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Moms without dads: Women choosing children

McCormick, Kelly Ann, Ph.D.
The Ohio State University, 1992

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MOMS WITHOUT DADS: WOMEN CHOOSING CHILDREN

DISSERTATION

Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy in the Graduate School of The Ohio State University

By

Kelly Ann McCormick, B.S., M.A.

* * * * *

The Ohio State University

1992

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To My Son

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ACKNOWLEDGMENTS

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CHAPTER I
INTRODUCTION

When Jan Jacobson began trying to get pregnant without being married, her adoptive mother continually tried to talk her out of her decision. (1) "She was just very much against my doing it without a husband. She couldn't understand why I wouldn't get married." But the Columbus, Ohio administrative assistant didn't care what other people thought. "I always wanted children. And I had made statements to my family that if I had not had children by the time I was 30, I would go out and get pregnant. Which was very prophetic, because that's just what I did." Nine and a half months after she was artificially inseminated, Jan gave birth to Jason, now 18 months old. "It was just something I had to do. I could just see myself at age 80, sitting on the porch in a rocking chair, saying I wish I had ... And I didn't want to have regrets for the rest of my life. I couldn't face having those regrets. I did it, and it's been terrific."

1. To preserve the anonymity of the women interviewed for this study, no real names, locations, professions, or other significant identifying characteristics will be used in the analysis.
Increasing numbers of women are deciding that marriage is not a prerequisite for motherhood, and these women are deciding to delay parenthood no longer. The purpose of this research is to learn more about the social construction of this phenomenon by systematically examining the experiences of women who choose to become mothers without the financial or social support of a male partner. (2) At present, most of the information about parenting and mothering examines these choices assuming a framework of heterosexual commitment, if not marriage. The body of traditional sociological literature that focuses on "unwed mothers," "out-of-wedlock births," and "illegitimacy" challenges the assumption that parenting occurs only within the institution of marriage. However, these outdated constructions are not adequate in explaining the growing number of women purposively electing to parent without a male partner. Specifically, this research will chronicle the conditions associated with the emergence of intentionally unmarried motherhood,

2. One indication of the recent emergence of a group of unmarried women choosing children is the inability to name these women with an appropriate and succinct label. Given the contemporary language which is used to describe unmarried mothers whose pregnancies are unplanned or accidental, it is difficult within our language to ascribe women's intention to purposively make this choice. In writing this document, I use a wide variety of language to refer to this phenomena, for example: intentionally unmarried mothers, moms without dads, women electively choosing children, non-marital mothers, as well as numerous other options. I am unsatisfied with the lack of a descriptive title for these women, and I have yet to devise or discover an apt, concise designation.
and will document the pathways chosen by intentionally unmarried mothers: adoption, artificial insemination, and sexual intercourse.

Research on intentionally unmarried mothers is essential to challenge and revise outdated stereotypes about the experiences of women purposively choosing to become parents without male partners. This dissertation analyzes the emergence of a new kind of unmarried mother who is engaged in constructing a collective identity that encourages the creation of new pathways to parenthood and challenges dominant maternal norms (Schur 1984). This research is sociologically significant because it documents this new pattern of behavior among a segment of American women. In contrast to older approaches that view these women as individual actors who deviate from social norms, I document women's participation as a collective act of resistance in choosing children outside the context of marriage. What is notable about these women is that they are collectively identified, have common interests and their actions are intended to alter and reconstitute societal gender norms about motherhood. It is my view that their actions are best understood as part of the contemporary women's movement, since these women have formed self-help groups and are engaged in constructing new norms and practices that challenge dominant definitions of motherhood.
Documenting the incidence of moms without dads is almost an impossible task, given their relative invisibility under traditional statistical measurement categories. The number of unmarried mothers choosing children is increasing, and Merritt and Steiner's survey and interview results (1984) suggest that as many as 300,000 women have made this choice in the last five years. The organizational center of heterosexual women's

3. The inability to determine whether or not births to unmarried women are unintended births is a significant barrier to providing accurate numbers for women choosing to parent electively without a male partner. For example, the 1990 National Health Objectives set a goal of 18 unintended births per 1,000 women of childbearing age. However, it is not possible to calculate the rate of unintended births, as the objective specifies, using existing data sources, since most data on births do not deal with the issue of intent (Public Health Macroview 1989). This is because the standard definition of illegitimacy reflects legal concerns for the child and thus is quite restrictive. The United States vital registration system considers a child to be "legitimate" if it was conceived or born while the mother was legally married (Jones et al. 1985). Even this factor is difficult to determine, as a number of states, including California, Ohio, and New York, do not ask about legitimacy on their birth certificate forms. To obtain these statistics, however, most of the non-reporting states have developed methods for inferring legitimacy from information that is given on the certificates (Berkov and Sklar 1975). Consequently, the method used to measure or infer illegitimacy by any particular state, in part, determines the accuracy of estimates of illegitimate births. Whether illegitimacy measurements are focused on a legal or sociological definition of the phenomenon will significantly influence the statistical accuracy of the measurement of this phenomenon (Berkov and Sklar 1975). Research does indicate that using a broader definition that reflects the social policy concerns of non-marital childrearing would demonstrate that non-marital fertility is more prevalent in the older, better educated strata of the population than the legal definition has implied (Jones et al. 1985).
participation in intentionally unmarried motherhood, Single Mothers by Choice, a national organization founded in 1981 to provide support and information for single mothers and single women considering motherhood, and claims to have almost 2,000 members. Federal census information documents that there is a substantial rise in the numbers of adult women having a child before marriage (Goodman 1986; Perrin 1986; U.S. Bureau of the Census 1989).

