According to Charmaz (2006), when using interviews to collect data, the most effective approach is to initially code broadly and then recode with more focus. Next, Charmaz (2006) recommends using line-by-line coding and, when possible, to consider coding incident-to-incident to develop codes from different angles. One should then move into interpretation where the researcher should summarize the codes by organizing them into categories and sub-categories.

For my study, interviews happened quickly, sometimes two in one day, so transcribing and coding each interview before the following one was rarely possible. Instead, I decided to journal about each interview to determine patterns emerging from the data in preparation for the next interview. In addition, considering that I transcribed all the interviews myself, transcription did not keep pace with interviewing and resulted in delays in actual analysis and coding. Nonetheless, once transcription was completed, coding was performed on each interview. I transcribed the interviews verbatim. While Glaser (1998) comments that researcher journals, notes, and memos are adequate in grounded theory analysis, Charmaz (2006) recommends the use of full transcription. As a novice researcher, I chose to transcribe each interview because transcription allowed me to stay close to the data.

Coding Transcripts

During initial coding I read through the transcript several times and noted anything that appeared to be important. I started with coding more broadly and

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seeing what larger themes emerged, then I did line-by-line coding. Line-by-line coding helps the researcher stay close to the data, helps spark new ideas, and helps the researcher determine what data to collect next (Charmaz, 2006). Categories began to develop as a result of constant comparison of codes.

The second step of coding was what Charmaz (2006) calls focus coding where codes are more detailed and conceptual than initial codes. Focus coding entails using the most frequently occurring or the most significant line-by-line codes to sort through large amounts of data (Charmaz, 2006). As a result, focus codes are more conceptual and more condensed than the initial codes; however, these codes are firmly grounded in the data through the initial line-by-line coding (Charmaz, 2006). This helped me because at times I felt overwhelmed by the amount of data being generated in the line-by-line coding.

Ethical Considerations

Ethical considerations in research are important to ensure that participants are protected from harm while contributing to research efforts. The Conjoint Faculties Research Ethics Board at the University of Calgary approved this research prior to me contacting any potential participants.

When a woman contacted me to participate, we would start by scheduling a time for an interview or I would email her the email interview guide. I would also immediately email out the interview consent form (see Appendix C and D), depending on which type of interview she opted for. I would ask that she read through the consent form and email me if she had any questions or concerns. With

regard to the email interview, the interview guide stated that by sending in her

responses to the questions she was consenting to participate. For Skype interviews,

I asked participants at the beginning of the interview to verbally state that they had

read the consent form and that they were participating willingly. The participants

were advised that during the interview, if there was a question they felt

uncomfortable with, they were not obliged to answer. Also, they were informed that

they could terminate the interview at any point and all responses, up to that point,

would be destroyed.

       I also informed my participants that every effort would be made to ensure

that all identifying information was kept confidential and that all information would

be under lock and key or password protected at all times. It was also clearly stated

in the consent form that the participants would not be identified in the thesis or in

any publications that might be developed. Also, participants were informed that

they would be referred to by a pseudonym. I gave participants the option to choose

their own pseudonym or I could choose one for them; just over half chose their own.

I also informed them that since the single-mothers-by-choice community is

relatively small, participants might recognize one another from their stories.

Although I felt that this was unlikely, I informed them that it was a slight possibility.

I assured the participants that every attempt would be made to ensure the

anonymity of the respondents although absolute anonymity could not be

guaranteed. Additionally, they were informed that only myself and my supervisor

would have access to the interviews and transcripts and that the transcripts,

memos, audio recordings, and the like would be stored securely. All of the

participants consented and agreed to all the terms in the consent form. Although I believe that my study posed no serious ethical problems, there was a minimal risk that some questions might have been upsetting to some participants. This, however, did not manifest itself during any of the interviews.

In this chapter, I have provided an outline for how the research was conducted, interpreted and presented. In particular, I noted the importance of telling women's stories in order to give voice to their lived experiences through qualitative interviewing. In the following chapter, I present and interpret the stories of the women I interviewed in order to explain how they experienced the decision to be(come) single mothers.

CHAPTER FOUR: THE STORY TOLD

THE DESIRE, THE TIMING, THE DECISION

The following two chapters present my interpretation and analysis of the empirical data I collected. Within these chapters, I explore both the everyday realities of single women becoming mothers, and the larger discourses that impact these women and their decisions, choices, relations, processes and experiences. This exploration is facilitated by the words and dialogue of the participants. The interviews provided me with an interpretative gateway into the life-worlds of the women in this project and, through their voices, a number of salient themes emerged. These interviews are stories of a time in these women's lives when they chose to become single mothers. Each story was unique, however there was an overall narrative that did emerge from the stories – a narrative of legitimacy, of

good and bad mothering, good and bad sexuality, and the link between motherhood and sexuality.

This chapter focuses on what I am calling the desire, the decision, the timing. It encapsulates the initial steps and processes these women go through in deciding to become a single mother by choice. I explore themes such as desire, envy, the magical age, looking ahead, the "right time", holding out, choosing medically assisted DI, and deciding on a sperm donor. This analysis allows for a better understanding of how these women negotiate and renegotiate their roles in the social process of becoming a single mother.

These women actively make the decision to become single mothers. They must propel themselves from thinking about the hypothetical to taking concrete action. There are many influential factors in this decision-making process such as family, friends, personal dreams, finances, fertility, and societal pressures. These women are stepping away from the cultural rhetoric of the ideal traditional family and are creating a different family form. In doing so they confront and break certain personal, familial, and societal beliefs and values about family and mothering. Yet these women and their decisions are constrained by these larger societal discourses as well. They narrate their stories in a particular way, highlighting aspects that align with the larger societal discourses of good mothering and good sexuality, regardless of how they came to be mothers.

Surprisingly little research has been done on the actual process of reproductive decision-making. The studies that have been conducted tend to focus on heterosexual women and couples (Currie, 1988; Meyers, 2001; Sevon, 2005;

Montgomery et al., 2010). For my participants, however, reproductive-decision making took up a large portion of their lives and a large portion of the interviews. It became clear that this decision was, at least until that point in their life, the most thought over, analyzed and important decision they had made. My participants spent lengthy periods of their lives thinking and trying to make this decision; years of understanding what they wanted, what resources they had, conversations with therapists, family and friends, but most of all personal introspection. Carmen recounted:

> There aren't many decisions in life that literally take YEARS to make, but this is one of them. I'd say the process was spread over at least 4 years. However, I remember first mentioning this choice to a roommate in university when we were both in our early 20's. At that point, it was purely hypothetical – since I never thought I would really need to make that choice – but even then, it was in the back of my mind as a possibility. I guess it's because I always knew I wanted to be a mom and I realized that finding a husband isn't guaranteed, so it was my back-up plan. I started to consider it more seriously when I ended a relationship at the age of 30 – I'd always said I wanted to be a Mom before 30, so that was when my biological clock really kicked into overdrive…

Deciding

Deciding to be single

In formulating their dreams, few young women focus on the advantages and possibilities of being single. Being a single female has rarely been the stuff of which dreams or fairy tales are made. It is difficult to imagine Ariel, the little mermaid, trading her voice for a scholarship or Cinderella being transformed by the chance to travel abroad. Most women follow the dream of finding a man and getting married because it is romantic and exciting and because it is the path that most parents encourage their daughters to follow (Anderson et al., 1994). Eventually, however,

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single women who want to be(come) mothers confront that dream and relinquish the aspirations they were taught to revere as a child. This does not mean having to hang up all of their dreams and feel depressed and deprived, but rather charting out a new path to attain their dream of motherhood while separating it from marriage. Through the stories of the women I interviewed, it became clear that giving up their dream was actually accomplished by making choices all along that have contributed to their remaining single. Whether it was making the choice not to marry a man with a particular set of problems or to put more of an emphasis on their education and career trajectories, they were all decisions that contributed to their remaining single.

Therefore, one of the first steps in making the decision to mother alone is to decide to actually *be* single. What I mean by this is that many women discussed their single status as something they were not in control of. It was something that had happened (or not happened) to them. They had tried to find the right partner. They had put themselves out there and dated rigorously all to no avail. Being single, therefore, was not their choice but was situational (something they were trying to remedy by constantly dating) and a product of circumstance (there were just no suitable partners to be found). Deciding to be single was an important step in this decision-making process. They must let go of their dream for a partner, at least momentarily, and accept that they are not going to become a mother with a partner by their side. Carmen explained:

> I went through a period of several months of bitterness in the months leading up to the final decision-since it was hard to accept that I wouldn't be starting my family with a husband as I'd always planned-but once the decision was made, I felt tremendous peace. When I gave myself permission to stop dating,

it was a huge relief. I realized that I couldn't make peace with my decision to be single while actively dating. You can't fight against something and accept it at the same time.

Similarly, Molly explained:

I have been thinking about dating again. I have no clear prospects but I would like to find a partner. I think it would be harder now than before. I think part of the decision making about becoming a single mother by choice is to check out on the expectation that that will happen because when you're in your 20s or early 30s you just assume that it's going to work out and part of doing this is admitting that it didn't work out for you and that you have no expectation that it will work out. I would like it but I don't necessarily make any assumptions that that will happen.

Deciding to be a mother

The second step in making this decision is to decide to become a mother. Deciding to become a mother, for many of my participants, was one of the easier decisions. The majority of women acknowledged that they had always wanted to be mothers. Deciding to be a mother, therefore, was often simply a matter of deciding to change their pathway to motherhood. For many, this step meant confronting their deep desire to mother and taking time to separate motherhood from marriage. Molly explained to me that for as long as she could remember she had wanted to be a mother and that being childless was "totally unacceptable" to her. Gina told me that being a mother had always been her most important dream and Tiara said that since before she could remember she had wanted to be a mother.

Not all women expressed this overwhelming desire to mother from an early age. Some women stated that they had never wanted to be a mother while others said that it had never crossed their mind. Rather, it was hitting the "magic age", and being confronted with the idea that soon the decision to have children would be

completely out of their hands, that made them think about motherhood more seriously. Eventually their desire to mother became evident. Some women came to realize that there were specific reasons for not wanting to be a mother and, once these concerns were addressed, their desire for a child became evident. Monica, elucidated:

> I didn't get along with my own parents as a kid very well and so for a long long time I think I was like "well that didn't go well maybe I won't do it either" or "maybe I won't be a parent"...And then you know a little therapy goes a long way and I realized in my early 30s that, yes, I did want to be a parent.

Morgan, stated:

> I started saying I didn't want kids when I was 13. I realized decades later that decision was based on seeing how other people's children misbehaved in public. When my sister and my close friend both had their first babies, I was 35 and realized that I wanted children too and that soon I wouldn't be able to have them.

> A few women in my study wavered on wanting to become a mother

throughout their life. Amy described her indecision:

> I've shuffled between wanting to be a mother, and not wanting to be a mother when I was younger. Now that I'm in my 30s, I've settled into life and, more importantly, into myself. I'm more confident that I have gifts to offer a child. I guess I wanted kids when I realized I could be a good mother- about 33 years old. The prospect was less appealing when I didn't know that I could be as good a parent as the mothers I've seen and respected. That insecurity subsided when I truly understood that I could give of myself.

Deciding to be a single mother

The third step is to decide to be a single mother. There were two elements that had to be addressed when making the decision to be(come) a single mother: (1) the practical realities of being the only parent in day-to-day life and (2) the single mother stereotype.

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Several women discussed with me the uncertainty they felt in their abilities to do it on their own. For many, it was the practical day-to-day realities that concerned them. Some reflected back on their experiences of being raised by single mothers and remembered the difficulties that single motherhood brought to their lives. In the end, their desire to mother overrode their concerns about everyday life with a baby and many turned to examples of other successful single mothers they had seen. Rachel elaborated:

> I think there are aspects of it that I was hesitant about because I remember it was really hard for my mom at times. Some logistics are just really challenging like if your kid is sick and there is something you have to do at work. There is no one who can help you except for you. The logistical parts of it are hard as one person. But I realized that if my mom could do it so could I. She also never signed up to be a single mom but her life turned out that way. I am going into this knowing that I am on my own and I will be as prepared as I can. This is what I want and I'm not going to let a few fears of "oh what to do because the baby is sick" turn me away from it. I figured out everything up to this point in my life, I can figure that out too when it happens.

The second, and more significant, element my participants had to address in deciding to be(come) a single mother was the stereotypes and larger discourses surrounding single mothers and single motherhood. This process was difficult because there was an internal struggle (breaking down their own internalized stereotypes of single motherhood) and an external struggle (not wanting others to automatically stereotype them as a single mother). Many struggled with this process and some never fully came to terms with being a "single mother". Some, in fact, distanced themselves from the single mother label or rejected it altogether. Molly said:

> When you start thinking about this nobody says anything good about single motherhood or single moms and you just go "OMG it's going to be hard, it's hard, it's hard" until you create this mentality that it is really hard and that

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you cannot do it and that you don't want to be thought of that way. I think that weeds out a lot of people who are turned off by that. Deciding to become a single mother is not for everyone and you have to confront those ideas first and some just can't get over them.

For a few women, deciding to become a single mother was more of a personal process. This internal process, however, still included distancing themselves from the larger discourse. Some women simply had assured themselves that they did not fit the larger stereotypes and that they would make amazing mothers, single or otherwise. This personal distancing was equally focused on future outcomes for their children as well as who they were as people. They focused on who they were by highlighting what they were not (they were not floozies who got knocked up, they were not on welfare, they were not unable to support their child, etc.). They focused on future outcomes for their child by being prepared for what was to come (having a savings account, reaching out for support before having the baby) and making sure as many safeguards were in place to ensure their child would have a healthy upbringing. Rachel stated:

> I feel like I have confidence that I can do it. I mean I think some people really have trouble sort of letting go of questions like "will my child grow up healthy because they don't have a father in the home?" It's hard though because you read all this stuff in the media which I think is pretty misleading about single-parent families having really bad outcomes and how the kids don't do well in school and I think some people really feel like "what if that's me?" And I sort of never felt that way because I know that's not how I turned out being raised by my single mom and I know what I am capable of.

For some, there was a large distaste for the term "single mother" and for others an outright rejection of being labeled a single mother. It became clear that for some women this distaste or rejection stemmed from not wanting others to label them as the stereotypical, young, welfare dependent, single mother who just went

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out and got knocked up. Several women, thus, created new terms that they deemed would fit their image more appropriately. For some this distinction centred on choice and more specifically that they had a choice and actively made the choice to become a single mother. April told me:

> In fact I get really upset when I hear some of those statistics on TV about single moms that are, you know, below poverty, will never have a decent job, are on welfare, yada yada yada because I think that there is a big difference in being labeled as a single mom and being a choice mom. I mean I'm not taking anything away from being a single mom but having taken the choice to be a mom or a choice mom there's a lot of thinking about the fact that you would be alone and stand on your own and not have that other person to rely on before going through with it. I am a single mother by choice and there are so many different types of single moms and I hate being all grouped together.

For other women in my study, the concern about being labeled a "single mother" was less about being associated with the young, single mother stereotype. The more prevalent concern was being associated with the divorced single mother (a group that tends to be closer in age to my participants). Several women explained how the term "single mother" could be used for many different mothering situations. This, however, was problematic because it did not take into account the level of work and supports single mothers may, or may not, have. There was a sense of entitlement to the term "single" mother as some women felt they were more "single" than other mothers. Lana explained:

> I am really frustrated by the term single mom because it's such a loaded term and I don't know if it is as much in Canada but in the United States it really is and I feel like I know a lot of single moms that are divorced and they're like "oh I'm a single mom" and I often laugh when people say they are a single mom and they only have their child every other week or whatever. It is totally different and I mean it is hard and I'd much rather do this than be *that* single mom but I think it should be called a single parent because you're responsible 24/7 for everything and I think it would really change the conversation about supports because it seems like such an ethically loaded label. (emphasis added)

In making the decision to be(come) a single mother, there are various smaller steps and decisions along the way. As I have discussed above, my participants went through a process of deciding to be single, then deciding to be a mother, and then finally deciding to be a single mother. It was these series of smaller decisions that allowed my participants to inch closer to the final decision. They were able to assess concerns and confront issues in smaller increments, thus not making this decision completely overwhelming. Once reaching the decision, however, to be(come) a single mother, it seemed as though they had carved out their own particular single-mother identity. In an effort to portray this identity, they constructed stories to tell others. They wanted to be seen as completely alone in this process. They started to showcase their single status as a way to highlight the work and effort that they alone had done and would be doing. They also wanted to be seen as choosing this lifestyle. They took great pride in the term "choice" and many dubbed themselves "single mothers by choice" thus differentiating themselves from other single mothers.

Looking Ahead

Reproductive decision-making is a process that spans the past, present and future. My participants reflected on their past thoughts and aspirations, they confronted their current desires, and they reflected on future dreams and realities. For several women, looking ahead was a key moment in the decision-making process. In other words, taking the time to think about the future served as a catalyst for some in making the decision. Looking ahead was daunting for some

because it made them confront the reality of their singleness. Most had been living in the present trying to create the future by dating and looking for "Mr. Right" with whom to start a family. "Mr. Right" seemed like a necessary step needed in the present for them to be able to move to the future. In deciding to become a single mother, some women looked ahead and pictured what their life would be like if they never found "Mr. Right" and missed their chance to have their own biological child. As April put it:

> The year 2000 hit and I turned 34 and I had by this time shot down the education card and I had gotten into a really good company so my professional life was going well and I had bought a house and I guess I was starting to nest. I remember bemoaning to girlfriends the fact that there were no good men left out there; they were either married or gay or didn't have their lives together. I was starting to get to that point where it's like okay there has to be a bit more for me and what's going to happen when I get to be forty and fifty and sixty? Am I going to be content by being by myself?