Artificial insemination is one method of conception chosen by unmarried mothers. Estimates indicate that 10 to 25,000 babies a year are conceived through donor insemination (Boston Women's Health Collective 1984; Chico and Hartley 1981; Potter and Knaub 1988; Dullea 1979). Idant Laboratories, the largest sperm bank in the country, approved its first single client in 1981. Today, single women represent 12% of its clients (Lake 1986). The Sperm Bank of Northern California, which is affiliated with the network of feminist women's health centers nationwide, reports that 2/3 of its clients are unmarried, and that 40% of its clients are lesbians (Lake 1986; Kolata 1989; Clark 1982). Increasingly, lesbians are choosing to openly conceive as lesbians, bear children, parent, and create distinctively lesbian families (Pollack and Vaughn 1987; Pies 1985).
No statistics are available for single parent adoptions, yet experts estimate that anywhere from 5 to 25% of all adoption placements are now made to single people (Klemesrud 1984). Many single women are adopting independently from within this country (Doughtery 1978) or adopting children from overseas (Marendin 1980). Agencies are increasingly willing to place older children with physical and/or emotional disabilities or children of minority races with single parent applicants.

Classic Social Science Literature on "Unwed Mothers"

Sociological research on unmarried mothers has classically been provoked by a concern with illegitimacy as a social problem. The most well cited social scientist addressing the issue of illegitimacy is B. Malinowski, an anthropologist who wrote on the purportedly universal "principle of legitimacy" (Malinowski 1930, 1955). The frequent coexistence of high rates of illegitimacy with low income levels, minority populations, and social disintegration supports his thesis that rates of illegitimacy are high when the advantages of marital childrearing are low and when a legitimate birth is no longer functional (Malinowski 1955).

Malinowski's hypothesis has been a starting point for subsequent studies that have evaluated the influences
of race and socioeconomic class on rates of illegitimacy. In the United States, much of the sociological research on illegitimacy has chronicled the higher rates of "out-of-wedlock" births to low income African-American adolescents (Presser and Salsberg, 1975; Furstenberg, 1976; Sklar and Berkov, 1974). Higher rates of illegitimate births for black women correlate with known differentials in economic opportunity for young African-American women relative to their white counterparts (White 1979; Franklin 1987; Collins 1990).

Sociological treatises on the issue of unwed motherhood typically portray the classic unwed mother with a variety of salient characteristics, and race is only one. Demographically, she is described as generally poor, an adolescent or teenager, largely unprepared for motherhood, and a victim of social ostracism (Bowerman et al. 1966; Sauber et al. 1965; Hartley 1975; Vincent 1961). While the socioeconomic status of the family of origin has little influence on rates of premarital pregnancy (Smith and Hindus, 1975), the long term consequences of premarital teen pregnancy do negatively influence future socioeconomic status (Sudia, 1973; Burden and Klerman, 1984; Sands and Nuccio, 1989).

The abundance of sociological literature that focuses on unwed mothers is open to criticism on both theoretical and methodological grounds. The literature,
though voluminous, is a mass of conceptual and terminological confusion. Plionis (1975), in a critical review of the literature on adolescent pregnancies, concludes that the absence of adequate conceptualization makes almost impossible the formation and testing of hypotheses and any comparative analysis. Though numerous empirical studies have been undertaken, few were linked to any theoretical framework, were of adequate design, or had satisfactory samples. Reductionist tendencies have led to a literature in which premarital adolescent pregnancy is much discussed but little understood; it is a complex behavior in need of appropriate diagnostic typologies (Plionis 1975).

Methodologically, gaining access to the population of "unwed" mothers is a difficult task, because significant numbers of these women are legally considered minors. To participate in scholarly research that follows the precepts of informed consent, these women and their parent or guardian must both consent to the minor's participation in the study. The necessity of obtaining consent from the parent or guardian makes securing a representative sample an exceptionally difficult task. Consequently, most of these studies lack an adequate sized sample, and the sample that is available is often unrepresentative of the entire population of women.
Sociological research on single-parent families has also been criticized for an overemphasis on a deviance or pathology perspective, which has permeated much of this research (Gongla 1982). Rather than viewing the single-parent family as an alternative family form, researchers have usually viewed it as a deviant family in comparison to the ideal and norm of the two-parent family. The assumption that there is a relationship between the single-parent family and a host of social and psychological pathology has led to a lack of information about these families (Billingsley and Giovannoni 1971). Additionally, the literature on adolescent pregnancy and motherhood has been criticized for focusing primarily on negative outcomes. Buchholz and Gol (1986) argue that outcomes for many mothers and their children are not necessarily bleak, and that researchers might do well to consider how becoming a parent might stimulate positive change in an adolescent's life.

Women's mothering is an essential and defining characteristic of the social organization of gender (Chodorow 1978). In summary, the previously described sociological research, by focusing most intensely on the formulaic "unwed mother," has created a portrait of such women that is narrow, negative, ageist, and sexist. Classic sociological research studies the unwed mother with a critical view of her violation of marital norms.
and maternal norms (Schur 1984). Traditional "unwed mothers," as well as these emergent intentionally unmarried mothers, violate gender norms because they are not married. Marriage norms are closely intertwined with maternity norms. When single mothers are labeled as unwed or unmarried, their role as mothers is consequently devalued, and such labels overtly indicate that their offense is in part a violation of marital norms.

Maternal norms limit female autonomy. To conform to these norms, children must be created and raised within the acceptable conditions of conventional heterosexual marriage. Social stigmatization for failure to adhere to maternal norms is assigned to the mother, along with the primary responsibility for managing the situation. Some women pursuing intentionally unmarried childbearing have racial and socioeconomic privileges which may, in part, offset some of the stigma that such actions could necessitate. Yet the deliberate defiance of marriage and maternal norms may be perceived as a more significant infraction than the situation of being unintentionally or accidentally pregnant.

Schur describes the situation of lesbian mothers as particularly troublesome. Lesbians breach the principal norms defining proper maternity and proper sexuality, not to mention marital norms. Further, lesbian mothers are especially castigated for "wanting to have it both ways."
Schur's dialogue, however, appears to only consider the situations of lesbians who are mothers by virtue of previous heterosexual relationships.

By describing the existence of unwed mothers as filled with negative outcomes and social ostracism, social scientists have perpetuated the public concern that has identified unmarried mothers as participants in a growing social problem, stigmatized both by lack of marriage and illegitimate births. This image may indeed describe the situation of some women who find themselves single parents as a result of unplanned or unwanted pregnancies. However, it does a significant disservice to the myriad of women who are successfully negotiating their own pathways to single parenthood. My aim is to demonstrate in this dissertation that unmarried women electing to become mothers do not, as a group, demonstrate the dysfunctional responses that dominate the conceptualizations used by the majority of sociological researchers focusing on the single-parent family.

**Intentionally Unmarried Mothers**

There is relatively little academically oriented scholarship that examines the experiences of women who intentionally chose children without heterosexual marriage who do not fit the sociological description of
the classic unwed mother. Not surprisingly, no scholarly literature exists that focuses on lesbians intentionally choosing children. While the existence of some research on unmarried elective mothers indicates growing recognition of the unique experiences of unmarried elective mothers, this body of literature is open to various criticisms. The works are limited by a general lack of attention to the diversity and complexity of women's experiences as intentionally non-marital mothers.

Relatively few studies have been undertaken that consider the increasing number of women choosing intentionally unmarried motherhood as a workable parenting alternative. Much of the academic work that has been done is merely exploratory and descriptive in nature (Merritt and Steiner 1984; Hamm 1986; Urwin 1986; Alexander and Kornfein 1983; Berlin 1983; Eiduson 1983; Zimmerman and Bernstein 1983). Although this is indeed a necessary starting point for the study of this phenomenon, such studies lack the scope and depth necessary to provide a more substantive understanding of the experiences of single mothers by choice (Merritt and Steiner 1984; Hamm 1986; Urwin 1986; Alexander and Kornfein 1983; Berlin 1983; Eiduson 1983; Zimmerman and Bernstein 1983). Exploratory work, while providing a springboard for subsequent research, lacks a specific theoretical orientation from which to examine the
experiences of single mothers by choice. These studies are characterized by the absence of adequate conceptualization and the use of vague or loosely conceptualized terminology. The inadequacy of current understandings highlights the need for significant further research.

One of the greatest complicating factors associated with the study of purposively single mothers is operationalization of the term "single mother." Researchers who scan the available literature for information on this topic find that the task has been complicated by the variety and vagaries of definitions of the concept of "single mother by choice." Various studies have defined this concept in a myriad of ways, making it difficult to identify research that specifically delineates the experiences of heterosexual and lesbian women choosing children without the social or financial support of a male partner.

Single mothers have been identified with varying degrees of precision as: 1) married heterosexual women with children who subsequently became divorced or separated (Goldsmith 1975); 2) never married heterosexual women who become accidentally or unintentionally pregnant and make a subsequent decision to keep and raise the child (Goldsmith 1975; Rexford 1976; Merritt and Steiner 1984; Renvoize 1985); or 3) heterosexual women
purposively choosing children outside the context of a marital relationship, but within the context of a social and/or financial commitment to a male partner (Goldsmith 1975; Rexford 1976; Merritt and Steiner 1984; Renvoize 1985; Urwin 1986). A significant volume of the literature reviewed for this dissertation operationalizes the concept "single mother" using some combination, often unspecified, of the above options. This operational imprecision obscures the phenomenon and makes identifying relevant research difficult.

Some of these studies are based on assumptions that allege a greater than average incidence of developmental or emotional disturbance in the children of single mothers, without specifically studying the experiences of the children within these families (Kornfein 1985; Shireman and Johnson 1985; Mechaneck et al. 1987). Suggesting that children of single mothers should be the subject for further studies is valid, but alluding to connections between social problems without specifically documenting them suggests that single mothers choosing children are indicative of the breakdown of the institutions of marriage and family. Negative hypotheses that reinforce traditional stereotypes and biases first developed in studies of unwed, single mothers form the basis for several studies and include the following:
1) Single mothers have limited capacity for intimacy (Miller 1989).

2) A higher proportion of single mothers possess traits considered masculine (Goldsmith 1975).

3) Single mothers have greater experience with conflicts and difficulties as single parents (Kornfein 1985).

When research on single mothers by choice originates with such narrow defining hypotheses, it can also be used to reinforce negative perceptions about nontraditional family alternatives.

Research examining the experiences of single mothers by choice is also diluted in its effectiveness when the focus of the conclusions compare these families to other more traditional family types. Such analyses are useful in that they do delineate the differences between various family forms, yet in the examination of purposively single mothers, use of such a tactic is limiting. These conclusions are fragile, lacking cognizance of the informants' experiences, or a baseline description of single mothers by choice. In comparing the families created by elective single mothers to more accepted family forms, a pathology or deviance perspective often indirectly permeates the subsequent analysis. The legitimation of purposive mothering by single women is obscured or overlooked when the focus of a study is to
compare this group to other family alternatives (Alexander and Kornfein 1983; Berlin 1983; Eiduson et al. 1982; Zimmerman and Bernstein 1983; Goldsmith 1975; Rexford 1976; Shireman and Johnson 1985; Perone 1988).

As sociologists, we need, first, to document the phenomenon of women choosing children before comparing them to other more institutionalized and societally sanctioned family types. Social science research on this family form has implications for social policy. This lack of documentation consequently perpetuates the absence of meaningful social policy in this area.