Caroline made a similar point:

> The broader picture is knowing that I will feel empty and kind of devastated if I don't have kids. I think about being sixty and not having kids. It just seems an empty life to me and I'm sure there's a lot of people who could have a lot of fun and it could be really cool but for me that just doesn't feel right. I keep coming back to that whenever I think oh it's going to be so hard and how am I going to manage. I'm concerned quite a lot about my mental health. I really feel you have to be healthy as a parent to be a good parent. I'm concerned this is going to be stressful and I'm going to snap sometimes and just be exhausted and grumpy and maybe get depressed but again I keep coming back to the fact that if I don't do it I don't really see the point in the rest of my life. The only alternative that I can think of is to give up my life here and go to work in Africa trying to save kids and orphans whose parents have died or something like that. It's on that spectrum, that kind of choice. I have to have a meaningful life.

For many women, projecting into the future brought to the forefront their deep desire to mother. It was these future-based desires that influenced their decision to go it alone. They wanted a fulfilled life, grandchildren, someone to look

after them when they are older, to leave a legacy, to raise a child and impart knowledge. In looking ahead, many women started to acknowledge their desire to have a child.

Desire

In the stories told by my participants, there was much discussion of desire. The desire to be a mother, the desire to have a child, the desire to experience pregnancy and birth, and the desire to nurture were all reasons my participants, explicitly and implicitly, gave for choosing to make this hypothetical idea a concrete reality. Desire served as a justification for making this choice, and a way of explaining their decision to others. It can be argued that there are good and bad reasons for making this decision, especially in a society that has a generally negative view of single mothers and single-mother families. Desire, however, is a tangible reason my participants used when explaining, both to themselves and to others, why they made this decision. As Amy put it:

> Finding a partner has always been part of my plan. For a variety of reasons, that hasn't happened yet. Then I was left with the question: Do I pass on being a parent because I didn't find the right partner? The other option is to admit that parenting means the world to me, and I should go after what I desire. I realized that I didn't want to look back in 10 years with regret. I can cope with not being able to have kids due to infertility far better than never having tried. It also became clear to me that my desire to marry and my desire to have children were not necessarily linked.

Tiara stated:

> Everybody and anybody that knew me knew that not having kids was a huge regret of mine up until I decided to do it on my own. It just didn't seem fair! I've wanted to be a mom for so long. I knew I was meant to be a mother. I know this sounds so childish but it didn't seem fair that I wasn't going to get to be a mom. So I decided that I deserved to be a mom just the same as

someone with a partner. My friends supported me because they knew for how long and how much I had been wanting to be a mom.

Several women said that they had always wanted children and had grown up assuming they would have them. Until, that is, they were confronted by their single status and had to construct a new way to achieve their desire. Sarah recalled:

> It started with a new friend who told me about having thought about assisted reproduction and some of the preliminary steps she took before deciding not to proceed. We talked long into the night and I realized that I had been fantasizing about becoming "accidentally" pregnant for years... Through each step, I gave myself permission to chicken out or change my mind, but I kept inching forward to the next steps and soon I realized that this was a way to get what I wanted, to get a child, to become a mother.

Christine stated:

> I knew I wanted to be a Mom. It was "simple" in that way - I wasn't willing to wait to see if the right person came into my life any longer. I was getting older, and knew I possibly had fertility issues. I wanted to be a Mom, more than I wanted to be someone's partner.

Many women claimed that there is a biological aspect to the desire to mother, ranging from one's "biological clock" to a complete "physical yearning". This strong physical urge was identified as influential in their decision to become mothers. For some, pursuing motherhood was a physical expression of their desire. Molly explained:

> I think it was sort of like my body was telling me I had to, that I had to reproduce quickly. I just went into this baby obsession mode, which I think was biology talking to me. Telling me to get what I want, to become a mom.

For others, this physical urge made them confront and listen to their desire:

> My clock was ticking. I could not imagine my life being complete without having children in my life. It is a scary thing to do but for me it is even scarier not to have children at all. I realized I just would not be complete. It is a part of who I am.

Further, several women expressed the desire and curiosity to experience the

biological aspects that are fundamental to this physiological process. Nancy was

among those women who voiced this desire:

> When I looked at adoption, I realized that I really wanted the experience of
> pregnancy and childbirth. I can see expanding my family down the road
> through adoption but actually having a child that I carry within me for nine
> months is something I don't want to miss. I want to feel my baby kick for the
> first time in utero, to go through labour and delivery, to breast feed … I'm
> drawn to the physicality of it.

Many women were absolutely sure that having a child is one of the most

important things (and quite possibly the most important thing) in life and that not

having a child, regardless of marital status, would be devastating. Gina related, "I

have always said that I could be happy never getting married, but if I never had a

child, I would be devastated. Since there is something I can actually do about having

a child, I chose to be proactive". For Penny, this deep desire to mother was so salient

that it influenced her career path:

> I was always the little girl that had a plethora of dolls that were all of my little
> babies. I had changed my career plans when I was in college. I had wanted to
> go into medical research; meaning I would have pursued an MD and a PhD to
> do that. I probably would be this age when I finally got to the point that I was
> done with residency, fellowship and everything else and I decided I really
> wanted to have kids and I thought how can I do that if I'm going to be in
> school and residency for so many years? So I decided to switch career
> trajectories and go to law school so that I could have a great career but also
> be able to have children. Little did I know the "oh everyone gets married" line
> just wouldn't happen for me.

An extension of the desire to mother was the discussion of how mothering is

part of their life's purpose and life's fulfillment. Tiara explained:

> I knew that I needed to be a mom and that I didn't feel like I would be sort of
> completing my life's purpose if I wasn't a mother. I always felt like something
> was missing and I had thought that it was that elusive Mr. Right but now that
> I'm a mom I know that this is what I was meant for. I always felt sort of like I

was floundering and never really had direction and sort of went from this to that and craziness and one thing to another and now that I'm a mom it all became clear. It's like this is what I was meant to do. This is where I was meant to be. She's what I was meant to have. My happiness wasn't connected to a person. It was connected to my motherhood, to my nurturing side, and now that I have that I feel like I'm complete.

Several participants mentioned future-based desires. Many women retained strong memories of the experience of nurturance from their own past and their own, usually more traditional, families of origin. They wished to repeat that experience with a child of their own. For some women, having a child also meant leaving behind a legacy, raising a productive citizen in society, ensuring elder care for themselves, and passing on traditions. Jaye said, "I am very dedicated to my job and it provides a large portion of my identity but it's not what's going to live on after I'm gone". Laurie explained, "I wanted to have a family and not to be lonely in older age. I want to have grandchildren. I think motherhood brings certain fulfillment." Richelle described what she was looking forward to:

> Sharing my traditions, experiences and way of life with the next generation; preparing a child to become a compassionate, empathetic, productive adult in our society; assisting an individual to grow from dependence to independence with the opportunity to support them in developing a moral compass and help them learn through their successes and failures.

What became clear in the course of the interviews was that the desire to mother was salient to most of these women even though the nature of the desire varied. Desiring to be a mother was considered a good reason to become one. Desire shows want for a child and a wanted child is a valued child. Thus, these women emphasized their desire, their want, and their planning as proof of their status as a good mother. Also, by highlighting their desire for a child, they were counteracting

the common stereotype of the single mother who accidentally gets pregnant and is known for her sexual desire rather than her desire to mother.

Jealousy and envy

Living in an era of reproductive choice, when women become pregnant outside of a partnership, they may become suspect. When reproductive choice was not possible for women, reasons for having children were not discussed. If you have no choice, you need no reason. Today, however, the same line is reversed and revised. If you have choice, you need a reason when that pregnancy is not easily understood. For single women choosing to become mothers, reasons are given and decisions are defended. As I have stated above, desire is a valid reason for single women in their 30s and 40s to become mothers. There were, however, moments in between discussions of their desire when my participants expressed envy and jealousy. Seeing other women pregnant or mothering served as a reminder of what they did not have. Many discussed feeling "behind" and "left out". Carmen recounted:

> I was becoming insanely jealous whenever I saw pregnant women, or women with children. I wanted a baby so much. I felt left out. So many of my friends were having babies and moving forward with their lives and I couldn't even find a guy to date.

Women in this study were acutely aware of the idea that as they age their fertility decreases, they were also aware of aspects of modern life that modify the biological clock. Technology provides the possibility of extending the period of conception and conceiving on their own through the use of ARTs. Changing social practices have expanded their opportunities to be able to choose single motherhood

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and to have medical practitioners willing to aid them. But even expanded opportunities must be exercised within their own neighbourhoods and within normative expectations. Seeing friends and family members conceiving and becoming parents triggered their desire to experience the same life milestone for some of the women I interviewed, and was expressed enviously. As Penny said:

> Last fall I had a whole slew of friends all getting pregnant. I think six were due within four weeks of each other. It was like a mini baby boom and for some of them it wasn't even their first kid and some of them were having girls. For the longest time my friends only had boys so I went crazy buying all this pink stuff and then I realized I'm spending all of this money on other people's babies because I want my own.

I never explicitly asked my participants what they would deem as "good" and "bad" reasons for making this choice. In the stories they told me, however, this "good" and "bad" reasoning was constructed throughout. They grappled with making this choice and had to convince themselves first and then find proper ways to articulate this choice to others. My participants' discussion of desire frequently evolved, in the interviews, into discussions about envy, and jealousy served as an indication that desire and jealousy are closely linked. Being jealous of other women and mothers, however, is not a "good" reason to become a mother. Rather, it is quite a selfish reason, yet the manifestation of envy and jealousy is an expression of their desire to mother. It became clear that the reasons to have a child are not the same as reasons for wanting a child, and these women were cautious of what reasons they give to individuals who question them. Related to the desire to mother, yet also distinct from it, was the feeling that it was the right time to have a baby. This feeling, like the desire to mother, was quite salient among the women as they engaged in their decision-making.

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The "Right Time"

The participants spent the majority of their lives under the assumption that
the right time to have children would be decided upon with a partner, typically after
marriage. Having children on their own, therefore, may never be seen as the "right
time" in the terms in which my participants had originally defined it. No one
specifically brought up the idea of the right time when discussing the desire to
mother or reaching a decision. Rather, when these women addressed time it tended
to be characterized as "running out". This is because time and desire go hand in
hand. Their desire to mother pushed time into their awareness, forcing them to
confront the realities of age and female fertility, which only made their desire
stronger. On the other hand, time made their desire relevant. Most of the
participants had desired to be a mother for many years but it was the awareness of
time and their age that exacerbated their desire. It was this interplay between desire
and time that started to form the "right time". Rachel explained:

> I was 35 almost 36. I was just at a place where I was really trying to date and
> I just wasn't having good luck with it. I was online dating and I joined a
> dating service where you paid them like a ton of money and they hook you up
> with people. I was really trying but I just wasn't getting anywhere and it was
> sort of depressing. Then I just sort of had an epiphany about it and realized
> that what I was really getting panicked about was that I was getting older
> and I just realized that what I really wanted was to have kids and the reason
> that I was so panicked about it was because I was going to run out of time.

Similar to Currie (1988), I found that "the right time" was an important
consideration for my single respondents, even though it was not explicitly
articulated as such. The decision to become a single mother is not one that is made
all at once; rather, over years, decisions are made along the way. Things start to

align (financial, emotional, social, physical and mental), creating the "right time" to

proceed with this endeavour. Tori, a social worker, explained:

> I considered this in my early thirties, and set a cut off of 35 if I was going to do it. I just never felt I was ready financially, and also switched jobs/moved. I hit 35 and decided that was it- the chances of conceiving decrease, risk of genetic anomalies increased. So I told a number of people I had given up on the idea. I think I told myself I was OK with this and started to fill my life with other things (taking courses in cake decorating, photography etc.). There were two problems with this. The first was that I kept falling in love with the kids I work with (not a good thing when you have to make hard decisions sometimes for them), and the second was that every month when I menstruated it was like I was in mourning. I would think that was another wasted baby leaving my body. So, I hit 36 and decided I really wasn't happy with living my life that way and that having a child is what I want more than anything.

In telling their stories, my participants addressed issues such as finances, age, social

support, and self-confidence. It was clear that these factors constitute the right time.

Specifically, what emerged from the interviews were three key elements that the

majority of women deemed necessary to have in place before deciding to enter into

lone motherhood. One was financial security, the second social support, and the

third was self-confidence and emotional maturity. There was no clear rank in order

of importance; rather they seemed interchangeable. These three attributes,

however, were all contingent on the concept of age. In other words, having a support

system, the financial resources needed to raise a child, and feeling confident in

personal abilities was never enough to push these women into action. Rather, once

my participants reached a certain age, the "magic age", and at least two of the three

attributes were deemed to be in place, the timing seemed to be right.

Magic age

Age was a central element in their stories. For many, there seemed to be a "magic age" that, when reached, solidified single motherhood as an option or pushed them into action. Many women had been waiting for "Mr. Right", but reaching their magic age turned their focus from waiting for a partner to acting on becoming a mother. A few women had thought about single motherhood in their early 20s as a hypothetical option they would pursue later if they had not found a partner. Upon reaching their "magic age", this hypothetical idea started to become a concrete reality. Kelsey expressed:

> I had decided a long time ago, at some point in my 20s, that if I hadn't met "Mr. Right" by the time I was a certain age first 30, then 40, then 35! that I would look into having a child on my own using sperm from a sperm bank. I was emotionally ready to start the process in my early 30s, but financially I did not feel comfortable doing so until I was 38.

Many women discussed how reaching a certain age, or celebrating a birthday, most commonly 35, was a key motivating factor in starting their journeys into lone motherhood. These birthdays served as reminders that time was running out. Nancy, who was 37 and pregnant at the time of the interview said, "Suddenly, I was 35 with no love interest on the horizon. I could hear my biological clock ticking." A sense of urgency to decide in a now-or-never way pervades the comments of all of the women. The idea of waiting any longer for a marriage-bound relationship to develop seemed biologically unreasonable, thus justifying the move into lone motherhood. Time was of the essence!

As I briefly mentioned above, their desire to mother was exacerbated by their growing awareness of their age, their possibly decreasing fertility, and the lack of

"Mr. Right". It became clear that the decision was prompted by a combination of these factors. It was never just the desire to mother on its own that was enough to push these women into action but rather the coupling of their desire to mother, their increasing age, their possibly declining fertility and the lack of a suitable relationship that served as a catalyst to embark on becoming a single mother. Jody stated "after I turned 40 and not being in a relationship, I knew that I would not be complete without experiencing motherhood. I had been thinking about becoming a single mother for years. So I made the decision to start the process a few months after my 40th birthday".

Some women had never really thought much about their future family life before reaching their magic age. Meeting a partner, marriage, and becoming a mother was something they assumed would just eventually happen. Reaching the magic age, however, brought their desire to mother into their consciousness. Similarly, several participants had never given much thought about actively pursuing a relationship, marriage and a family but there was prior consideration on the "magic age" by which they wanted to have a child. There were two main reasons given for setting an age to start the pursuit to motherhood: (1) nearing the end of their reproductive years and; (2) wanting to be young enough to experience their child's full life and have the energy needed to actively parent. Carmen told me:

> I wasn't somebody who grew up thinking, "oh I'm going to get married and have kids and what's my wedding going to be like and what am I going to name my kids". I didn't really fantasize about it but I always just kind of expected that it would happen at some point. I was quite ambitious in my earlier career and I think I just always expected that it would all happen later- that things would just click into place and I guess after I turned 30 I started thinking, because I had promised myself that I would have kids by the time that I was 35 because my mom was 35, when she had me and I thought

that was a bit old [laughing]. Her choice of shoes for me at school made me think I've got to be young enough when I have kids!

Similar to celebrating a birthday, an ended relationship also served as a catalyst to embark upon this journey. An ended relationship, however, was only enough to spark this decision when coupled with being of a certain age. Carmen stated:

> I started to consider it more seriously when I ended a relationship at the age of 30 (I'd always said I wanted to be a Mom before 30, so that was when my biological clock really kicked into overdrive). Over the next 3 years, I vacillated on the subject, always postponing the age at which I would make the choice. Then, at 33, I lost my job and started doing some real soul searching and realized the time had come to make the plunge. I then started saving money (I had by then found a new job) and getting my "ducks in a row" and picked a time when I would begin the process. (Carmen)

In the course of the interviews, it became clear that reaching the "magic age" was not enough to push these women into action. Rather, the "magic age" set the decision in motion. In other words, it served as a backdrop that set the stage for the decision by placing pressure on these women that they could not put this decision off much longer. Reaching the "magic age" brought out of the peripheral and into view such factors as finances, self-readiness, and social support.

Self-confidence and emotional maturity

Related to the "magic age" was the feeling expressed by most of the women that they were internally ready. This internal readiness was expressed as being emotionally mature, having confidence in personal abilities, and having an innate knowledge that they could do it. Many women made statements such as "I've always had faith in my ability to do it on my own" and "I mostly was just very confident that

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I could do it on my own without much help." Several women stated that they were capable of making decisions on their own and that they felt comfortable in their abilities to meet the needs of their children and of themselves.

For some women, this internal readiness had always been present. Many stated they had always wanted to be mothers and had known forever that they would be great at it. This internal readiness is linked inextricably to the desire to mother. This internal readiness, however, had to be evaluated against their perceived emotional maturity. Many women stated that they were always ready to be a mother, which did not mean, however, that they would have been mature enough to have a child at the age of 16. Several described the process of being content with their past and the "selfish" fun they had had, but were now ready to move beyond, in order to have a baby. Caroline explained:

> I was focused on my career. I was focused on exploring, having fun, rock climbing, and I went on great vacations. I worked very hard in consulting where we all kind of worked hard and played hard. Most people were single and young so there was a lot of going out. I also worked in quite a male dominated world in IT so I kind of felt like there was always men around who were interested in me and I could have my pick when I wanted. Then I changed careers and I moved into a female dominated world where I wasn't even meeting men and of course after you're 35 people don't want to hop into bed with you the way they did when you were in your 20s. It just changes dramatically as a woman and so it was this kind of shocking realization that maybe I couldn't just click my fingers and somebody would come running the way they did when I was in my 20s. I realized that I had had my fun but now I wanted to be a mother so bad. I knew that my maturity had caught up to my want for a baby. I could look on my past with fond memories and not feel like I was giving up anything. I was ready to start the next chapter in my life. Men may come into my life again later but for now all I am focused on is having a baby.

The majority of my participants stated that they were confident in themselves and their abilities. It was this internal readiness, emotional maturity,

and self-confidence that set the stage for deciding to become a mother. Some

uneasiness and uncertainty did, of course, follow even the most self-assured woman

in my study, which can be said of most new mothers, partnered or otherwise.

However, for every woman I interviewed there was a level of confidence in

themselves and their abilities. This confidence was foundational in deciding to

become a mother. An extension of their confidence in their abilities was confidence

in their financial situation. Being able to afford the process of medically assisted DI

and to raise a child heightened their self-confidence, thus contributing one more

building block in the construction of the "right time".

Financial considerations

Similar to Currie's (1988) sample, the women in my study felt and

experienced the struggle with balancing a career and the desire for a child. Of

greater concern, however, was the issue of financial stability. The majority of the

women felt that it was important to be financially secure before proceeding with

this endeavour. Financial security had several components: a reasonable income

from a secure job, solid health insurance benefits, and enough savings to extend

maternity leave (particularly for the women in the USA) and cover other

emergencies. Several women mentioned having home ownership, a savings account,

and accumulated time off from work. For many of the participants, the primary

concern was finances. Many of them believed that it was instructive to assess their

financial capabilities and that that assessment was very influential in deciding to

become a single mother. As Rachel explained:

I'm at a point in my life where I have a really stable job and I'm financially secure. That's really important because you have to pay for sperm, treatments, inseminations, doctors' appointments, injections, medicines, and what ever else. Then you will have to pay for the baby and daycare and so many more things. I'm lucky enough to not be worried all the time about whether I can afford to do it, which is really important because going through inseminations and IVF is stressful enough.

Valarie, a university professor who taught in the social sciences, stated:

I've seen other women who make this choice who aren't that financially stable and I have a bias against them. I'm thinking, "why did you go and do that for if you can't afford it?" And it's interesting to me that I have those reactions because if I were teaching a class and we're talking about social class I would never go there. Intellectually I would think, "that's great, everybody should have the choice," but that's just kind of my gut reaction.

It was far more common for the women to discuss their own financial standing than that of others. Valarie's account, however, highlights how feelings of financial security produced feelings of being better equipped. Also, financial stability afforded them a sense of security that aided in this decision. Overall, these women, for the most part, were pleased with their financial strength and were aware of the independence it afforded them. They were also conscious of their position as the sole breadwinner and how their desired child's standard of living depended upon them.

For some, however, this financial concern could be overridden by other factors such as age and social support. For example, at the time of the interview, Molly was finishing her PhD dissertation in Cambodia. She used small contract work and student loans to finance conception of her daughter. She laughed and explained, "I knocked myself up on student loan money". Even though Molly may not have had as much income as many women who choose single motherhood, she had thought through her financial situation and seriously considered how it would affect both

her and her child. She decided that, because of her age and declining fertility, she would go ahead and enter into lone motherhood while still being a bit financially insecure. To offset the financial insecurity, she made the decision to stay in Cambodia with her daughter for a few years after completion of her dissertation. Molly explained:

> I can stay here and earn a lot more money as a consultant when I finish my dissertation and I'm living perfectly comfortably right now. The cost of living is substantially less in South East Asia, so much so that I can afford to have a nanny. So if I stay in South East Asia for a few years I can basically pay back some student loans and save up for a down payment and move back to America in a couple of years, maybe when [her daughter] is school age. That would be the financially smart thing to do.

It is clear that Molly had a comfortable standard of living, however, finances were still a large consideration. Another participant, Caroline, had an engineering degree and a MA in psychology. At the time of the interview she was unemployed and trying to get her own research company off the ground. Caroline was using her savings to pay for the cost of DI and living expenses. She told me "I cannot hold off any long to become a mother. It's now or never. I am getting older and my fertility is declining. I can have a baby now and with the support of my brother I can make it work till I get my company going. If I wait till I am a bit more financially secure I might miss my chance of having my own baby". She moved from the USA back to Canada to live with her brother. Both Caroline and Molly realized that this was their "window of opportunity" to have a child. They both had stated that there really was no such thing as the right time financially, and if they waited till they felt financially ready they might wait forever and miss their chance to have a baby of their own. For

Caroline, what really offset her financial uncertainty was the social support network that she had created.

Social support

Several women discussed with me the ease that came from having a social support network in place. This support network varied for each woman, but having one or two individuals on board and willing to help before making the decision to mother alone was highly influential. Several women told me that initially discussing the idea of single motherhood with family members or friends was important. Most women, however, only discussed it with a select few individuals whom they guessed would be supportive, be a good sounding board, or whose lives would be influenced by their decision, such as Tiara's mother who lived with her. For some, discussing the idea of becoming a single mother with others was the little extra "push" that they needed in deciding to go it alone. For example, Tiara had never considered single motherhood until she had a conversation with her friend and, later, her aunt, both suggesting single motherhood as an option and encouraging her to think about it. Tiara clarified:

> It wasn't something that I had ever thought of or considered before 2009. It wasn't even sort of a choice that had entered into my consciousness. I always believed that I had to find a man, get married and then have children. So as I was entering my mid-thirties I thought "well I guess that's it", because there was no way I was going to meet a man at that age and have enough time. I'm not one of these people that could meet a guy and get married and pregnant within a year. And I mean anybody that knew me knew that that was a huge regret of mine. I know this sounds so childish, but it didn't seem fair that I wasn't going to get to be a mom because I didn't have a husband, because I didn't want to just settle for any guy. So I was pretty much thinking "well I guess that door is closed. I'm not going to be able to be a mom" because by the time I would ever meet a guy it would be too late. It felt really like hitting

rock bottom. A good friend of mine said, "well why do you have to get married? Why not do it on your own?" and I thought "well you can't, you just can't do that!" [laughs] and then it was just a week later that my aunt asked me the same question, "why not just do it on your own?" Then I thought "well, you know what, why not? Let's look". So I started doing Internet research. Also, my mother lives with me in my house so I knew I had to get her on board. I talked to her about it, not sure how she would react. She's got a fairly strict religious background so I wasn't sure how she was going to be towards the idea and she was completely open to it and extremely encouraging and with that settled I decided I would go for it!

Jaye stated:

My family was very supportive. My father told me he just wanted me to be happy and I never felt judged by anyone by going this unconventional route. My mother stayed at my house for the first three weeks after the baby was born and has helped to watch him several days a week since I went back to work. Without the support of my family I wouldn't have been able to become a mother.

Establishing a support system, both emotional and physical, helped lay the groundwork for making this decision. For many women, knowing that others supported their decision, and would be there when it came to fruition, eased some of their initial worries. For others, having supportive individuals around offset some of the financial uncertainties and personal doubts. For some of my participants, having a support network established beforehand was a bonus but was not more important than finances and internal readiness. In short, even though social support was a concern for a majority of these women, it was generally only a marginal element in determining the right time to pursue motherhood. The three most common characteristics of the right time were (1) reaching the "magic age", (2) a sense of being emotionally ready and confident in their abilities, and (3) financial stability. Social support, however, could make up for the lack of financial stability or ease some doubt in their personal abilities.

In the course of the interviews, it became clear that it was not individual factors, but rather a particular combination of them, that led women to believe that the time was right. These factors were also discussed as good reasons for deciding to become a single mother. My participants defended their decision to others by stating that they had the financial resources needed to have and raise a child, that they possessed a strong belief in their personal abilities to mother, that they had support from others, and that they could no longer wait because of their age and declining fertility. Having these factors in place served as a way to showcase to others how they had thought through the logistics of this decision and had planned for the realities of having a child. They were thus able to justify their decision, show how they were making a sound choice, and that they would be good mothers.

As noted earlier, the stories told by the women in Currie's (1988) sample led her to conclude that it was a "configuration of material circumstances" that constituted the "right time" even though it was not a matter of "time" at all. In contrast, for the women that I interviewed, the right time really was a point in time when all the necessary elements amalgamated. I argue, however, that for single women it is as much about the alignment of these factors creating the "right time" as it is about them hitting their window of opportunity. Many women in my study spent years of their lives trying to find a partner, get married, and start a family just as Currie's respondents had done. This, however, did not happen, thus creating a factor that Currie did not account for – declining fertility. It was reaching the "magic age" and the realization of declining fertility that made these other factors relevant. My participants realized that they had to act, and act pretty quickly, if they wanted

to make becoming a mother a reality. Financial security, self-confidence and social support merge to create the "right time". The right time, however, becomes relevant when it coalesced with their window of opportunity. The right time is when these women cannot wait any longer because of declining fertility, and when they feel ready to give up searching for "Mr. Right" (at least, temporarily) in order to pursue motherhood.

Holding Out

For centuries, most women have depended on men for their homes, their income, their food, and their security. The type of lifestyle a woman had, and her overall prospects for happiness, were linked directly with her ability to choose (or luck out with) the right man as a partner. Now, however, we live in an era where a woman is capable of taking care of herself, without the need of a man. Women are educated and working, affording them financial autonomy. The stigma of the "old maid" or "cat lady" is fading and it is becoming more acceptable for a woman to be alone, or to be a single mother, if she is not happy with the choice of prospective partners available to her. This acceptance, however, is still contingent on others' understandings of her motives in making this choice. It is not enough to simply decide to become a single mother as her motives can become suspect and her decision may be perceived as an outright rejection of men, marriage, and family. Rather, she must demonstrate that she has tried everything within her means to secure a partnership. She must make others understand that she has "held out" for "Mr. Right" for as long as biologically possible.

For many of the women in my study, becoming a single mother was not something they dreamed of while growing up. Rather, they thought that love and marriage would come their way and then, with a partner, they would decide to have a child. Many women spent years of their lives trying to make that dream come true. Time spent looking for "Mr. Right", however, or being in relationships with "Mr. Wrong", clouded their desire for a child. Several women told me they did not realize how deep their desire for a baby was because they thought they had to have a man first before the reality of a baby could exist. A majority of these women discussed their search for "Mr. Right". They explained how they had put their desire for a baby aside and had been focusing on finding a suitable partner. This, however, only lasted for so long. Soon the realities of age, declining fertility, and their desire for a child had to be addressed. Carmen explained:

> Being a mother was my top priority in life and I just couldn't wait for a husband any longer and I wasn't willing to keep my life on hold any longer. I needed to move forward with the life I wanted to live. I wanted to be a mom and have a baby and I knew I had to make that dream come true myself because my fertility was quickly declining.

Several participants spoke of trying to make relationships work for the sake of starting a family. Many told me how they had dated "losers", or stayed in relationships they knew were not right, in hopes it would eventually work. These hopes had been fuelled by their desire for a child and a family. Many women had trouble getting out of relationships or breaking it off with partners because of fears of having to start the search over again for "Mr. Right". Melissa said:

> As I got older I really started to think about having a family. The problem was I am a loser magnet. I have dated every loser out there and kept hoping the next guy would be better. I got to the age where I thought really let's not risk

it! I'm going to do it alone because I didn't want to deal with custody issues and being connected to somebody I did not like for the rest of my life.

Monica explained:

> I had been dating the same guy for four years trying to make it work and I didn't make any secret of wanting children and I thought that he was on board. Finally when I turned 39 I said it's time and we went through a few rounds of what do you want. After the conversations about starting to try he sort of seemed like he was not on board at all. He's a guy who I think has really moved to inaction in his own life and I had sort of closed my eyes to that because I wanted a baby so bad.

Molly reflected back on her past relationship:

> I totally think it's wonderful being the first generation of women who have both the social space and the technology to have a child on our own with integrity. I just sit here and thank god I didn't have to work things out with my alcoholic boyfriend because I could have. I stayed with him longer than I should have anyway and wasted time I could have used to start this process earlier. Some women even today would have stuck with him possibly just long enough to get pregnant and then leave. I didn't want that and I didn't have to do that.

Many women were vigorously dating before deciding to go it alone. Most were engaged in online dating, speed dating, hiring personal matchmakers, going on blind dates, and attending local singles' nights, simultaneously. There were different kinds of daters among the women I interviewed. Some were serial daters, wading through men quickly and methodically in order to find someone "in time". Marci recounted her dating experience:

> I did a lot of dating. I did all of the online sites, I did lunch dates and I did speed dating. In one week I would have six or seven dates scheduled. I was going on lunch dates and dinner dates in the same day. It was so exhausting! I tried, I tried, I tried but when you start to feel like you're banging your head against a brick wall, stop. I kind of think that's what triggered the decision for me.

Some women could be classified as aggressive daters and/or desperate daters.

Rachel and Tiara, reflected:

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I was doing online dating and I also joined a dating service where you paid them a ton of money and they hook you up with people. I was really trying but I just wasn't getting anywhere. It was sort of depressing. I did that for years and years. I was aggressively dating for a long time. (Rachel)

In my dating life I was so desperate to be a mom that I tried to make relationships work that weren't worth making work because I thought I must marry him. I must have children. Whereas now I realize that that wasn't necessary. I wish that someone had told me at 18 that this was an option because I don't think I would have wasted so much time between 18 and 35 trying to get married. I was just one of those desperate girls that guys were like "she's too desperate!"(Tiara)

Some women became hopeful daters, confusing any potential relationship with the urgency that this could be "the one". Some women realized that their desire for a child was so strong that it was probably clouding their judgment. Rachel explained: "I was at that point where I was not sure I could make an objective decision about whether a relationship was really the right thing or whether I would rush into it because I hoped that I would get a family out of it". Nancy reflected on her haste to find a partner and the long term consequences that may have resulted because of her growing desire to mother:

Suddenly, I was 35 with no love interest on the horizon. I could hear my biological clock ticking. I tried on-line dating and a few other ways to meet men but as the time wore on, it became hard to fairly evaluate someone without wondering how soon he could get me knocked up. I was afraid that I would settle for "Mr. Right Now," condemning both myself and my future offspring to the pain of a broken marriage in my haste to become a mom. I needed a game plan with clear boundaries to protect myself from making a mistake. I decided I would give myself until my 37th birthday to let a Hollywood romance happen, if it was destined to be. Otherwise I would find a way to go it alone. In the meantime, I researched adoption and donor insemination and began gathering information about the hows and whys of both.

Searching and waiting for "Mr. Right" is a task that involves a certain amount of luck. My participants could not, no matter how much they wanted to, make the

man of their dreams appear. Leaving their future up to chance was not something most were willing to do any longer. The act of deciding to go it alone gave several women a sense of control over their lives. Marci told me:

> Deciding to do this was tough but I felt like, well, at least I'm doing something. For so long I was just waiting and at least now I'm making my dream come true. Action is kind of power. It felt good to finally be doing something about it and feel like I wasn't all depressed waiting to meet someone. It's been really empowering.

Deciding to become a single mother is not an easy task. Thoughts, worries and fears of what others will think about them and their children fill these women's minds. To counteract these perceived attacks, my participants defended their decision by telling their story in a particular way. They highlighted certain aspects of their journey to this decision as a way to prove their worth and legitimacy. One key aspect they highlighted was their search for "Mr. Right". Articulating their prior dating record and the lengths they went to find a suitable partner before having a child was part of the story they had to tell. They demonstrated that they had held out for as long as possible, that they had dated and tried to make relationships work with "unsuitable" men, and that they had put money, time and energy into dating, all to no avail. Many women told me "I tried my hardest to find him" and "I waited as long as possible". They explained how they had exhausted all the options. These stories were used as a way to legitimate their decision and make it socially acceptable; to highlight that it is not a bizarre or scandalous thing but the only option left if they wanted their own biological child, which they so desired. Nancy told me "I tried. I did my best to find a partner with no luck, so that's why I'm doing it this way".

Not only was holding out used as a way to defend their decision to others, it was also a way to understand this decision themselves. In other words, these women had to acknowledge to themselves that they had tried everything they could to find a partner. Knowing that they had tried their best and waited as long as possible for the realization of their dream of love followed by marriage and motherhood allowed most women to finally put that dream to rest (at least, temporarily) and start working towards achieving their desire to become a mother.

No more waiting for the prince: Deconstructing relationships

Most of these women had traditional ideas of how they expected their lives would unfold. Many of them told me they expected to marry and settle down to have a family. It may have been the loss of a lover, the disappointment in an intimate's unwillingness to be a father, a pool of candidates that were not acceptable lifetime mates, or the refusal to "settle" for just anyone that made marriage not a reality. Whatever the reason, the women found themselves in their 30s or early 40s without children. Even if being a mother had not been part of a woman's early plan, sometimes this desire emerged in her 30s or when significant people in her life had children. By this time, these women had become accustomed to meeting their own social, financial, and intimacy needs. Wanting to become mothers now became another need to meet on their own. As Melissa stated, "I was 35, I had just come out of another lousy relationship and I thought 'why am I doing this just for the sake of having a family. I could possibly do this on my own'".