A major analytical weakness of the studies of single mothers reviewed here is that the research samples most often include the experiences of women with very diverse routes to motherhood, all of whom are lumped into the umbrella category of single mother by choice. Whether or not their pregnancy was intentional, whether or not they receive support from a male partner, whether or not they are lesbian or heterosexual, all of these women are merged into one classification (Goldsmith 1975; Rexford 1976; Merritt and Steiner 1984; Renvoize 1985). Further, most of these samples are small in size (Goldsmith 1975; Rexford 1976; Steinberger 1979; Hamm 1986; Urwin 1986.) Small sample sizes increase the risk of reproducing misleading inferences about the total population, as such samples may be nonrepresentative of the larger group.
Given that these research projects are among the first to document the unique experiences of single women choosing children, it becomes even more imperative not to misrepresent this family type due to sampling error. Subsequently, generalizations beyond the sample population are unlikely. Finally, lesbian families are entirely overlooked or made invisible by these studies.

Further research is necessary to document the phenomenon of unmarried women choosing children. While sociological literature documents the deviance of unwed mothers who depart from gender norms, there are no studies in the literature that describe the experiences of women who are organized collectively to resist and reorganize traditional gender social definitions. Documenting the families constructed by women choosing to become intentionally unmarried mothers, challenging family gender norms, increases the opportunities for women to choose parenting without a male partner in a supportive atmosphere. The impact of negative societal attitudes upon unmarried mothers by choice would decrease with a broadened definition of family (Potter and Knaub 1988). Further research on intentionally unmarried mothers is necessary in order to contest and correct outdated stereotypes about the experiences of women.
purposively choosing to become single parents.

**Objectives of the Study**

The overall objective of this research is to enhance our sociological understanding of unmarried women choosing children by examining the experiences of women, regardless of sexual orientation, who are neither financially nor socially dependent upon a man, and who purposively elect to bear and/or raise children. This research is being pursued with the assumption that traditional sociological descriptions and analyses of premarital births are inadequate to explain the choices made by an emergent group of mothers who have chosen to parent outside of the constraints of the traditional social structuring of the marital role and mothering under the existing sex and gender system.

More precisely, I will delineate the pathways women pursued to accomplish motherhood, and trace the macro, meso, and micro level conditions associated with the decision to become an intentionally unmarried mother. This dissertation will document the creation of a collective identity among these mothers in the face of existing gender norms of motherhood through both informal networking and organized, self-help advocacy support systems. This challenge to more traditional family forms is viewed as a form of collective action, initiated to
resist the dominant definitions and norms of motherhood (Schur 1984; Collins 1990). This research, therefore, makes an important contribution to the developing body of scholarly literature that explores and analyzes the experiences of unmarried women choosing children.

The present research represents one of the first attempts to examine the emerging phenomenon of women electively choosing children without a male partner, outside of the institution of marriage. It is also the first to apply a sociological perspective to better understand the experiences of women making these choices. This research will enhance our sociological understanding of the social structuring of the mother role. When parenting and the decision to parent are examined outside of the traditional assumption of heterosexuality guiding almost all research on the transition to parenting and/or mothering, the experience itself should become better defined. Including the experiences of the first generation of lesbian mothers by choice explicitly acknowledges an aspect of the diversity manifested in women's lives that has been largely invisible in scholarly understandings of the mother role.

Through providing an empirically based description of this unique mothering experience, I aim to contribute to and challenge the existing research about births outside of marriage. Much of the research on premarital
births offers inadequate explanations. In her 1984 Presidential address to the American Sociological Association, Rossi suggested that Malinowski's principle of legitimacy had influenced sociologists to see out-of-wedlock births only as a phenomenon which was not chosen freely by women. One of the expected outcomes of this research is to challenge these traditional explanations and develop conclusions that speak more explicitly to the experiences of the women who participated in this research project.

**Theoretical Concerns**

Initially, this dissertation began as an inductive exercise in grounded theory (Glaser and Strauss 1967). However, the ensuing analysis draws from two diverse traditions of scholarship: the social movement literature, and feminist theory. The emphasis of this undertaking is description and exploration. Consequently, the combination of these two frameworks provide an original and innovative approach to this topic, and serve to organize, rather than to explain this data.

Social movement theory provides a framework for understanding the processes involved in constructing intentionally unmarried motherhood as a form of collective action (Taylor and Whittier, forthcoming;
New social movement theorists view the politics of personal transformation as one of their pivotal theoretical problematics (Melucci 1989; Touraine 1981; Boggs 1982; Pizzorno 1978). Approaches to the analysis of social movements and collective behavior focus on how movements mobilize, organize, and develop tactics and new understandings that challenge dominant views of disadvantaged groups. Contemporary social movement theory provides a framework for understanding the data relevant to women choosing children.

The loosely structured, informal self-help groups which have begun to emerge to support women as they make and implement choices for intentionally unmarried motherhood possess the rudiments of an emerging social movement industry (Zald and McCarthy 1980). A recent critique of developments in social movement theory called for the building of the type of intermediate, theoretical bridges. These bridges allow for a joining of empirical work at both the micro and macro sociological levels (McAdam et al. 1988). This research attempts to meet that challenge by exploring the conditions associated with the macro, meso, and micro levels.

Within the social movement literature is a growing body of work addressing the establishment and expansion
of the self-help movement (Withorn 1986; Katz and Bender 1976; Katz 1981). The self-help movement is composed of indigenous and largely spontaneous groups organized around issues of mutual aid. While some initial efforts have been made to cultivate specific theories regarding self-help groups, most theoretical approaches originate from and mirror general social movement theory.

Finally, gender theory roots women's experiences in the larger system of gender inequality (Chafetz 1990; Huber 1980). Gender stratification suggests some degree of female disadvantage. The degree of gender stratification is not consistent throughout a complex society, as it varies by social class, race/ethnicity, and religion (Almquist 1987; Blumberg 1978). All systems of stratification are, by definition, systems of power inequity.