Most women went through a period of time leading up to making this decision where they had to separate motherhood from marriage. Several explained how they realized that what they truly wanted was a child and that marriage was the assumed pathway to achieve that desire. Therefore, they had put time and energy into securing a partner and now they had to shift focus and funnel their energies, time, and money into achieving their desired child instead. Molly told me how, after breaking up with a man, she would go into what she described as a "meltdown". Upon reflection, she realized that: "I was not going into meltdown over the guys. I was going into meltdown because I wanted a baby and those were not unpacked for me. Those were associated. Those were so intertwined".

For many of the women in my study, there was a mourning period that occurred early on in the decision-making process. During this time the women deconstructed the old adage of first comes love, then comes marriage, then comes a baby in a baby carriage. Some of these women grew up imagining raising a family with a loving partner by their side. Giving up the traditional childhood dream of a glorious wedding followed by babies can be very difficult and take time to work through. Eventually the regret and remorse about timing and desire can be confronted, learned from, come to terms with and used as a launching pad into action.

Several women referred to a friend's relationship woes as something that influenced their decision to parent on their own. These references tended to focus on a friend's divorce. The stories told to me can be seen as a rejection of divorce

itself. Although it is hard to give up their initial dream of love, marriage and then a baby, it was harder to have that dream include divorce. For example Rachel told me:

> A really good friend of mine was in the process of getting a divorce. Her daughter at the time was not even two. We were out and talking about her divorce and one of the things she said that just really stayed with me was "you know, Rachel, when we got married part of me knew he wasn't the right guy for me but we were in our 30s and we both wanted kids so I thought I just better go for it and hoped it was the best thing". She was so upset. He had cheated on her and was into drugs and all this stuff. After that conversation I thought why don't I just have a baby on my own and skip the lying cheating ex-husband. Then I just realized that that's what I wanted to do.

Similarly Paige reflected:

> I have a good friend who met someone. Then waited for everything to be up to par and then got married. They went through vasectomy reversal and IVF and finally got pregnant. She has a child but I saw what she went through to get there and now they are separated and divorcing and the child is two. So I just I see that and think now she's tied to that man for life through their child and his anger issues etc. So to be honest in terms of a negative example that's definitely had an influence on me and my decision.

When asked what their thoughts were about marriage in the future, all but a few of my participants stated that they were open to a relationship, and hoped to find one, but were not actively searching. For most of these women, relationships were viewed quite differently post-decision. Carmen said: "I would still like to get married someday, but I accept the fact that it might not happen and I'm OK with that. It's more of a want than a need now." Tiara and Nancy highlighted how, since making the decision to become a single mother, their relationship expectations are at a higher standard (they may not be at a higher standard post-decision making as much as they were substantially lower during the period of pre-decision). There is also an increased desire for romantic love, not convenient love. Nancy recounted:

> I would like to be married someday. I like men. I like their company. I have a good relationship with my dad and lots of great male friends. I'm not

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"actively" searching though. I just want it to happen when the time is right. I'm not willing to settle just to be with someone. I've had lots of "wrong relationships." As my spinster aunt reminds me, "It is far better to be single and wish you were married than to be married and wish you were single." When I fall in love, I want it to be with someone who I admire and respect for good, solid reasons and who admires and respects me back. He needs to be gentle and kind and smart and funny. He needs to be someone who lives with intentionality and thoughtfulness and is able to talk things through … Someone who isn't intimidated by my brilliance and who doesn't turn his head every time a supermodel walks by. I'm cute enough in my own way but, as a daughter of second wave feminism, I've got far too much to do to spend my time at the beauty counter! In the meantime, I have this amazing community full of dazzling people I love around me … and I'm about to get to be a mom … so what more could I want?

For a woman making this decision, having held out for "Mr. Right" for as long as biologically possible justifies, to herself and to others, her decision to become a mother alone. It is not an easy decision to come to terms with. There is a lot tied into her dream to mother that she must deconstruct and come to terms with first. Having held out is a story she must tell herself and others in an effort to gain understanding and placement within the socially constructed bounds of what constitutes a "good" decision. Hastily making this decision, never having tried to secure a suitable partnership, or becoming pregnant in an "unsuitable" relationship all constitute making a "bad" decision. In order to show how they have made a "good" decision, how they are going to be "good" mothers and how they are still "good" women, they counteract ideas of what is a "bad" decision, mother, and woman through their stories. The women discussed their desire to mother and how they have tried to achieve that goal through the means of a partnership. They rejected divorce and expressed how they would rather go it alone than stay in a relationship that is bound for divorce. Further, they expressed their desire for a partnership in the future and how they have not given up entirely on that dream but rather have put it

on hold. They explained that being a mother and their children, real or desired,

deserve all of their current attention, as would be the case with any "good" mother.

Why Medically Assisted DI?

The method by which conception was pursued and achieved (for some) was

of great importance to the women I interviewed. By way of design, this study only

recruited women who had chosen medically assisted DI. Therefore, the research

design dictated what method was used by all of the participants. What is of

importance, however, is *why* they chose this method. Before deciding on using

medically assisted DI, most of my participants did examine all avenues to become a

mother – known donor, heterosexual sex, adoption, and unknown donor. Although

medically assisted DI was far from easy, many women said they chose it because it

gave them the greatest amount of control. It also allowed them to experience

bearing and raising their own biological child without the potential complications

that might arise in asking a man to whom they were not married to father their

offspring. Further, not all women knew of men they would have wanted to ask and

who would have agreed to such a plan. Several women spoke of how such

arrangements posed the risk of complex emotional entanglements and possible

future custody disputes. Choosing medically assisted DI also had the advantage of

bypassing the bureaucratic obstacles single women have been found to encounter in

an adoption culture that can be prejudiced against them (Ben-Ari and Weinberg-

Kurnik, 2007; Hertz, 2006). Medically assisted DI, however, does come with its own

set of complexities that must be navigated. Many women spoke of how medically

assisted DI can be uncertain, time consuming and may become exorbitantly expensive. Regardless of these complexities, the women in my study found this option best suited to them.

Many women expressed how medically assisted DI offered them the most controlled environment in which to conceive. There were three key elements explicitly discussed that influenced their decision to choose this particular method: (1) control over legality, (2), control over having a child, and (3) control over sexual safety. One element that was not explicitly discussed by my participants, but that I would argue was a fourth underlying element in choosing this method, was the control it afforded them over their story. I will discuss these in turn.

Many women in my study discussed concerns over potential legal issues. A majority of these women expressed the comfort they felt in choosing medically assisted DI because it eased the possibility of legal issues and custody battles that may arise with a known donor (McCartney, 1985; Robinson and Miller, 2004; Kelly, 2010; Siegel, 1998). Morgan told me "legally, it's the safest option". Rachel elaborated:

> I'm a lawyer and I did some research about the legal parts of it and I just wasn't comfortable with the known donor uncertainties because you think you know and they know that they don't want to be involved but then there is an actual child and that can evoke emotions they didn't know they had. I don't want that. If I'm going to do it on my own I want to have control over it.

Related to wanting control over legality, many women discussed wanting total control over having their child. In other words, in deciding to do it alone they wanted to *do it alone*. As discussed above, when entering into lone motherhood, these women had given up the dream of the two-parent family and started focusing

on a new dream – their dream to mother. They decided to go it alone and more than

just simply coming to terms with it, they started to own their decision and take

pride in the fact that this was *for* them and *by* them. They wanted full control over

the process as well as the experience. Tiara described:

> It was important to me that once I made the decision that I was going to
> parent on my own that it was going to be *on my own*. I didn't want to have to
> share decisions or share philosophies. Even if there had been somebody that
> I could have conceived with, I wouldn't want to share the rest of parenting
> with them. (Emphasis added)

For some, deciding to go it alone was more about ownership, ownership of their

child and ownership of their decision. April recounted:

> Going the friend route or somebody that you knew or just hooking up for the
> night was never an option for me because I just said I wanted them to *be
> mine*. I decided this. I didn't want ties, I didn't want somebody to come back
> later and say "Okay, you know, I did sign a piece of paper to release my right
> to be a dad but now I want to be a dad" and so I just wanted that total
> assurance that these are *my* kids. (Emphasis added)

> Another reason many women mentioned when asked why they chose

medically assisted DI was what they deemed the safety of it. Many expressed that it

was the "safest option" or that other options were "unsafe" in comparison. What

these women were really talking about was safe sexual practice. Several women

expressed concerns over having unprotected sex with a male because of the

possibility of getting an STI. Several explained the reassurance they felt knowing

that the donor sperm were screened for possible diseases. Nancy commented:

> It seemed like the safest, easiest, most reliable method of conception. I liked
> that the donor was screened for every imaginable disease … that we both
> received genetic screening. I was working with a reputable doctor. I knew
> that the donor sperm was being given every possible opportunity to connect
> with one of my eggs every month. There was no guesswork – I could watch
> my egg ripen on the ultrasound monitor over several days and watch the
> sperm be deposited up close to the ripe egg on the day of ovulation.

Further, in discussing the safety around using medically assisted DI, the

conversations would turn to what I suggest is the fourth underlying reason for

choosing this method – control over their story. Several women expressed this

element by saying that, in choosing this method, they were not participating in

unprotected sex with a stranger. This was brought up several times and it became

clear that there were "floozy" ways of doing this and "non-floozy" ways and, by

choosing medically assisted DI, they were not participating in a "floozy" act. They

were in control of their story and highlighted the fact that they did not just go out

and sleep with whomever. Further, by choosing to actively go the medical route, my

participants had a story they could use to counteract rumours or backlash they may

have received in becoming a single mother. Alexis elaborated:

> So many people have just been like why don't you go to the club or why don't
> you just go to Mexico or Vegas and sleep with someone. To me it just feels so
> unsafe. You don't know anything about them. You don't know if they have an
> STI and what would I tell my child? What do you say? "I'm sorry I just really
> wanted to have a kid so I went and I knocked myself up and I don't know
> anything about your father, sorry". That makes me sound like a floozy. So I
> would never do that.

There are larger discourses around female sexuality, specifically, what

constitutes proper sexual practice for women. As I have stated in my literature

review, "good" female sexuality is characterized by a heterosexual partnership

whereby sexual intercourse is used as a means to procreate (Friedman et al., 1998;

Carabine, 1992). Therefore, when women decide to become mothers on their own,

their character may be scrutinized and assumptions may be made about their sexual

practice. There is a tendency in our society, upon hearing a woman is a single

mother, to categorize her as having committed bad sexual practice by having

unprotected sex and sleeping around (Carabine, 1992; Sidel, 2006). My participants anticipated this categorization and choosing medically assisted DI gave them some form of control over their story. Many women discussed how, in explaining to others their decision to mother on their own, they would relay how they had decided this, that they had planned this, they were not just becoming mothers because of a one night stand that left them with the decision post-conception. They also could express that they did not just go out and sleep with someone in hopes of fulfilling their desire to be(come) a mother. They did not purposefully have unprotected sex with a stranger.

Donor Decision

There are many decisions a woman must make during the initial stage of entering lone motherhood. As I have discussed above, she must first decide to be single, then decide to be a mother, and then decide to be a single mother. After those three initial steps are taken and decided upon, she must then choose the method to achieve conception (medically assisted DI for the women of this study) and, in the end, she must finally choose her sperm donor. In my original set of questions, the topic of donor was not present. It quickly became clear, however, after a few interviews that this was an important topic. I added a set of donor questions to my interview guide. For most of the women, the "hard" decisions had been made; they were on their way, so the process of choosing a sperm donor was exciting, entertaining, and enjoyable, for the most part.

In telling their stories, several women used the language of romance to describe the process of donor selection. Some women said such things as "he was gorgeous", "it was the sound of his voice", and "the one". The romantic language used by my participants also created imagery of a romantic evening with characteristics resembling a date. After poring over profiles and narrowing the search down to a few donors, many women would discuss the profiles in detail with girlfriends or mothers, similar to discussing a guy after a date. Tori explained:

> I would make an evening of going through donor profiles. I would pour a glass of wine, turn on some jazz, and go through the pile of profiles I had printed off. I would narrow it down to my top choices and then if possible order more information on the donor. I would then have another night of wine and jazz going through the detailed profiles. I would show my girlfriend my top choices and get her opinion.

Choosing a donor is quite different from choosing a partner. Many women, however, cast the donor profile in a similar light and assessed profiles by similar criteria. Many chose their sperm donor based on who they "liked" the most. The final decision came down to a connection the women felt toward the sperm donor's profile. Tiffany explained:

> I didn't expect to feel strongly about him. I had a list of things I required (ethnic match to myself, medical history without any diseases that run in my family, educational background). I was going to be very logical and methodical about choosing a donor. Oddly, I ended up picking someone because he shares a very unique life passion with me - rescuing retired racing greyhounds. It was so random! He was the first donor I clicked on too! I took it as a sign that this was the one. That he also fit my other criteria was a bonus. I also really liked his voice and how he answered the questionnaire. He is someone I would probably enjoy hanging out with.

A few women even stated that they were looking for someone they would have dated. Lana recounted how the audio recording aided in her decision:

What sort of sold me on him was this little audio clip where you can hear their voice and for some reason that seemed to convey the most information for me. I felt that I could sort of tell his personality a little bit from the recording. Some of the other profiles looked really interesting and then I would listen to the guy's voice and I was like "no, no, no definitely not" and, you know, I realize that this sounds like someone who I would want to date.

The women were able to show the control they had over this process by being able to choose the sperm that would impregnate them. In telling their story to others, they highlighted the fact that they had spent hours and nights sifting through hundreds of donor profiles. It was not a random vial of sperm, just as it was not a random man from a bar. Rather, they spent hours learning about their donor and actively chose him. The choice of sperm donor was of significant importance in telling their story. In discussing donor selection, they put a heteronormative gloss over the whole process. They used romantic language to explain the process of selecting a donor. They assessed donors by the same criteria they assessed dates. This may not have been a sexual process but it was not un-human either.

The above discussion illustrates the complex process these women go through when making the decision to be(come) single mothers. There are many factors that influence their decision. Of particular import is their increasing age, decreasing fertility, and desire to mother. Through the course of the interviews it became clear that a larger social discourse was at play in the creation of the stories they were telling themselves, others, and me.

CHAPTER FIVE: THE STORY TOLD

RELATIONAL WORLDS

I am single, but not alone. (Amy)

In this chapter I examine the changes that occur to the prospective or new mothers' relational worlds. For most, changes occur as soon as they discuss their decision with others. As much as these women have chosen to "go it alone", relationships, support systems, and networks all influence their decisions and their lives. As these women's decisions transpire, as the processes unfold, as thinkers become triers, inseminations turn into pregnancies and, with the arrival of a child, their relationships with family, friends, and co-workers change in many ways. In fact, understanding the shifts in these relationships can assist in understanding the phenomenon of choosing single motherhood. I will examine the reactions,

interactions and support from family, friends, and workplace acquaintances. I will

explore how the online site, from which I recruited participants, helped facilitate the

whole journey to be(come) a single mother. Finally, I will discuss the processes,

experiences, and interactions between these women and the medical community.

Relationships and Social Support

The participants' private thoughts eventually became conversations – first

with their most intimate family and friends, then within a wider circle of important

people in their lives. It was clear from my interviews that these selected people

played a vital role in my participants' journey into single motherhood. My

participants created a group around themselves who approved of their choice so

that, if and when they became mothers, they would have a welcoming community

and a strong, established support network. During the months and even years that

they tried to conceive and awaited their babies' arrival, they took time to strengthen

bonds that they hoped would cushion their new family. With the exception of an

isolated few, the women I interviewed celebrated motherhood by inviting their

close friends and family members to accompany them on this journey. They were

not mother and child against the world but part of a broader group of people who

were chosen and willing to support them. This is not to say that women who have

partners do not make these arrangements also, but these women consciously went

about this process in order to ensure that their needs would be met.

The participants revealed deep contemplation and serious analysis in

considering with whom to discuss their decision. As noted in the previous chapter,

many women were concerned with others' perceptions of them and their decision. They, thus, thought about who was best to talk to about this, who would be non-judgmental, and who was most likely to support them. There were three main areas of disclosure that my participants discussed with me. First, disclosing with family and more specifically parents; second, disclosure to friends; and third, disclosing at work. I will discuss these in turn.

Family

   Parents and siblings were informed at various times. It seemed that deciding when to discuss this idea, decision, or process with family members was a very personal matter and varied for each woman. Factors that seemed to influence when disclosure was made centred on prior and current relationship, perceived religious or traditional values of family members, and the stage a woman was at in the process. Some women discussed openly and promptly with family members – mothers in particular – about deciding to enter into lone motherhood. A few women told me that it was actually their family members who told them to become mothers on their own in the first place. They included their family members in the decision making process, using them as a sounding board, listening to their opinions, and confiding in them. Usually, the woman would initially disclose to one family member and then slowly start telling others as she progressed in the process. For most women, that initial family member was their mother (although some women's mothers had passed away and they confided in their fathers. There was a rekindled sense of grief when going through the process when thoughts would surface of how

their mothers would not be around through this process or how they would never be able to be grandmothers). Alexis tells of how her mother was "on board" instantly and of how her father was informed inadvertently but was nonetheless supportive:

> My mom knew right away because I work with her so she heard me make the call to the doctor. I'm so comfortable and sure of my relationship with my mother I never even thought twice about making that phone call in front of her. What's funny is that she told my dad about my break-up, she keeps him in the loop with everything, and I guess they were lying in bed and my dad says to my mom "maybe she should just do it on her own." So my mom says "I wasn't going to tell you, I was going to let [Alexis] tell you, but actually she's planning on that." Now that I'm thinking about it I don't think I've ever really talked to my dad about it. I just know how on board he is.

For other women, telling their family was not as straightforward. In fact, some of the women did not tell their family members until they had conceived and were comfortable that this was a viable pregnancy. Some chose to wait to tell their parents so that they did not get their hopes up for a grandchild in case of trouble conceiving or miscarriage. For others, the decision to wait with disclosure was because of apprehension about what the reaction would be. Some participants believed their parents would not understand and thus had not told them at the time of the interview, or had opted to wait to tell them until they had conceived. Although some concerns around disclosure were founded, not all were. Monica explained:

> I told my sister and my brother right away and they were super super supportive but I didn't tell my parents until I was several weeks pregnant and I was nervous to tell them. I didn't have the greatest relationship with them when I was a kid; it's gotten much better now. I was also raised Roman Catholic and I know it's not something they are used to hearing and I just didn't know how quickly they would come around to it. I also was kind of nervous plus I had really bad morning sickness which is a lethal combo creating this huge worry in my head and when I started to tell them, I mean, I'm not a super emotional person or anything generally speaking but I started to cry as I told them and my dad was like "WHAT'S WRONG?" and I said "I just don't want you to be mad or think I didn't think this through" and he was like "what's there to be mad about? This is great!"

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Reactions from family members were, for the most part, supportive, loving, excited and encouraging. Rebecca told me how her father was so excited and encouraging that he offered to buy the sperm for her. Tiffany said that her parents' positive reaction shocked her because "[i]t took me nearly ten months of soul searching to make this decision and they were ready to move forward five minutes after I began the conversation and they even paid for some of it." Some families even adapted family traditions to include this new life stage. Carmen recounted:

> We have this special celebration on my Mom's side of the family whenever a couple is getting married. My family decided to break tradition and have the same celebration for me when I was pregnant. I had wondered whether they might agree to have this celebration for me, but my Mom thought our conservative family would consider it too "different". In the end, three different aunts asked for permission to host the event because they were so excited about it and attendance was higher than for many previous events for other couples that were getting married. Also, one of my cousins is a lesbian but had never brought her partner to any event, but she brought her to this one, and I secretly hope it's because I had opened the door to "non-traditional" families within my family.

Some parents and siblings were supportive instantly, while others took a little more time before accepting the decision. For a few women, their parents had great difficulty understanding why they would want to do this. Some women discussed how their parents had asked them to keep dating a little longer and try to achieve motherhood through the "traditionally appropriate" channels. It took numerous conversations and a great deal of patience but eventually all women reported being supported by their parents in some form or another. For Sophia, it took a while before her parents would accept that she was venturing into lone motherhood:

> Responses were negative in general. I mean not after the child was born but before. My parents are traditional and still live in Chile. They said things like "you're crazy, you're too young, wait till you're 40, 42, you're attractive, you have this, and that, it should be easy to find a partner. This should be for overweight, middle-aged women, not for you." They thought it was irresponsible, like I was denying the child a father. I mean, I think my parents thought that.

Sophia's parents fixated on what they thought a single woman making this choice would be like, which was not their daughter. Even though Sophia's parents did not understand her motives or accept her decision initially, once she was pregnant both of her parents applied for US visas. Her mother came for the first six months to live with her and, after her mother left, her father came for the next six months. They wanted to help ease this transition for her and bond with their grandchild. The initial thoughts and concerns of her parents have long been forgotten and Sophia explained how in love they are with their grandchild now.

Overall, most women told of how they had practiced their "coming out" story beforehand. This consisted of focusing on certain aspects that they thought their family members would be more likely to understand. Several women discussed being unsure how their family members would react and many were surprised by the instantaneous support they received upon disclosure. Several realized that they did not have to rehearse how they would deliver the news as it was well received. Tiara said:

> My family was surprisingly positive. I expected to hit a lot of resistance and judgment but I just received a lot of support. I had practiced how I would tell them, you know, I would say "you know how long and how much I have wanted to be a mother" and "I planned this and I am doing it in a safe way by using donor sperm". It almost seemed like the people that I expected to get the most judgment and resistance from seemed to be the most open. My brother's initial thought was "you're crazy, here's Tiara being crazy again". I told him "why do I have to fit into the old fashioned mold of not being able to

have children just because I haven't met a guy and gotten married. I've always wanted to be a mom and have a baby so I can't have that because I don't have a guy?" So then after thinking about it, and when I say thinking about it I mean in a matter of minutes, he said that this is the right thing to do. His long-standing reaction was that he was proud that I would have the courage to move forward in this way. So it was really nice to have that kind of support from the people that mean the most to me.

The same larger discourses my participants anticipated defending

themselves against in the previous chapter are of worry to their parents and family

also. For family members, the larger discourses surrounding "good" and "bad"

sexuality and legitimate and illegitimate children were of concern and, for some,

great concern. No participant ever discussed a family member severing ties,

support, or communication upon disclosure. Rather, some family members' initial

disagreement and trepidation was not focused on the woman or her decision but on

concern and unease about what others would think. Some family members had fears

of how the labels of "illegitimate children" and being "knocked-up" would affect

them and the family. Stephanie recounted:

> My paternal grandmother was not happy. She was very traditional and did not understand why I wanted to work rather than to be married and definitely did not approve of having children outside of marriage. We did not speak for several months after I told her. My father told me later that she called him every week to find out how I was, but she and I didn't talk until after my daughter was born. I took the baby to visit her when my daughter was about a month old and we reconciled; she apologized for her attitude. My dad had lectured her some during my pregnancy; she had been worried about what people would think of her if her granddaughter had an illegitimate child and he told her to just tell them that she was about to become a great-grandmother for the first time and focus on that. (My dad was great.)

Molly told of a similar situation with her mother. Molly was living in

Cambodia and, before moving, had forwarded all of her mail to her parents' address.

Molly's mother had learned about her decision by receiving a bill from Molly's

sperm bank, thus erupting in a trans-national fury. Her mother sent her an

unimpressed email and stayed up all night trying to contact her through Skype.

Molly recounted:

> My mom had busted me for frozen sperm so that's how everyone found out
> [laughing]. What an oversight on my part! My brother was supportive from
> the get-go and I knew he would be. My parents, I thought they would sort of
> freak out and then come around and be happy and that's exactly what
> happened with my father. My mother's been a much more difficult process
> because I think she got really wrapped up with and frantic about the scandal.
> She got very wrapped up in what people would think. Basically she was
> embarrassed. She tried to pressure me to get back together with my alcoholic
> ex. It became that he was my savior and perfect. She has slowly come around
> but it took a lot of seeing support from other people and she was actually
> surprised by how supportive people were to me.

After conception, there is a point where disclosure transcends the tightly knit

support group these women crafted for themselves. Family members start to

disclose to other family members or friends of the family. Similar to the stories

crafted by my participants, family members used proactive disclosure stories when

telling others. They relied on the desire of the woman to mother and highlighted the

means by which conception was achieved to construct a particular picture of her

and her pregnancy. Tiffany explained:

> It took my dad a bit to get on board with what I was doing. Finally, when I
> was far enough along in my pregnancy he started to tell others. I think he was
> getting excited to be a grandpa. He told me about how he was out for coffee
> with my grandma when a few of her friends showed up. My pregnancy was
> brought up and they both said right away "she planned to do this on her own
> and bought the sperm. She's wanted to be a mom forever".

The means by which a child is conceived becomes of importance when it falls

outside of a heterosexual marriage or partnership. There are right and wrong ways

to become a mother, especially when becoming a single mother. The larger

discourses surrounding single motherhood produce imagery of a woman sleeping

around and accidently getting "knocked-up" and being unprepared to raise a child. Therefore, when disclosing to others, my participants and their families tell a story to preemptively counteract those images and highlight how they do not resemble that imagery. They emphasize how they have practiced "good sexuality" by not sleeping around but, rather, have planned this whole process. They defend their decision and lifestyle before others have a chance to think otherwise. The conception story for my participants, and the one used by their families, consists of over-sharing information as a way to "fill in the blanks" for others and ensure their story is not fraught with rumours and incorrect information.

Friends

Disclosure to friends differed in comparison to family. There was less concern about what their friends would think of them and their decision, and more contemplation around deciding whom to tell. Many women discussed wanting to tell only a select few intimate friends. Each woman told of deliberately building and maintaining a strong friendship network. Overwhelmingly, support from already existing friendships poured in. For the most part, I heard stories about female friends with only a few instances where male friends were considered. Many women discussed how their friends were happy for them because they would "make a great mom". Interestingly, reactions from friends tended to be influenced by their friends' own lives and things they were experiencing at that moment. For instance, some women shared how they had friends who were struggling to conceive, and upon hearing the news, bonded with one another over fertility clinic formalities,

testing, and the emotional rollercoaster that fertility treatments can be. They had

someone who also spoke the language of ARTs to commiserate with. Further,

friends who were already mothers gleamed with excitement that their friend would

soon be a mother too and they would be able to talk "mommy things". Tori told me

how a friend's reaction of pure excitement shocked her a bit. After reflecting on that

moment, Tori had this to say, "I think she has found motherhood to be very fulfilling

and wants me to have the same experience."

These women are experiencing becoming part of a group, a whole new

cultural space; they are entering into the culture of motherhood (Nelson, 2009). For

some, making this choice to become a mother leads them to achieve a familiar

motherhood identity; which is seen as a legitimate, mature and feminine identity.

Letherby (1994, p. 525) states, "in Western society, women live their lives against a

background of personal and cultural assumptions that all women are or want to be

mothers and that for women motherhood is proof of adulthood". All at once these

women became adults and gained entryway into the culture of motherhood.

Some friends' reactions, however, were less than enthusiastic. A pattern

emerged whereby friends who were not overly supportive tended to consist of

other single friends or friends who were deemed by the participant to be having

trouble in their own relationships. For example, Tori told me "my one friend has

been a little quiet on the issue. She does not want children at all herself, although

she is great with them. So inevitably this will change the dynamics of our friendship

(we are the only ones who are single and childless). I think she feels like I deserted

her." For some, the negative reactions seemed to be projections of a friend's personal problems onto the single woman. Molly explained:

> I lost a friendship with my good friend Matthew over a little unrelated argument we had. He totally blew up and I think that the real issue it that his wife desperately, desperately, desperately, wants a baby and he is dead set opposed to this and here I am having a baby by myself. I mean his wife spent my whole baby shower crying and she's in counseling trying to reconcile being childless. So I think I'm a lightning rod in their marriage and then this inadvertent offense, the bad joke, was just an excuse. Similarly, Angela was somebody who always wanted children and her husband kept postponing having children and by the time they finally broke up she was in her 40s and it was too late for her to have children and here I dumped somebody on time and Angela did not make that choice. So I think with both Matthew and Angela what ended up happening in terms of my problems with friends over this has not been opposition to what I'm doing but the way it pushed buttons about problems and regrets in their own lives and relationships.

Overall, there was less emphasis on having "their story" ready when disclosing to friends. Rather, my participants deliberated on to whom they should disclose. They wanted to choose friends they thought would support them. Friends were accepting, understanding and encouraging of these women. Most were going through similar life circumstances and were able to bond over shared experiences (fertility treatments, pregnancy, birth, mothering, etc.) This general acceptance can be attributed to generational similarities and having grown up with a more flexible understanding of relationships and family such as the rise of gay and lesbian families, blended families, and divorced families. Friends were a great source of support and encouragement. Many women spoke of friends commending them on their bravery to go it alone. Some even mentioned how friends made comments of "Oh, I wish I was brave enough to do that" or "If only I had done that when I was a little bit younger". Many friends were curious about the process of medically assisted DI and asked many questions and showed great interest. Many had

numerous baby showers thrown for them and found that close friends would bring

over food and take time to visit the mom and her new baby. These single women

leaned on their friends for support and received transportation to and from doctor

appointments. Rachel even had her best friend be her birthing coach and help

deliver her baby.

Work

Good relationships with co-workers and bosses were also important to my

participants. Each participant indicated, however, that she did not want to explain,

or continue to explain, her life and personal choices in the work setting.

Why do I have to tell?

Arguably, one of the most challenging aspects of many women's employment

experiences emerges at the intersection of work and pregnancy. For pregnant

woman, there may be hesitation, unease, and concern about disclosing their

pregnancy to their boss and co-workers, and for good reason (King and Botsford,

2009). Unfortunately, preliminary evidence suggests that many believe that

pregnant employees limit team productivity, should not be hired or promoted, and

should be given fewer concessions (Gueutal and Taylor, 1991; Gueutal, Luciano, and

Michaels, 1995). Further research has found that women who are apparently

pregnant are treated with greater hostility when they apply for jobs (Hebl, King,

Glick, Kazama, and Singletary, 2007) and receive lower performance evaluations

(Halpert, Wilson, and Hickman, 1993).

For single women, disclosure at work can be an even more unnerving and tricky process. Employers tend to view single women as having fewer demands competing for their time and energies (Anderson et al., 1994). Their single status tends to camouflage the idea that they might one day become mothers. Many of the women I interviewed had been working at their current place of employment for years and had established themselves within their field. Thus, their pregnancy can come as a surprise to employers, it may influence and change employer/employee interactions, and it may invite personal questions that partnered women tend not to have to face. For example, Rosemary explained: "I think there would be support if I got pregnant. They would however probably say something like 'omg I didn't know you were dating anyone' and then, ugggh, I'd have to go into the whole explanation and tell them all about my personal life and decision."

Timing of disclosure at work is also a delicate process for all expectant mothers, however common practice is to wait at least until the end of the first trimester. Most of the women wanted to wait until after their first trimester to disclose to their employers, the same as most partnered women. Rosemary explained: "It's a case of why would anybody else who is perhaps married and trying to conceive tell their employer they are trying to conceive? They don't tell their boss every time they had sex with their husband so why should I tell them every time I get inseminated?" With pregnancy being concealable (until a certain point for most women) expectant mothers have the ability to choose when to disclose. However, for the single women of this study, concealing their pregnancy was not the focal issue; concealing their attempt(s) to conceive was. The majority of these women

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spoke of how hard it was to schedule medical appointments, fertility testing, and

inseminations around their work and fertility schedule. Tiara's experience of

scheduling her appointments was similar to most women I interviewed:

> The process is very time sensitive as far as there being a lot of appointments
> leading up to your procedures, blood work, testing, and then the actual
> inseminations. My clinic did a whole slew of tests to check on my fertility first
> before actually even moving forward so there was a lot of appointments I had
> to go to that had to be scheduled around my cycle. Thankfully my clinic had
> early morning appointment times so that I didn't have to miss a lot of work
> but I did have to miss some.

Like Tiara, many women did not want to disrupt their normal routine at

work, nor did they want others to notice that anything was different. As Morgan put

it "I didn't want anyone at work to know I was trying to get pregnant. I didn't want

to be seen as vulnerable and as a less dedicated employee." Wanting to keep their

plans to conceive private was no easy task and sometimes early disclosure was

inevitable. This was especially the case for women who were unable to access

fertility services locally and had to organize flights and overnight stays according to

their cycle. One woman who did not live near a fertility clinic did conceal her plans

by skillfully crafting a ruse every time she had to leave to be inseminated. This,

however, was not ideal as she explained:

> It was lots of like sneaking up to [city] and not being absolutely honest about
> why I was going. It was a major hassle to have to fly to [city] once a month
> depending on your freaking period! So I developed this whole range of
> plausible lies and just hoped that nobody would compare notes.

This was not the norm. Many women were forced to tell their employers when

scheduling and demands got to be too strenuous and conflictual. When this

occurred, most wanted to explain to their employers what was happening in hopes

of avoiding rumors and maintaining an environment of trust they felt had already been cultivated in their workplace.

Initial disclosure was not taken lightly and many women spent nights thinking about it and discussing with friends how best to go about it. Most wanted to tell as few people as possible and usually only discussed it with one of their bosses. This initial disclosure was usually made to a female boss. Repeatedly, without asking about the sex of their boss, I was told such things, as "My boss knew what I was doing because I was missing a lot of work so I ended up having to tell what was happening. They were all great about it. Most of my bosses are female anyways." Penny even made the comparison between disclosure with a female boss and a male boss. She said, "I was having complications getting pregnant. I had appointments at the fertility clinic all the time. I had to tell my boss what was going on. The first director was very supportive, being a woman and a mother herself. Now we are getting a male director and I wonder does he even know or care?" Mentioning disclosure to a female boss was not something many went into detail about. Rather, it was an off-handed comment or tacked on to the end of a sentence. It seemed that stating the boss's sex was all the explanation needed; being a woman, and maybe a mother, meant they were more likely to understand.

Eventually, the majority of co-workers found out about the pregnancy. Some women spoke of how they would make sure people knew the circumstances of their pregnancy. They would highlight and discuss particular parts of the their decision in order to defend themselves to keep being seen as a "good" woman. Penny said:

> I think there was almost a presumption or more of a question around my pregnancy at the office like "If you are not married and pregnant how did you

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get pregnant?" "Was it a birth control failure?" "Was this something intentional?" There is a secretary in my current office and we all work in a small office with very few offices with closed doors so you're kind of in everybody's business in open cubicles and open walls. She is older and when she found out I was pregnant she had this look of horror on her face which I think partly is because of her generation but I saw the look on her face and I immediately said "It's a good thing I planned this. I wanted this". I also had a male co-worker who was kind of wondering if I was one of those women who suckered some guy into knocking me up without telling him.