This perspective recognizes women's behavior as a consequence of women's disadvantaged social status. Motherhood is the ultimate embodiment of women's disadvantaged status, and feminist theory illuminates the large scale structural processes that contribute to this disadvantaged position (Chafetz 1990; Schur 1984; Thorne and Yalom 1982; Bernard 1974). Gender theory augments the previous perspectives by emphasizing the influence of hierarchical relations based on gender as a key organizing principle in the dynamics that influence the
process of intentional motherhood.

Within the social movement literature and feminist theory is a body of work detailing cultures of resistance provides additional material useful to the analysis of women choosing children (Taylor and Whittier forthcoming; Collins 1990; Melucci 1980; Caulfield 1974; Foucault 1980; Scott 1985). Intentionally unmarried mothers, unique in their challenges to marital and maternal gender norms, cultivate, generate and share the experiences and knowledge of their own culture of resistance. My use of the term culture of resistance parallels Collins' (1990) utilization of this concept. The singular form of this concept should not presuppose that a monolithic culture of resistance exists. Such cultures nourish both compliance with and opposition to oppression. Collins illustrates these contradictions by examining African-American Black motherhood and African-American women's political activism (Collins 1990). The families created by unmarried women intentionally choosing children also sustain an unusual outsider-within position, which simultaneously restrains and yet allows intentionally unmarried mothers to develop cultures of resistance. Women choosing children provide a specific variation of
the social role of mother, which transforms into a distinct identity that guides their behavior.

Outline of Chapters

This dissertation analyzes the social construction of unmarried women choosing children. I begin Chapter 2 by outlining the methods employed in gathering data for this project, including the data sources and techniques of data analysis. In Chapter 3, I detail nine descriptive case studies of the various avenues intentionally unmarried mothers followed. These case studies provide the contextual background for subsequent analysis, describing women's pathways to motherhood, through either adoption, artificial insemination, or sexual intercourse. Chapter 4 summarizes the construction of a collective identity for unmarried elective mothers through various forms of collective organization, in the form of self-help groups. Chapter 5 focuses on the macro political preconditions which set the stage for the creation of a distinctive collective identity among women who have chosen to become moms without dads. Chapter 6 turns to micro level questions, recounting the factors respondents used to account for their individual choices. Chapter 7 details the meso preconditions that have influenced the emergence of intentionally unmarried mothers. In conclusion, Chapter
delineates theoretical implications and future directions for additional research.
CHAPTER II

METHODOLOGY

Elective motherhood without marriage is a choice made by only a small minority of women largely within the last decade. An in-depth examination of this group of mothers and mothers-to-be provided the best method for uncovering the contexts, routes, and self understandings experienced by moms without dads. A major goal of the study was to describe, from the women's point of view, the experiences of unmarried women choosing children.

Qualitative research strategies allows for the data to capture more fundamentally the actor's subjective point of view and provides kind of the rich, descriptive data upon which substantive theory is built (Eichler 1980; Silverman 1985; Mies 1983; Stanley and Wise 1983; Bowles and Klein 1983; Schwartz and Jacobs 1979). Feminist methodological precepts also suggest a qualitative methodological approach, ensuring these women

The work at hand is exploratory. Obviously qualitative research of this nature cannot test macro-level theory. But it can, however, offer descriptions and analyses that enable the development of substantive "grounded" theory and hypotheses (Glaser and Strauss 1967; Charmaz 1983; McCracken 1988; Strauss and Corbin 1990).

Data Sources

The data for this study come from three main sources: interviews with women who were moms without dads, my own participant observation, and secondary analysis of existing literature relative to the macro and meso level trends discussed in chapters five and seven, respectively.

Interview Data

My study design required a sample that focused upon the specific group of women who were currently involved in choosing motherhood without a male partner. I developed sampling procedures designed to locate women who were purposively parenting and unmarried, while also
targeting variations in routes to parenthood, mothers' sexual orientation, racial and ethnic background, class background, and occupational position.

**Sample of Women interviewed**: Respondents were located through two major routes - by publicity requesting research participants; and snowball or network sampling. The requests for research participants were circulated through a variety of channels. Notices were posted on kiosks and bulletin boards throughout the entire Ohio State University Columbus campus, distributed to LaMaze educators of central Ohio, mailed to physicians providing artificial insemination to unmarried women in central Ohio (including general family practitioners, infertility specialists, and obstetrician/gynecologists), and distributed to attorneys identified as providing adoption resources to unmarried women in the central Ohio region, and to local child care centers. Advertisements were placed in two national publications: *Lesbian Connection*, a national newsletter by, for, and about lesbians, and *Single Mothers by Choice*, an organization that publishes a nationally distributed newsletter.

The criterion I adopted for including women in the sample was: self identity as an intentional mother outside of the context of a heterosexual relationship, residence in central Ohio or similar
geographic/demographic regions, and a willingness to participate. As potential respondents identified themselves, they became useful sources for the names of other potential research candidates. This snowball sampling technique proved an excellent method for reaching other moms without dads. The procedure used to identify potential participants was effective, as demonstrated by the surprising numbers of women interested in becoming respondents.

One segment of respondents who volunteered but were inappropriate for the scope of this study was women now living as single mothers as a result of initially unplanned or unwanted pregnancies. This study sought to explain only the experiences of women who purposively chose to become mothers without a male partner. Feminist scholars acknowledge that language itself reflects male experiences, and its categories are often incongruent with women's lives (Devault 1990). To identify the women of this study by the absence of a male partner subtly suggests that this component of the women's lives is a salient issue, when more often then

4. The language I used to publicize the research was often misinterpreted by colleagues as well as potential respondents. Many people assumed that the dissertation intended to include mothers who experienced initially unwanted or unplanned pregnancies. The lack of an easily understood terminology that accurately and concisely describes this cohort of women is another marker of the recency and invisibility of the phenomenon.
not, this was not the case. The irony is that "When language is 'man-made,' it is not likely to provide, ready-made, the words that feminist researchers need to tell what they learn from other women" (Devault 1990). I acknowledge the potentially uneasy fit between the language used to identify these women and the reality of their experiences.