Brandi: Did he explicitly say that?

Penny: No, he didn't come out and say that but the way he phrased some questions to me was the "oh please tell me I'm not working with someone like that" and I could kind of see where a guy could have this idea of "please do not sucker me unknowingly into getting you pregnant, don't use me like that, don't subject me to eighteen years of child support". I finally just told him that I purchased donor sperm and was inseminated with it so he knew I didn't just sleep with some guy.

Having a positive initial disclosure and a subsequent supportive environment

was particularly beneficial as it buffered and reduced apprehensions about

disclosing. Also, after disclosure, some women noted that their early disclosure was

beneficial later on in the process. Tiara said:

> I didn't tell my bosses at first what I was doing but because of the environment of trust that we had I told them I was having tests done and that I wasn't sick. I did this to reassure them while explaining that I would be needing time off here and there. I got pregnant after my first insemination and I told one of my bosses, she's a female, so it's easier to talk to her, so I told her I was pregnant at six weeks. Looking back I am so grateful I did that because I subsequently miscarried and I could not imagine telling her at the time of my miscarriage. So I didn't have to explain anything, I didn't have to explain why I was off for a week. Then when I tried insemination for my second time they knew about all of my appointments and they were on board. Now they knew what was going on, they knew why I was missing work if I was missing work, they knew why I was having needle marks in my arms. They labeled me with the term "courage" and told me how proud they were of me. I never thought of it that way but that's what people tell me, that making a choice like this is pretty courageous.

Overall, most of the women had supportive and understanding employers,

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co-workers and work environments that eased the process of disclosure and subsequent events. Many told me of co-workers throwing baby showers for them, asking for updates, and a few mentioned older female co-workers telling of their desire to have had this as an option when they were younger. Many women had fears of what others might think about their decision, and fears of what becoming a mother would do to their work identity. Having a positive disclosure experience may have calmed their fears and left them feeling that their worker identity was not under siege because of this endeavor. I would also venture a guess that this treatment by employers may be because most of these women had spent years establishing themselves as responsible, independent and capable women within their places of work. The thought of them parenting on their own was not outlandish.

Career path

Work that once filled time is now seen to steal time away from, real or desired, family. These women do not have the luxury of a partner's paycheque. There are bills to pay and, when savings run low, credit can help them avoid more hours at work for only so long. For every hour these women are away from work because of appointments, or at home with children, they are trading money for time. After years of enjoying employment, many women downsized their jobs in order to expand their role as mothers. They started placing real, or desired, children in centre stage, not unlike some dual-earner couples in which one or both spouses make the same decision. These women recognized the potential of their existing

resources and redefined their use. Most women reduced their employment

expectations, using creative strategies as they cut back. In short, most of these

women's lives are not supported by a paycheque alone. Many of these women had

family members who lived with them or in the same neighbourhood and who aided

in childcare and housing costs. Others received gifts of baby clothes, hand-me-down

toys, or borrowed items from family and friends.

After having committed themselves to employment for many years, these

women find themselves having to choose between commitment to their workplace

and commitment to their child. They quickly discovered (or already knew) that their

commitment to the workplace, the very thing that kept their careers advancing,

would preclude them from being able to spend time with their children. Not one

woman was willing to use a twelve hour a day substitute, whether it was a nanny or

a family member, in order to continue working at her former pace. April, who had

twins, said:

> I haven't taken certain positions because I am a single mom. It's not that I
> couldn't make it work and it's not like I couldn't afford a nanny or find
> somebody to come into our home and stay with my kids. It's just that *I chose
> them, they didn't choose me.* I don't want to put them in that situation until I
> actually have to. I mean there probably will come a time where I have to
> make that career decision but hopefully that will be when they are older.
> (Emphasis added)

In order to spend time with their children, some women allowed their employment

to plateau, at least temporarily. Paige and Melissa recounted:

> I do worry a bit about the potential impact on my career but in weighing
> what's more important to me I realized I didn't care as much about my
> career. If having a child means I leave management and end up in a more
> senior level but sub management type of position for a lengthy period of time
> that's how it will be. (Paige)

> Having my daughter does affect my job because there is a lot of training that I can't go on because I would be leaving her for two weeks and I won't stay late anymore. I think you're sort of expected to do that when you're moving up and I just won't do it so it probably has affected my advancement in some ways but quite frankly I don't care. (Melissa)

As much as these women enjoy their work, their children, current or potential, now overshadow their jobs. Relationships with friends, family, and co-workers (to a lesser extent) are very important to these women. They resist isolation by involving themselves with others. They have learned to ask for help and have surrounded themselves with their very own "cheer group" who push them on and support them.

Single Mother by Choice Community

The importance of the organization that I recruited through cannot be overlooked when discussing relational worlds. This is a contemporary organization that has grown substantially since its humble beginnings. It started in 1981 in a basement with ten women coming together based on one commonality – choosing to have a child on their own. It has since grown into an international online organization with multiple chapters in different cities and countries. Primarily an online organization, there are still meetings and gatherings that individual chapters organize. These meetings and gatherings are more common in large U.S. cities. Some women I interviewed did attend face-to-face meetings, but the majority used it only in an online capacity. During our discussions, it became evident just how important, valuable, and impactful being part of this organization was for the women I interviewed. Through the stories told to me, it became clear that the online organization was immensely important to these women and influential in their

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decision-making process and beyond. Whether it was numerous women meeting or two, whether it was online or face-to-face, and whether it was accessing the organization at different stages or constantly, the importance of knowing that there are other women who have done this, or are doing it, was helpful. These women found a group to which they can belong. Belonging to a group of similar others is advantageous for the sense of community and connectedness that membership can bring. Nancy said: "It helps to remind me that I am not alone." and Gina stated: "It's incredibly helpful to have other women to talk to who know what the process is like. I like to know that there are other women out there like me, who have been through this process already and are being successful mothers."

Most striking was the influence other similar women (who were part of this organization) had on countering and calming concerns voiced by newer members or women in the thinking stage. One concern discussed was the heteronormative ideal. The idea of the heterosexual parenting dyad is salient in our everyday world. Correspondingly, this ideal of family life was salient in the prior dreams and desires of these women. As I have discussed, many of these women have to come to terms with starting a family without a partner - a romantic intimate partner for themselves, a parenting partner to share responsibilities and decisions with, and a second parent for their child. Many women stated that what they were doing was a "non-traditional choice", that it was "alternative", and they sometimes used words such as "crazy", "not normal", and "different" to describe this choice and lifestyle. These words were not used to denigrate their decision or devalue their choices, desires, and lifestyle. Nor were they used to diminish themselves or their children.

These women claim to be proud of their decisions and valiantly defend and argue

for single motherhood by choice as an upstanding lifestyle. I believe that some of

these women were still coming to terms with their situation while proceeding with

this process. By surrounding themselves with similar women, however, they were

able to continue working through giving up "the dream". Molly said:

> Another big thing that [organization] helped me with is I think there is a
> single mom by choice mentality and it is really, really, really, different from a
> relationship mentality. I had to unpack wanting to be in a relationship to
> decide to become a single mom and I needed help from other women to
> actually accomplish that. I mean I started on my own and came a great way
> but I didn't even realize that I was still holding onto a relationship mentality.
> There is a different attitude and mentality for being together or going it alone
> and they just cannot work together because you have to believe in certain
> things, different things. For a relationship to work you have to believe in
> "we're better with each other"... On the other side there's this whole other
> mentality, this whole other way of living and thinking about myself and my
> family and it's been really good for me to continue to work on unpacking my
> original mentality. The whole thing has been really empowering.

The women I interviewed all had very different experiences with this major

developmental step. A few seemed to shed their childhood fantasies about "happily

ever after" relatively effortlessly, while others tried repeatedly to make it work; for

very few was the passage from one state of mind to another smooth. Many had ideas

of what a woman making this decision looks like and what her life is like. These

ideas were not pretty pictures of strong, educated, attractive women. Rather they

tended to consist of desperate, homely, cat-obsessed women. Entering into this

community of single mothers by choice helped to normalize this process. It served

to show what women making, or who have made, this choice look like in reality.

Laurie explained: "Being a member of [organization] felt as being part of a

community and brought a sense of normality to the unconventional choice I made."

Caroline told about her first experience of meeting other women through this

organization:

> The biggest thing for me has actually been meeting other women who've
> done it. We had a meeting last night and there might have been 40 - 45
> women plus their kids there so it's pretty big. I remember going to that for
> the first time and feeling kind of very nervous. It seemed that everybody else
> knew what they were doing and I didn't yet. Mostly, the women amazed me.
> Here was this group of normal, interesting, attractive, intelligent women;
> they weren't society's rejects. They were like me. They were getting on with
> it. There was just this sense of reality in the room. Look, there are women
> who've done this and they're not falling apart, they're okay. That sense of
> normality and reality I think was very inspiring to me. It made it feel much
> more possible.

Rachel also had a similar experience, however in an online capacity:

> [Organization website] has been really great! When you start thinking about
> doing something non-traditional it's really good to see and hear that other
> people have done it and that they are normal. Also it makes you feel like
> you're not making a crazy, insane choice that no one else had done before
> and that you won't be able to manage. You know it's important to have
> support and my women online have been amazing!

> Being in contact with similar women also aided in deconstructing and

debunking the stereotypes and myths about single mothers. Some women spoke of

the value they found in seeing successful single mothers, mothers like they imagined

themselves being, quite opposite to the single mother stereotype. Molly explained:

> [Organization] has been fabulous! I'm somebody who needs community and
> I'm an extrovert and I like to have a village basically. [Organization] has
> really really helped me. I still remember my first New York meeting. I walked
> in there and I was in tears I was freaking out and I kept having to leave and
> go to the bathroom and cry. I was just really, really freaked out and I look
> back at that and laugh because now I'm like "oh these things are fun!" I was
> really unraveled because I had never heard of single moms being happy and
> normal. I really was expecting a lot more tragedy and there wasn't any. It
> really helped to see all of these women who were just really happy with
> themselves and happy with their lives and happy with their kids. It's like the
> whole process weeds out people who aren't really serious and really into it
> and what you have left is just this cool, kick ass group of single women who

are really into being moms. It was really really good for me to see so many happy moms…It helped normalize things.

Another benefit several women cited was calming concerns and attaining reassurances. For many women entering into lone motherhood, there are deep concerns and worries about the child's well-being. They ask themselves questions such as "am I depriving my child of having a father figure or a second parent?"; "will my child feel like something is missing?"; "can I give my child what she/he will need?"; "Can I do this?" These are loaded questions and unpacking them takes time, and some can never be fully answered. What I did find, however, was that joining the online organization and discussing these concerns with similar women, especially women who were already parenting, gave them a new perspective when addressing these concerns. Prior to joining the online community, these women were focusing on negatives and loss while, after joining the organization, they started to discuss the special gifts that a single mother can provide for her child. Not knowing what to expect or what life will be like once a child is born was a general comment, but being part of this group helped them see what reality is like. Rosemary spoke of how the women who have come before her have become her role models because she sees the amazing lives they have and gifts these mothers can offer their children:

> Honestly all the women I've met through the support group have become role models to me. I mean I'm honestly just floored by what they have accomplished and what they are still accomplishing in their career and yet still having really interesting children who've had some really cool experiences. Motherhood is just another part of their lives. If they are travelling for work their kids go with them. These kids are in China or they're up in far North Canada. What a great experience for these kids! It's just so cool and I think these kids are just so cool and these moms are so interesting

and they talk honestly about their experience. It shows me that I can still be interesting and offer my kid cool experiences.

Some women discussed the power of hearing from the children of similar women. The organization had hosted a conference for its members (thinkers, tryers, and parenting) and offered a session where children were speaking and answering questions. Caroline and Marci described the power of that moment:

> [Organization] had its thirtieth anniversary and they organized a conference in New York and had all of the pioneering women who had done this and their kids there. The kids might have been in their teens and early 20s. To see how well adjusted the kids were and hear them talk about their experience was astounding to me. People were asking them questions about how did this affect their ability to form relationships and things like that. They were so articulate and I thought that these kids are much more emotionally literate than average. I thought this was probably because their moms had talked to them so much about what this was going to mean to them and they had lots of conversations about their family life. I think that gave me real reassurance. I realized in that moment that for kids whatever they experience is going to be their normal and loving my child and doing my best is enough. I'm going to be a good mom and I care enormously about that, and I've got some skills that will really help. I think that just kind of put some of my concerns to rest. (Caroline)

> [Organization] had a panel of children of [organization women] and that really helped me. I cried at the end because I was so grateful to these children and young adults. They were just so well spoken, kind and gracious. There were probably 30 to 40 women asking these kids deep, hard questions that I was struggling to answer. One of the questions was something like "do you miss not having a dad?" or "how did you feel about not having a dad?" and their responses were amazing. They said, "You guys worry about that question way more than we do" which I thought was a real gift. Then one kid said "It's sort of like having cable. If you never have it you don't miss it, but if you have it and then don't have it, you miss it." I think that that helped a lot. (Marci)

Ever-increasing numbers of women are using the internet to access health information, and pregnancy and mothering-related information in particular (O'Connor and Madge, 2004; Pandey, Hart and Tiwary, 2003). For the majority of these women, the virtual community of other single women choosing motherhood

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constituted an important resource, a place to go to with questions, a place to hear similar women's experiences through this journey and get a sense of events to prepare for. On a basic level, this organization was a great resource for gaining medical information and helping women navigate through the seemingly overwhelming medical process. On a more intimate level, the organization facilitated the development of personal friendships between similar women. The chat forums became intimate, personal and embodied. Some women cultivated deep, meaningful friendships with women they never met. Penny explained:

> [The online organization] has been wonderful. Primarily I am involved with the online forums and that is just a great resource. There is actually one woman, she's only a few months older than me, and she and I had the same due date. We called ourselves due date twins! We haven't met and I don't know if we ever will but she actually sent me some baby shower stuff and we text all the time. I am surprised by the fact that I developed what I would call a strong friendship with people I've never met before because you can relate so well to each other.

Tiara stated:

> It has been an unbelievable source of support and encouragement. Beyond what I could have even imagined going into it. I never had that sort of relationship built in an online capacity. I always thought how do you get to know people online? Whereas now I understand that you can become really close with people you may never meet in person.

These genuine and meaningful relationships created online were highly valued and deeply important to the majority of the women I interviewed. Many women stated their gratitude for having supportive friends and family members but also stated that they could not have done this without the support, guidance, and encouragement of similar women. I was told numerous times that family and friends just cannot understand this process. Tori described her connection with the online group:

It has been immensely helpful to have a community where everyone is going through, or has been through, a similar experience. It answers questions that you don't even know you have and is very reassuring when you think there is something wrong or strange (about your body, your experience etc.). I almost need a "fix" daily now to help me get through this process. While my friends are supportive they don't really get it like the women in the online community do.

Overall, the online community helped these women to counter beliefs, values, and stereotypes that are part of the larger social fabric, held by themselves and also others with whom they interact. By addressing these beliefs, values and stereotypes many women were then able to move forward in the process, to move from thinking to trying. Sharing experiences, empathizing with the unique demands, and understanding the emotional toll this process entails bridged geographical and physical divides between women. Having this online community filled with women who truly "get it" was an invaluable resource. Tori's quote hints at the complex nature of this experience – an experience that encapsulates physical, emotional, mental, and social pressures. Having supportive family and friends who accept one's decision and give encouragement along the way, as well as practical help when needed, is highly important, but having other women to talk to, who can truly relate to what one is going through, is vital.

Medical Community

> [I was] energized and terrified. The clinicalness is both comforting in some ways and unnerving in others. This child won't be conceived after a romantic candlelight dinner but in a doctor's office with my feet in stirrups. (Tiffany)

> The people who like their fertility doctors are the ones who got pregnant. (Monica)

In choosing medically assisted DI, these women separated themselves from other single mothers who achieve motherhood through different means. There are specific concerns, issues, processes and experiences that come along with choosing medically assisted DI. One of the main concerns my participants spoke of was how the medical community would react to their request to be inseminated. Similar to decision-making and disclosure, many women felt it necessary to highlight aspects of their decision that align with the larger social constructions of "good" mothering and "good" female sexuality. A majority of my participants were acutely aware that single women can experience pushback from the medical community or be denied access to medically assisted donor insemination. Many felt it necessary to be prepared when interacting with the medical community. Preparation consisted of having their story ready for interaction with medical staff and practitioners.

All of the women in my study decided to have a physician-led insemination. While two women tried home self-insemination initially (to cut down on cost) both turned to physician-led inseminations after a few unsuccessful attempts. All the women, therefore, went through the process of finding a doctor and/or fertility clinic to work with. This process was different for each but was typically influenced by location of residence. In Canada, there are currently 39 fertility centres, with 20 of those clinics being located in Ontario alone. In the USA, there are over 400 centres. Many Canadian women are quite restricted by geography when it comes to choosing a fertility centre, whereas American women, for the most part, have the ability to choose a nearby clinic. (This is not always the case, however, as I did

interview one woman who lived in Alaska and traveled to Seattle because it was the

closest clinic that was IVF equipped).

In Canada, a woman wanting to access fertility treatments must gain an

initial referral to a fertility clinic or fertility specialist by a general practitioner (GP),

whereas American women are able to contact their fertility clinic of choice (or

proximity) directly. Initial contact with the medical community, whether it was to a

GP, fertility clinic receptionist, nurse, or doctor was an experience every woman

remembered and discussed with me. Regardless of nationality or location, many

discussed fears and concerns about the initial conversation with the doctor, nurse,

or receptionist. Several women spoke of practicing a speech to be delivered upon

the initial meeting. Similar to preparing their story when disclosing, these women

would formulate a story to defend themselves to their doctors. Rachel recounted:

> [L]ooking back now it's funny because when I first went to see my fertility
> doctor I was so nervous about it. I had practiced this whole righteous speech
> about how it was the best thing for me and I was determined to do it and that
> I had thought it all through. So I spilled this whole speech out onto her and
> she was like "Okay. That's totally fine. Don't worry! It's great!" I had built it
> up in my mind that I would have a fight on my hands so I went in with my
> fists-up. But my doctor was on board before I had even finished my speech!

Experiences with the medical community on the whole were relatively positive for

the women. No woman was turned away because she was single. Some did

encounter hesitations, excessive questioning, and uncomfortable situations. Amy, a

Canadian woman, remembered her experience with two different GPs:

> My experience with the medical community was mostly great. The GP from
> whom I received the referral has known me my whole life, and was happy to
> provide me with what I needed. He retired shortly afterward. When my new
> GP took over, I told him about the process I was about to undertake. He
> explained that in order to get a referral to a fertility clinic, I have to have tried
> to conceive unsuccessfully for at least six months. He continued by saying he

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couldn't understand how my former doctor could have written a referral if I didn't meet those requirements. I explained that I understood the conditions of the referral but, again, that I was single and that without a partner, it's tough to try and fail for six months. I left that day thinking that if I had asked my new doctor for a referral, I may have been denied due to his personal beliefs on the matter. It was so uncomfortable. I found a new GP shortly after.

For Lana, an American, discomfort and feelings of unease characterized her initial contact with a medical practitioner:

> I went to the fertility clinic and I just wanted to start by getting tested to see what my fertility level was at that time. The doctor was like "well why?" and I was like "oh I'm thinking about getting pregnant". I could tell that she was sort of thrown off and she kept asking me questions like "well do you have a place to live?" "Do you have money?" I was getting really annoyed. I felt like saying "I'm not asking you for permission, I just need you to do this". I realized at that point that I really needed to work with people who were on board because it is such a hard decision to make. It would have been even harder to not have medical staff support me. I went to a different clinic after that experience, a clinic someone from [organization] recommended that was in my area and they were great!

These negative encounters occurred to only four participants and it did not slow down, or derail their process. Instead, they went to a new doctor and/or clinic and proceeded without hesitation. The majority of physicians and clinics were ready to assist right away and most did not ask about martial status. Some medical support was extremely positive in that physicians took time to talk through concerns, options, and treatment plans with the women. For example, April told me:

> I had a female fertility doctor and I actually talked to her because I was still kind of on the fence even when I went and had my initial appointment. I was like "you know I'm still on the fence, I'm not sure and I still have those questions of am I going to be able to do this as a single mom? Is this the right time for me to do this?" Her comment back to me was "there is no time like the present and if you're even seriously considering this then more than likely you're going to eventually go through with it. You're just going to waste time that you could have to get pregnant and have your children." I realized she was right and with her encouragement and support I went ahead with the process.

This acceptance and willingness to work with single women is a new finding, particular to this study. Previously it had been found that accessing medical professionals and fertility clinics tended to be challenging for single women (McCartney, 1985; Goodwin, 2005). As I have pointed out, the main concern for most of my participants was gaining access to medical practitioners. What I found is that the preliminary shift in the administration of ARTs has profoundly impacted the interactions between single women and the medical community.

One way that the ever-increasing business nature of ARTs was apparent was through the emphasis placed on fertility clinics' statistics. Most American fertility clinics post their statistics of achieved viable pregnancies on their online site. Some women in my study mentioned how they took these statistics into consideration when choosing a clinic. It would appear that all clinics want and strive for high rates of conception and viable pregnancies, marking their practice as successful, competent, and well endowed with fertility knowledge and good medical staff. This may influence, entice, and sway individuals/couples to choose their clinic. I would suggest that many American clinics want to work with single women because, for the most part, they tend not to be experiencing any known infertility. Rather, single women have an access issue (access to fresh sperm), making them great candidates for procedures as well as a boost to the clinic's statistics. Rachel recounted:

> [The fertility clinic] certainly made sure my credit card was good before they went forward. I mean I also think the reality is that I was 37 when I did IVF and because all my tests were good, they were eager to work with me because I was the kind of patient that was likely to be good for their statistics as opposed to the kind of patient that they may be more hesitant about taking. So they were really nice, they did want me as a patient you know and I'm sure a lot of that was about statistics and money.

This is more common in America than Canada although Canadian clinics would appear to be following suit. Competition between clinics is high and has resulted in many different drives and incentives to entice people to choose one clinic over another. For example, Raka told me she was thinking of pursuing IVF (after five failed IUI attempts), so she had been researching clinics at the time of the interview. She was looking into a clinic, which offered a "shared risk" program. The "shared risk" program costs $22,000 and included six fresh embryo transfers and unlimited frozen embryo transfers. The idea behind the program is that in the end the client has a healthy baby or they get their money back. Generally one round of IVF in America costs $12,000, and there is no guaranteed baby or offer of money back, making this "shared-risk" program an enticing option.

To some friends and family the high cost of medically assisted DI can be surprising but Nancy told me "I'd pay $50,000 for a car so spending this money on trying to have a child is money better spent if you ask me". Some women jokingly stated that they were annoyed that they had to pay for sperm; Melissa said: "I had to pay $690 for one vial of sperm. That always made me mad. I felt like saying to them 'are you kidding me? This stuff is walking down the street for free!'" The cost of medically assisted DI can become financially tough, especially on a sole income. For most women this was not a major concern, but, for some, lifestyle changes had to be made to accommodate this new endeavor. Gina said:

> You start to think of your bank account in terms of "number of tries left" and try to find ways to divert more funds to the process. For example, I dropped my subscriptions to the gym and cable TV and moved to a cheaper apartment. In the back of your mind, you're always just a little worried that you waited too long, and all of this expense and heartache will turn out to be for nothing.

Several women used terms such as "factory", "assembly line", and "another number" when talking about their fertility experience. I had an image of hundreds of women lying on a moving belt, with their legs in stirrups, being inseminated one after another. Of course, this was not the case, but what was it about the process that provoked some women to associate it with these kinds of terms? When probed, several women told me about the frustrations of scheduling, short appointment times, feeling as though they were not being heard, having their thoughts and concerns dismissed, and/or not being fully consulted on treatment plans or next steps. ARTs are capitalist in nature and it is clear from the women in my study that fertility clinics are a business. Monica said:

> I mean, I liked my doctor and I felt like he did engage a bit, but seriously if he was in the room a minute I would be surprised. I did feel a little frustrated too because he didn't believe that I knew my body and my cycle. I knew I had surged and I told my doctor and he disagreed and said according to his timing it hadn't happened yet. So I took my trigger shot later than I knew I should have because he insisted. So I insisted he do an ultrasound to make sure the timing was right before he thawed the sperm so not to waste it. I didn't want to make the doctor mad so I was laughing and said "oh thanks for indulging my madness". He did the ultrasound and he says to me "you're a pretty smart lady" and I said "out of luck but smart". I left feeling so angry. I knew I had surged and if he had listened to me I wouldn't have missed out on a month to try and get pregnant. But scheduling and everything is all done around the clinic's availability and the doctor's schedule, not around my ovulation. I mean I understand it but still, if I want to get pregnant, it has to be exact, not roughly around the time when I can get an appointment. Feels like I'm just a credit card number at times.

For most, money was not as much a stressor as failed attempts and the acceleration and intensification of procedures, injections, and drug cocktails. Many described this part of the process as an emotional roller coaster. Jody said: "there is such an emotional aspect to this process and it was a journey – both good and bad. I

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have experienced some of my highest moments – feeling what I am trying to accomplish is a miracle – and some of my lowest moments – doubt, fear of not being successful and of being alone – of my life." Many women told me that as they became more immersed in complying with medical treatments, their daily lives started to revolve around becoming pregnant.

Overall, the medical process and experience was neither truly positive nor truly negative for the women in my study. The women were initially very focused on gaining access and having their story ready. For the most part, however, this was unnecessary, as most physicians were not concerned with personal details. Rather, they were ready to start the medical process right away. The increasingly business nature of ARTs and fertility clinics has changed the interactions practitioners have with these single women accessing ARTs. This was more apparent for my American participants than Canadian. Many women faced obstacles and challenges, were fraught with fears and concerns, but all said they would do it over again. A majority of the women I interviewed were already parenting or were pregnant; only eight were trying to conceive. I was thus afforded the ability to ask their reflections about the whole medical process. I heard very similar answers. Christine said: "It was a very emotional, and expensive, process... but worth every tear, and every penny." Tiara told me: "[I]t was extremely invasive, it was scary, and it was stressful but I wouldn't change a thing. I wouldn't want to have it any other way. I mean I'm one of the lucky ones who now has a baby. I know a lot of women who went through years of treatments and don't have that and my heart breaks for them." Molly's answer summed it up best: "[i]t wasn't great but all's well that ends well".

CHAPTER SIX: CONCLUSION

In this chapter, I discuss the journey I have embarked upon with the women in my study and reflect on the relationship and integration between themes and the phenomenon of single mothering by choice. This is the place where I share what I believe I have learned and offer my voice in an attempt to bridge a gap and, perhaps, fuse the horizons of our understandings. My interpretation is only one understanding of these stories. It is the women's voices that deserve recognition and respect. The reader may interpret the findings differently. The women's stories have provided a rich and deep authenticity that can only originate within the reality of lived experience. I also discuss implications, limitations and possible avenues for future research.

This study, guided by a feminist perspective and grounded theory, takes a closer look at women in Canada and the United States who choose to mother alone. A goal of the study was to acquire knowledge about this particular life-choice

process. Choosing to become a mother was a turning point in the construction of these women's personal life stories. I had a clear impression that these women wanted to tell their stories. The interview offered a place to evaluate the ambivalences, moral dilemmas and feelings related to their choices. The dominant narratives related to "good" or intensive mothering (Miller, 2000; Tardy, 2000) and "good" sexuality (Friedman at al., 1998; Carabine, 1992) were already at work before the child was conceived. I interpret these narrative features to mean that, on the one hand, the choice of becoming a mother had a special meaning for these women, for their senses of self and for their life stories. On the other hand, this choice had been something that they had to work on in various ways. They were in the situation of having freedom and being obliged to choose and reflect on their decision to become a mother, on their futures and their lives. What emerged out of the interviews was the rather ordinary nature of the women's lives and situations coupled with the rather extraordinary quality of what they have done with their lives to achieve their desire to mother and live what they deem to be fulfilled lives. I argue that their desire for motherhood often involved considerations about whether one had the maturity to be a mother, whether it was possible to have a child under the prevailing financial or living conditions, whether there was an intact support system, and, especially, if it was the "right" time.

All stories were intertwined with the timing of motherhood, specifically, hitting their window of opportunity. It seems that both the choice not to become a mother, and the choice to become a mother, are highly loaded with cultural and normative narratives, which relate to the proper timing of motherhood. It seems

that, at the level of cultural narratives, there is a very narrow right moment to become a mother (Berryman, 1991; Phoenix, 1991). These cultural narratives influence women to view the correct time to become a mother in relation to securing a partnership and the right age at which it is permissible to become a mother. The women in this study, however, reconstitute the "right time" to be best suited for themselves and their circumstances.

Statistics reveal single mothering as a widespread phenomenon. Analyses of these families often reflect the dominant cultural view that the nuclear family is preferable and that no one would choose the "lesser" alternative of bringing up children alone if it can be avoided. These women's life stories, however, counter this assumption. They are single by chance, choice, and/or life circumstance and, rather than accept the fate of a childfree life, they actively create the life they desire by having a child on their own. This can be seen as an empowering tale of female strength and independence. These women meet their needs on their own through establishing career success, financial autonomy, home ownership, close familial and friendship ties, and by realizing and acting on their desire for a child. They have not given up on being in a loving partnership. They just realize it does not have to come in a prescribed order. Rather, they can craft their own "full" life in the steps and ordering that works and presents itself to them.

As much as these women are trailblazing and living an empowered life, they too are confined by the society in which they live. Many liberating changes have occurred in recent years to the perceptions, attitudes and behaviours associated with both motherhood and female sexuality. Yet, these more "liberal" views are not

necessarily followed by the deeply rooted inner and even unconscious attitudes and perceptions of individuals and society at large. The findings of my study demonstrate the still prevailing power that exists in sex role norms and stereotypes expressed in the split between sexuality and motherhood. From the stories told to me we can see that there is still a tendency for individuals, and society, to operate on the dichotomous split between good and bad female sexuality, virgin and whore, Madonna and Mary. This binary view of female sexuality, in turn, influences, both a woman's perceived ability to mother (Friedman et al., 1998) and the legitimacy of her and her child.

The women in my study were, for the most part, unaware that they were discussing their experiences within the confines of this binary. Their stories, however, were all constructed, implicitly and explicitly, with this dichotomy in mind. As these women were making the choice to mother alone, they constructed a story that would lessen their stigmatization. Every step of the way, every decision they made, they were constructing a story to tell others, a story to explain their decision. This story was one others would understand, a story of desire, of waiting for as long as possible, of good sexual practice, and of how they would be good mothers. These women were not blind to the stigmatization that already exists for single mothers. They carefully crafted their choice in a way that would refute prevailing negative stereotypes about single mothers. In so doing, they specifically highlighted the means by which they conceived. In discussing their choice to use medically assisted DI, these women showcased their desire for a child and the fact that they had

planned every part of this process. Also, the means by which a woman conceives impacts the perceived "legitimacy" of her and her child.

This larger discourse of proper female sexuality, I believe, played a role in their decision to use medically assisted DI. What a woman does with her body and how she becomes pregnant is still somewhat central in understanding her worth, her legitimacy, and her status of being a "good" mother. The larger narrative that abounds in society and dichotomously defines female sexuality, I argue, influences and confines the participants' view of choices available to them. In other words, these women understand that what they are doing is "non-traditional" and that being a single mother is generally stereotyped and stigmatized so they do everything they can to counter such stereotypes through every step of this process. For example, they highlight their desire for a child (rather than the assumed sexual desire of the stereotypical single mother), the planned nature of the whole conception process (compared to the accidental and unwanted or un-contemplated conception), their establishment of financial and emotional support beforehand (instead of struggling to afford and support themselves and their child), and their choice to conceive without having sex (rather than choosing to have sex without wanting to conceive).

By choosing to conceive through the use of medically assisted DI, sex is removed from conception. There seem to be two narratives in society of female sexuality: (1) the highly sexualized single woman who has sex for pleasure and who is likely to become pregnant by accident, and (2) the partnered woman who has sex within the confines of her heterosexual relationship for means of procreation. The

highly sexualized women is not thought to make a "good" mother whereas the women whose sexuality is properly confined within a heterosexual relationship is believed to be a "good" mother by virtue of her sexuality (Friedman et al., 1998). The single women in my study do not fit either narrative. Rather, a new narrative emerges for these women, one where their single status is nullified or de-emphasized by de-sexualizing the process of conception so that she can be seen as a "good" mother. These women are having a "virgin" birth as a means to legitimize their position as "good" mother but also to legitimize their child.

Implications of the Research

This study contributes to our understanding of single-mother-by-choice families and critically examines the negative stigma often associated with women who have children outside of marriage. The information gathered in this study also has significance in a society that harbours many social, psychological, and economic issues related to solo childbearing. This research has the ability to expand the view of single mothers with hopes to widen the understandings of this family form.

This research also has the ability to be applied to the larger mothering population. Not only are there restrictive narratives surrounding single motherhood, but also there are larger discourses that affect all mothers (as I have outlined in chapter two). Further, all single mothers may be able to garner insight into the larger stereotype and stigma around single mothers and single motherhood. All single mothers, regardless of how they came to be a single mother, must deal with this stigma and stereotype.

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Single mothers exist in all cultures. The single mother by choice family structure must be acknowledged, not only for its uniqueness as a family structure, but for its cultural identity as well. This study had a limited representation of cultures, however, further studies may meet the need for a multicultural perspective on the issue.

Single mothers by choice might read this research report or subsequent publications and become aware of the motherhood/sexuality split that I argue has influenced their decision-making. Awareness and consciousness-raising are foundations of change. Single women making this choice might take this split into consideration and make their choice knowing that it exists, thus, making their choice with one less discourse influencing or restricting their choices. There is much more research to be done on this emerging family form and I hope that this exploratory study can be used as a stepping-stone to unveil different questions to be asked in future research.

Limitations

It is important to note that this research was exploratory in nature and had limitations. This research will be limited in its use for purposes of generalization. Additionally, all participants were recruited online, which also might have limited the range of perspectives and the generalizability of this study.

As with any research, this document reflects my own interpretations of the data. Although every effort was made to be transparent to the reader, and to

maintain an unbiased approach to analysis, interpretations of reported findings remain subjective.