The response to the varied forms of requests for research participants was well beyond the anticipated response rate. Eighty-eight potential research respondents identified themselves, and there was considerable variation demographically among those who volunteered to be interviewed. As potential research respondents were identified, I conducted an initial telephone screening to provide information about the research project and to ensure that the respondent self-identified as having purposively chosen to become a parent without the social or economic support of a male partner. It is important to note that the decision about whether a particular woman's life situation would be defined as elective childrearing by choice—thus making her eligible to be a respondent—was made by the woman herself. To apply my own definition of whether or not a particular woman's experience in childrearing was by choice would have contradicted the purpose of allowing women to define their own experiences (Eichler 1980). If
the respondent was both appropriate for the study and remained interested in participating, as sixty-five (75%) of the women did, she was subsequently mailed further information about the research project. This mailing included the request for research participants, the human subjects review consent form, a more detailed consent form, and a cover letter describing the scope and breadth of the dissertation. After potential respondents had received these materials, an interview was scheduled within weeks.

The final sample totaled sixty-five women. An exploratory, qualitative study such as this project necessarily has a limited sample size. Given, however, the qualitative nature of the study, a sample size of 65 was overwhelmingly large. It exceeded initial expectations, but proved beneficial because it provided considerable variation in terms of the three potential routes to parenthood, and in the demographic

5. The research protocol for this project was submitted to the behavioral and social sciences component of the Human Subjects Review Committee at The Ohio State University to ensure the protection of the rights and welfare of the individuals involved. The protocol was approved with the stipulation that the oral instructions to the respondents were to include a statement that some of the questions may be personal or sensitive. Respondents were encouraged to decline a response to any question they did not want to answer, or answer on tape. All information obtained is considered strictly confidential. No real names, locations, professions, or other significant identifiers were used in the preparation of this document. See the appendix for a copy of these materials.
characteristics of the respondents. I conducted all of the interviews with respondents, and each interview lasted between two and three hours.(6) The benefits of the information derived from such qualitative, in-depth interviews more than compensated for the sample size of 65 women.

The sample was diverse group of women, who demonstrated variation in their class backgrounds, their occupational pursuits, and, to some extent, their education. Forty-nine of the women (72%) were parents. Additionally, four respondents (6%) were pregnant at the time of the interview. The twelve remaining women (22%) were deeply enmeshed in the process of trying to adopt or become pregnant, and the time, energy, and money they had already invested demonstrated their intense commitment to becoming intentionally unmarried mothers. At a point 18 months subsequent to the gathering of data, 9 of these 14 mothers-to-be (64%) had achieved their goal of pregnancy or adoption. Of the remaining 5 women who were trying, 2 have actively continued to achieve pregnancy or adoption, 1 has ended her attempts at motherhood, and the status of the remaining two women is unknown.

The income of respondents varied across a broad range, but most of the sample were well-situated

6. See the appendix for a copy of the interview guide.
economically, considering the lack of a male head of household income. Heterosexual women and single lesbians and 18 (62%) of coupled lesbians provided information about their individual income. Eleven of 29 coupled lesbians (38%) provided information about their joint incomes. (7) The average yearly earnings totaled near

7. In two cases out of 29, where the lesbian mother was in a coupled relationship, the biological and/or adoptive lesbian mother provided all the financial support for the child(ren) out of her income alone, as the couples maintained a strict separation of property. In 18 out of 29 lesbian coupled relationships, the biological or adoptive mother was either unwilling or unable to reveal information about the pooled income status of the couple. In 11 of the 29 lesbian couples, income information about both partners was revealed by the respondent.
$40,000, with a range extending from $5,000 to above $75,000 annually (see Table 2.1).

Table 2.1: Income

<table>
<thead>
<tr>
<th>INDIVIDUAL INCOMES:</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. less than $5,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b. $5,000 - 9,999</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>c. $10,000 - 14,999</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>d. $15,000 - 19,999</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>e. $20,000 - 24,999</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>f. $25,000 - 29,999</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>g. $30,000 - 39,999</td>
<td>20</td>
<td>13</td>
</tr>
<tr>
<td>h. $40,000 - 49,999</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>i. $50,000 - 74,999</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>j. $75,000 and above</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>k. declined response</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>73</td>
<td>54</td>
</tr>
</tbody>
</table>

COMBINED INCOME FOR REPORTING COUPLES:

<table>
<thead>
<tr>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. less than $5,000</td>
<td>0</td>
</tr>
<tr>
<td>b. $5,000 - 9,999</td>
<td>0</td>
</tr>
<tr>
<td>c. $10,000 - 14,999</td>
<td>0</td>
</tr>
<tr>
<td>d. $15,000 - 19,999</td>
<td>0</td>
</tr>
<tr>
<td>e. $20,000 - 24,999</td>
<td>1</td>
</tr>
<tr>
<td>f. $25,000 - 29,999</td>
<td>0</td>
</tr>
<tr>
<td>g. $30,000 - 39,999</td>
<td>5</td>
</tr>
<tr>
<td>h. $40,000 - 49,999</td>
<td>0</td>
</tr>
<tr>
<td>i. $50,000 - 74,999</td>
<td>11</td>
</tr>
<tr>
<td>j. $75,000 and above</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

In traditional heterosexual parenting relationships, women's responsibility for mothering and housework impedes their entrance into paid labor, as does the family ideology used to rationalize the sex segregation of the labor force and women's subordinate economic position. This subordinated economic position, in turn,
sustains women's dependence on men within families and reinforces an unequal domestic division of labor (Thorne and Yalom 1982). This sample includes an over-representation of women from middle and upper incomes. Further study may reveal whether this is an artifact of sampling bias or an accurate picture of the demographic characteristics of women with the resources to make these choices.

However, in the case of women choosing children, each of the 65 mothers interviewed participated in the work force, and none of the respondents were subject to traditional family ideology that discouraged working outside the home within their own families. The responsibilities of children and housework did not prevent participation in the labor force. Rather, these responsibilities strongly encouraged work force participation with household incomes indicating substantial overall economic privilege. Respondents varied in whether their work commitment was a full time
or a part time position, but every respondent was financially self sufficient (see Table 2.2).

### Table 2.2: Full or part time employment

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. full time employment</td>
<td>88</td>
<td>57</td>
</tr>
<tr>
<td>b. part time employment</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>c. independently wealthy</td>
<td>1</td>
<td>1(a)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>

(a) This respondent had worked full time in a lucrative professional position for many years before choosing children. In addition to her savings, a substantial inheritance allowed her to fulfill her plan of staying home with her child(ren) until the child(ren) were of school age.

Women from the sample were not concentrated in female-dominated, low paying occupations. Rather, women intentionally choosing children were often located in traditionally male occupations, with higher wages and opportunities for advancement. The majority of
intentional mothers held career positions in professional and managerial fields (see Table 2.3).

Table 2.3: Employment patterns

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. professional/technical</td>
<td>38</td>
<td>25</td>
</tr>
<tr>
<td>b. managerial/administrative</td>
<td>34</td>
<td>22</td>
</tr>
<tr>
<td>c. service workers</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>d. sales</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>e. military service</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>f. student</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>g. purposively unemployed</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>h. declined</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>

Respondents ranged in age from 23 to 53 at the time of the interview, with the average age of 36 (see Table 2.4).

Table 2.4: Age at interview

<table>
<thead>
<tr>
<th>Age Range</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 23 - 24</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>b. 25 - 29</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>c. 30 - 34</td>
<td>37</td>
<td>24</td>
</tr>
<tr>
<td>d. 35 - 39</td>
<td>26</td>
<td>17</td>
</tr>
<tr>
<td>e. 40 - 44</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>f. 45 - 49</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>g. 50 - 53</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>h. declined</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>

The average age of the respondents at the birth of their first child or the adoption of their first child was 34 1/2 years, ranging from age 23 to age 49 (see Table 2.5). Intentional mothers are generally older than the typical
first time mother. In 1987, over 84% of United States first time mothers were under the age of thirty (World Almanac 1991; Taeuber 1991).

Table 2.5: Age of mother at (first) intentional birth or adoption

<table>
<thead>
<tr>
<th>Age Range</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 23 - 24</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>b. 25 - 29</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td>c. 30 - 34</td>
<td>32</td>
<td>21</td>
</tr>
<tr>
<td>d. 35 - 39</td>
<td>32</td>
<td>21</td>
</tr>
<tr>
<td>e. 40 - 44</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>f. 45 - 49</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>g. declined</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>

The educational background of the sample was high, as virtually all of the respondents had attended at least 2 years of college. Almost all of the respondents had competed their undergraduate degrees, and just under half of these women had also completed postgraduate studies (see Table 2.6).

Table 2.6: Educational background

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. between 2 years and completion of an undergraduate degree</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>b. undergraduate degree, completion of college education</td>
<td>49</td>
<td>32</td>
</tr>
<tr>
<td>c. Master's degree</td>
<td>25</td>
<td>16</td>
</tr>
<tr>
<td>d. Ph.D.</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>e. J.D.</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>f. M.D.</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>
The sexual orientation of the sample was almost evenly divided between heterosexual women and lesbians. Two respondents declined to identify themselves by these labels (see Table 2.7).

Table 2.7: Sexual orientation

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. heterosexual</td>
<td>52</td>
<td>34</td>
</tr>
<tr>
<td>b. lesbian</td>
<td>45</td>
<td>29</td>
</tr>
<tr>
<td>c. declined</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>

The sample was overwhelming homogeneous in racial and ethnic background, with the majority of respondents identifying as caucasian and American born. The under-representation of women of color in this sample is a subject for further study, and may be a consequence of either my inability to access the relevant social networks or the real lack of women of color engaging in purposive motherhood (see Table 2.8).

Table 2.8: Racial and ethnic orientation

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Euro-American born women, caucasian</td>
<td>92</td>
<td>59</td>
</tr>
<tr>
<td>b. European born women, caucasian</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>c. Women of Color</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>6</td>
</tr>
</tbody>
</table>

The respondents reported a heterogenous mix of religious or spiritual affiliations. Also included in
this sample are women who self-identified as spiritually inclined but not institutionally affiliated, as well as women who reported no religious or spiritual alignment (see Table 2.9).

Table 2.9: Religious/spiritual affiliation

<table>
<thead>
<tr>
<th>Type of Affiliation</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. no religious/spiritual affiliation</td>
<td>21</td>
<td>14</td>
</tr>
<tr>
<td>b. Catholic</td>
<td>20</td>
<td>13</td>
</tr>
<tr>
<td>c. spiritual, non-institutional</td>
<td>20</td>
<td>13</td>
</tr>
<tr>
<td>d. Jewish</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>e. Methodist</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>f. Lutheran</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>g. Unitarian</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>h. Protestant</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>i. Episcopalian</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>j. Quaker</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>k. Nazarene</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>l. Southern Baptist</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>