Additional limitations are associated with the lack of ethnic diversity and the predominance of heterosexuality among participants. As previously noted, this may be indicative of this population and reflect a predominance of Caucasian, heterosexual women within the single mother by choice population. The experiences of the heterosexual versus non-heterosexual, as well as Caucasian versus non-Caucasian women making this choice may vary considerably. This needs to be a consideration for future research.

Despite limitations, however, the qualitative research techniques implemented here provide intimate portraits of women exercising agency in their own lives. In a society dominated by powerful institutions that continue to speak of a "traditional" family consisting of a married man and woman, it is useful to hear stories of women who are building their own families and who are supported in these choices by those who are close to them. I urge future research to extend these findings.

Future Research

This study is of importance in that it assists in paving the way for future research on single mothers by choice and that family form. Little is known about this growing population, and it continues to be undifferentiated from other single parent family structures.

Consistent with my goal to develop further questions and directions for future research, I believe that much more research should be done on this emerging family form. With an increasing number of women choosing to become single mothers, there will only be more questions to ask and experiences to understand. One study that I think is of importance is a longitudinal study following single mothers by choice through their decision-making process and into parenting. It could be beneficial in yielding a more in-depth analysis of this phenomenon.

It would also be useful to interview the children of single mothers by choice, to better understand their interactions with other children and experiences of growing up in this type of household. It would also be of value to interview the medical practitioners who interact with single mothers by choice.

As I have explained throughout, there is a dearth of information concerning the experiences of single mothers by choice and, truly, any research would be beneficial to extend the findings of my research. The goal of this study was to understand the experiences of single mothers by choice in order to gain more knowledge about this emerging family form. It is useful to dismantle the myth that the single mother is always young, poor, and a mother resulting from her own carelessness. It is worthwhile to document significant acts of female agency in a stigmatized and stereotyped identity. This sample of single mothers were generally well educated, and well employed, providing us with a chance to hear in their own words how they had planned their pregnancies and how they came to make the decision to parent alone. I hope this research will contribute to a breakdown of the single mother stereotype.

One unanimously agreed upon assertion among the respondents was that one loving parent can successfully raise a child. Although no participant claimed to be able to do it without assistance, all participants had confidence in the single mother by choice family form and were deeply committed to raising their children.

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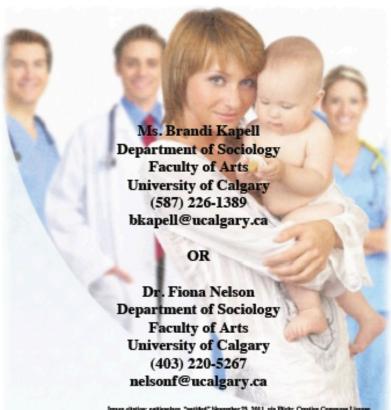# ARE YOU A SINGLE WOMAN WHO HAS USED, OR IS USING, MEDICALLY ASSISTED INSEMINATION?

YOUR PARTICIPATION IS INVITED!

I am a Master's student interested in understanding the experiences of unpartnered women who have chosen to try and conceive through the use of medically assisted insemination. I want to talk with you and learn about your journey through this process with the goal of understanding this important time in your life. Overall, this research aims to broaden the understandings surrounding this topic. I would like to invite you to contribute your experiences to this important project.

As a participant in this study, you would be asked to take part in an interview. This interview will be conducted via Skype. If an interview is inconvenient for you, you may choose to complete a written questionnaire and submit it via email. This research is not location specific. Any single woman who has or is using assisted insemination may participate!

For more information about this study, or to volunteer, please contact:

Ms. Brandi Kapell
Department of Sociology
Faculty of Arts
University of Calgary
(587) 226-1389
bkapell@ucalgary.ca

OR

Dr. Fiona Nelson
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nelsonf@ucalgary.ca

Image citation: patienelser, "untitled" November 23, 2011, via Flickr, Creative Common License

This study has been reviewed by, and received ethics approval through, The University of Calgary Conjoint Faculties Research Ethics Board.

APPENDIX B: INTERVIEW GUIDE/QUESTIONNAIRE

Thank you for electing to participate in this study! We ask that you answer the questions below to the best of your ability and to a length you deem necessary to convey your experiences, thoughts and feelings on each question. There is no right or wrong answer; we are interested in your own personal experiences. Please feel free to write as much or as little as you want. You may answer directly in the body of this document. Your participation in this study is voluntary and you have the right to choose whether and how much you will participate. You may decline to answer any question you would prefer not to answer. Further, you have the right to withdraw your participation from this study at any time up to one week after you have submitted your answered questionnaire. If you withdraw, you may request that your questionnaire be destroyed.

Your submission of the completed questionnaire constitutes evidence of your consent to participate, as outlined in the consent form you signed and returned.

Upon completion please email your questionnaire to [researchers email address].

_____

Demographics:

1. Where do you reside?

2. What is your educational background?

3. What do you do for a living?

4. How old are you?

5. How do you identify in terms of race, ethnicity or culture? Is this a relevant category for you?

6. Is there a particular religion with which you identify yourself? Either as an influence when you were growing up or now.

7. How do you identify in terms of sexuality?

8. What is the composition of your personally identified family when you were growing up? (i.e. Mother, Father, Sister, Brother, Grandmother, Aunt, etc.)

9. What is roughly your annual income?

Social Support and Choice:

1. What does motherhood mean to you?

   - Have you always wanted to be a mother? If not, when did you start wanting to?

2. How did you hear about [recruitment organization]?

   - How has [recruitment organization] helped to facilitate this process for you?

   - Have you read the book *Single Mothers by Choice: A Guidebook for Single Women who are Considering or Have Chosen Motherhood written by* Jane Mattes? If so, did it help you through this process? What, if any, were some take away messages you received from this book?

3. Please describe the process of how you came to choose to parent on your own.

- What were the responses of your family and friends?

- Did you make this decision with anyone?

4. What kinds of resources and supports made it possible for you to choose to parent on your own?

- Who could/do you rely on in your time of need? Please describe your current close friend/family relationships.

- Were/are there supports from your place of work? (i.e. maternity leave, supportive employer, etc.)

- When did you tell your employer that you were trying to conceive or that you were pregnant? What was their reaction?

5. Tell me about any other people, events, or models that you think influenced your choice to parent on your own. (Were there any unpartnered mother models in the media, literature, and/or public life that you remember relating to?)

- Did you know any other unpartnered mothers when you made this choice? If so, how did they influence your decision?

- Did the women's movement effect your decision?

6. Have you ever been married or in a common-law relationship?

- Did you consider having a child then?

- What are your thoughts about marriage in the future? Are you searching for someone?

7. What were your reasons for making this choice to parent on your own?

8. Looking back would you make this same decision again? Why or why not?

- What is life like now?

Medical and Clinical:

1. Why did you choose to use assisted insemination instead of other methods to conceive?

2. Where are you currently in this process?

3. What methods of conception have you tried/will try?

- Did/do you find this emotionally hard?

4. Please explain your experiences with the medical/fertility clinic.

- What was your first impression of the clinic?

- What were the processes you had/have to go through when first becoming a client? (i.e. seminar, watch a video, counseling, psychiatrist, waiting list, etc.)

- How was/is your relationship with your physician and other medical staff?

- In your opinion, were you ever faced with obstacles to overcome because you were an unpartnered woman?

5. Overall how did/do you feel about the whole process?

Donor:

1. How did you go about choosing your donor?

- What characteristics were important to you?

- Did race and ethnicity of the donor matter in your decision?

2. Where did you get your donor sperm from?

- Did you purchase multiple vials of sperm from your donor?

3. Do you think about having another child (if you haven't already)?

4. Overall, roughly how much has the whole process of trying to conceive cost you? (Including: IUI, IVF, doctor visits, medication, sperm, sperm storage, shipment of sperm, flights, hotel rooms, etc.)

_____

Advice:

1. If you had any advice to give a woman going through a similar situation what would that be?

2. If you had any advice to give medical/fertility clinics that are working with unpartnered women what would it be?

_____

Your Turn:

    1. Do you have any further comments, thoughts or stories you would like to share?

_____

Thank you for your participation in this study! Please email your responses to [researchers email address].

UNIVERSITY OF
CALGARY

_____

FACULTY OF ARTS
Department of Sociology

Tel: 403-220-6502
Fax: 403-282-9298

_____

Brandi Kapell, Faculty of Arts, Department of Sociology

Supervisor:

Dr. Fiona Nelson, Department of Sociology

Title of Project:

Unpartnered Women Choosing Assisted Insemination

This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study.

PURPOSE OF THE STUDY:

The purpose of my study is to explore how unpartnered women come to choose, pursue and experience medically assisted insemination. I am interested in how you came to your decision to pursue pregnancy, how you think and feel about that decision and about becoming a single mother, and how your perceived social support network acted in this process. I am also interested in hearing about your experiences with the medical clinic and its staff and services. By conducting this study, I hope to provide you with the opportunity to share your experiences – you

are the expert here and I want to learn from you and your experiences. Through your participation, you will contribute to a better understanding of how unpartnered women make reproductive decisions and how they experience medically assisted insemination.

WHAT WILL I BE ASKED TO DO?

You will be asked to participate in a personal interview that will be audio-recorded. The interview will be conducted via Skype, at a time of your choosing, and will last approximately 60 - 90 minutes.

During the interview, I will ask you questions related to your decision to become pregnant, about your social support network and about the processes and experiences at the medical clinic, with medical staff and practitioners. I also will ask you questions about advice you would like to give to other unpartnered women who may decide to conceive this way, as well as advice to medical and fertility clinics that interact with unpartnered women.

Your participation in this study is voluntary and you have the right to choose whether and how much you will participate. You may decline to answer any question you would prefer not to answer. Further, you have the right to withdraw your participation from this study at any time during the interview and up to one week later. If you withdraw, you may request that any data you have provided to that point be destroyed.

You will be asked to provide a pseudonym of your liking, or one can be provided for you. Your identity will be protected in all the data collected and analysed to the best of my ability, by referring to you only by your pseudonym and removing all identifying information, which also includes creating a pseudonym for the recruitment site singlemothersbychoice.org. No identifying information will appear on the write-up of research findings. However, I cannot guarantee your anonymity among other participants because your participation has been sought through the organization singlemothersbychoice.org which serves the single mother by choice community and you may have networked or conversed with other women from this site. Although the findings of this study will be presented in scholarly formats and likely will not be available to a wider audience, there is a possibility that participants and community members may be able to identify you in the findings if they were to access them. However, it is unlikely that this will occur.

WHAT TYPE OF PERSONAL INFORMATION WILL BE COLLECTED?

Should you agree to participate, you will be asked to provide your age, race, sexual identity, educational background, religious affiliation, marital status, the number and age of dependents, and income. Please note that you must have gone through

the process of assisted insemination or are currently going through this process without a partner. Unpartnered defined for this study: *You must start out deciding to use ARTs to conceive alone, as well as go through the conception process without a parenting partner. You must not have had a plan or expectation that you would have a co-parent.* I will also ask you to inform me if you had tried previously to conceive using different means. In addition, I will ask about the processes you had to/have to go through to conceive by using assisted insemination.

ARE THERE RISKS OR BENEFITS IF I PARTICIPATE?

The main personal benefit of your participation in this study is that you will be able to share your experiences with an interested and attentive listener. Information that results from this study may be used to benefit other unpartnered women who desire to become pregnant through the use of assisted insemination.

There are no foreseeable risks to your participation. If there are questions that you are uncomfortable with, I invite you to discuss that with me, and I remind you that you may decline to answer any question.

WHAT HAPPENS TO THE INFORMATION I PROVIDE?

The only individuals who will know about and have access to your name and contact information, are my supervisor and I. This information will be kept in document form in a locked filing cabinet in my home office indefinitely.

Your audio-recorded interview will be stored on an encrypted, password protected USB flash drive and will be kept separately from your name and contact information in a locked filing cabinet in my home office. This USB flash drive will be kept indefinitely.

Other materials, including interview transcripts, the pseudonym list, and analyses will be kept locked and secured in a filing cabinet in my home office. This data will be retained in document format as well as saved on an encrypted, password protected USB flash drive. All data will be kept separate from your name and contact information, as well as the audio recording of the interview. Interview transcripts, pseudonym list and analyses will be retained and stored for as long as I maintain a research interest in the area.

Findings that result from this study will be presented in a Master of Arts thesis. In addition, findings may be presented in other scholarly formats such as academic conferences or publications. Results will be shared with the recruitment organization and may be shared with other organizations that deal with unpartnered women who wish to become mothers. As well, results may be shared with medical and fertility clinics. Finally, data obtained may be used in future

research projects. In each of these instances, you will be identified, if at all, only by your pseudonym.

VERBAL CONSENT

Before starting the Skype interview you will be asked to return an electronic copy of this consent form with your name in the signature space. You will then be asked to verbally affirm your consent at the commencement of the interview which will be audio recorded. At that point, and anytime throughout, you may ask any questions you have concerning this study. Your verbal consent indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project, and 2) agree to participate as a research subject.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

QUESTIONS/CONCERNS

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

Ms. Brandi Kapell

Department of Sociology

Faculty of Arts

Dr. Fiona Nelson

Department of Sociology

Faculty of Arts

If you have any concerns about the way you've been treated as a participant, please contact the Senior Ethics Resource Officer, Research Services Office, University of Calgary at (403) 220-3782; email rburrows@ucalgary.ca.

A copy of this consent form has been given to you to keep for your records and reference.

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PURPOSE OF THE STUDY:

The purpose of my study is to explore how unpartnered women come to choose, pursue and experience medically assisted insemination. I am interested in how you came to your decision to pursue pregnancy, how you think and feel about that decision and about becoming a single mother, and how your perceived social support network acted in this process. I am also interested in hearing about your

experiences with the medical clinic and its staff and services. By conducting this study, I hope to provide you with the opportunity to share your experiences – you are the expert here and I want to learn from you and your experiences. Through your participation, you will contribute to a better understanding of how unpartnered women make reproductive decisions and how they experience medically assisted insemination.

WHAT WILL I BE ASKED TO DO?

You will be asked to fill out a questionnaire upon completion please send back to the researcher via email. There are between 35 – 40 questions in the questionnaire and we ask that you answer the questions to the best of your ability and to a length you deem necessary to convey you experiences, thoughts and feelings on each question.

The questionnaire will have questions related to your decision to become pregnant, about your social support network and about the processes and experiences at the medical clinic, with medical staff and practitioners. It will also contain questions about advice you would like to give to other unpartnered women who may decide to conceive this way, as well as advice to medical and fertility clinics that interact with unpartnered women.

Your participation in this study is voluntary and you have the right to choose whether and how much you will participate. You may decline to answer any question you would prefer not to answer. Further, you have the right to withdraw your participation from this study at any time up to one week after you have sent off your answered questionnaire. If you withdraw, you may request that any data you have provided to that point be destroyed.

You will be asked to provide a pseudonym of your liking, or one can be provided for you. Your identity will be protected in all the data collected and analysed to the best of my ability, by referring to you only by your pseudonym and removing all identifying information, which includes creating a pseudonym for the recruitment site singlemothersbychoice.org. No identifying information will appear on the write-up of research findings. However, I cannot guarantee your anonymity among other participants because your participation has been sought through the organization singlemothersbychoice.org which serves the single mother by choice community and you may have networked or conversed with other women from this site. Although the findings of this study will be presented in scholarly formats and will not be available to a wider audience, there is a possibility that participants and community members may be able to identify you in the findings if they were to access them. However, it is unlikely that this will occur.

WHAT TYPE OF PERSONAL INFORMATION WILL BE COLLECTED?

Should you agree to participate, you will be asked to provide your age, race, sexual identity, educational background, religious affiliation, marital status, the number and age of dependents, and income. Please note that you must have gone through the process of assisted insemination or are currently going through this process without a partner. Unpartnered defined for this study: *You must start out deciding to use ARTs to conceive alone, as well as go through the conception process without a parenting partner. You must not have had a plan or expectation that you would have a co-parent.* I will also ask you to inform me if you had tried previously to conceive using different means. In addition, I will ask about the processes you had to/have to go through to conceive by using assisted insemination.

ARE THERE RISKS OR BENEFITS IF I PARTICIPATE?

The main personal benefit of your participation in this study is that you will be able to share your experiences with interested researchers. Information that results from this study may be used to benefit other unpartnered women who desire to become pregnant through the use of assisted insemination.

There are no foreseeable risks to your participation. If there are questions that you are uncomfortable with, I invite you to discuss that with me via email or I can call you, and I remind you that you may decline to answer any question.

WHAT HAPPENS TO THE INFORMATION I PROVIDE?

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Your questionnaire will be stored on an encrypted, password protected USB flash drive. This USB flash drive will be kept indefinitely.

Other materials, including completed questionnaires, the pseudonym list, and analyses will be kept locked and secured in a filing cabinet in my home office. This data will be retained in document format as well as saved on an encrypted, password protected USB flash drive. All data will be kept separate from your name and contact information. Completed questionnaires, pseudonym list and analyses will be retained and stored for as long as I maintain a research interest in the area.

Findings that result from this study will be presented in a Master of Arts thesis. In addition, findings may be presented in other scholarly formats such as academic conferences or publications. Results will be shared with the recruitment organization and may be shared with other organizations that deal with unpartnered women who wish to become mothers. As well, results may be shared with medical and fertility clinics. Finally, data obtained may be used in future

research projects. In each of these instances, you will be identified, if at all, only by your pseudonym.

CONSENT

<u>Your submission of the completed questionnaire constitutes evidence of your consent.</u> Your consent indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project, and 2) agree to participate as a research subject.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

QUESTIONS/CONCERNS

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

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