Many other variables were tabulated for these women, including: the birth order of respondents; the number of siblings of respondents; prior heterosexual marital status of respondent; prior abortion or miscarriage experiences of respondents; the number of children respondents were mothering; the number of "non-elective" children the respondents were mothering; the ages of the respondents' children; the sex(es) of the respondents'
Research Instrument: This study used an open-ended, semi-structured interview guide. Through many drafts, the guide eventually emerged as a loosely structured, chronologically oriented document that directed the respondent through the sequence of events that led to her becoming a parent without a male partner. The guide sought to capture the mothers' own understanding of their experiences (Devault 1990; Nielson 1990; Harding 1987; Oakley 1981). A pilot interview guide was constructed, pretested, and revised. Eventually, the final schedule resembled a life history questionnaire focusing on the route each woman had chosen in making her childbearing and/or childrearing decisions. This method allowed for a range of responses around a set of structured topics, but permitted freedom and variability within the interview process itself (McCracken 1988). Few changes were made to the interview guide after the pretesting, which assured that the vast majority of data collected from

8. For further information on the tabulations of the aforementioned characteristics, consult the appendix.
each respondent were comparable to previously collected material.

**Validity and Reliability**

Drawing applicable conclusions from this data depends upon the validity and the reliability of the information collected (Kirk and Miller 1986). Snowball sampling did present methodological drawbacks that had to be taken into consideration. The potential for self selection introduces the possibility of systematic bias within the data collected. However, I suspect that this sample is not biased by an over-representation of women who are willing to share their personal experiences for scrutiny by an academic perspective. Many respondents indicated to me that they had only chosen to participate in my research because I was also actively trying to get pregnant, and they trusted that I would protect their experiences from judgmental or conservative conclusions.

External validity speaks to the difficulty of verifying whether the group under study is representative of the larger universe of women making such parenting choices (Kirk and Miller 1986). I have no reason to believe that the respondents of this study are representative of all women choosing children without the support of a male partner. The aim of this research is to make accurate statements about women choosing children
within a socio-cultural context where nontraditional family choices are without broad societal support. There is a chance, however, for error when generalizations from the group under study are made to the larger group of women choosing children. Generalizations in this study are made with caution, are solidly grounded in the data provided by the research experience, and are the source of testable hypotheses for further research.

The sample was also restricted based upon the geographic location of respondents. This research project explored the experiences of women choosing children within the context of mainstream, Midwestern socio-cultural attitudes. Most respondents were located in the central Ohio area or in geographic areas similar in social outlook to the Midwest. Specifically, Columbus is a non-coastal but urban community, where developments in major metropolitan urban areas are played out on a later schedule and a smaller scale. Columbus reflects national trends, typical of smaller communities (Taylor and Rupp 1992). In locations where intentionally unmarried motherhood was not as controversial, or where access to service providers typically was free of institutional obstacles and personal scrutiny, potential respondents were excluded.(9) As a result, 59

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9. Four of eighty-eight women who identified themselves as interested potential respondents were excluded from participation in this study. Two lived in San Francisco, one
respondents (91%), were located in the central Ohio area. The remaining 6 women (9%) were from out of state, but living in locations that approximated the resources and attitudes found in central Ohio, including respondents from small cities in Indiana, Oklahoma, Massachusetts, Michigan and Colorado.

There is little reason to believe that the women included in this sample are very different from most other moms without dads in similar socio-cultural settings. The snowball sampling procedure continued until a point was reached where interviews verified previous information, but did not provide new information or viewpoints on the topics under study (Glaser and Strauss 1967; Charmaz 1983; McCracken 1988; Strauss and Corbin 1990). Women who made the choice to parent without a male partner, regardless of route, were eager to participate and share their experiences. Many expressed the hope that providing information would make the path of choosing children an easier one for subsequent unmarried women to follow.

Relying on these interviews as the primary source of data for this project introduced the potential for bias in data collection (Kirk and Miller 1986; Jorgensen 1989; Webb et al. 1981). Self-reporting always runs the risk that the respondent will present information that is

in Los Angeles, and one in New York City.
perceived as desirable, rather than information that is wholly accurate, potentially challenging internal validity. Confirming the accuracy and validity of the information obtained through the interviews was generally possible, since participating in the process and revealing the paths necessary to achieve unmarried elective motherhood was not an experience one could likely contrive. Additionally, the details of the process of adoption and insemination provided by respondents in the early interviews were confirmed and repeated by women in subsequent interviews. (10)

Self-reporting also endangers the ability to articulate unconscious motives or desires about the phenomenon under study. A respondent's ability to recall and describe the past or anticipate the future is subject to bias (Jorgensen 1989; Kirk and Miller 1986; Lofland 1971; Plummer 1983), although this project sought to minimize the effects of these sources of bias within the data collected. The inaccuracy of recall and potential for distortion due to retrospective interpretation on the part of the women who were interviewed is unlikely. The women participating in this research were heavily

10. One potential informant was not included in the sample of 65 respondents because her narrative contained many gross inaccuracies about her supposed artificial insemination experience. It is my guess that she fabricated the experience in order to be included in this study, and thus be, in her eyes, publicly identified and acknowledged as a member of the larger local community of women choosing children.
invested in the process involved in becoming mothers. I have a great deal of confidence in the data gathered from these women. A final issue that substantiated the internal validity of this project was my own familiarity with the process of choosing to have a child.

**Participant Observation**

A second source of data for this project is participant observation. I began considering the option of parenthood in 1983, and actively began trying to get pregnant via alternative fertilization in 1988. During my two years of attempting pregnancy, I used both known and unknown donors, fresh and frozen sperm, self-help techniques and extensive medical intervention. After an incredible emotional investment and spending approximately $6,000.00, I became pregnant by artificial insemination in June of 1990. Our son, Keegan, was born February 26, 1991.

During this same time period, I have participated in both informal networking and organized support systems designed to provide a sense of companionship and camaraderie among women choosing children. Several organized groups exist in the central Ohio area.(11)

---

11 These groups will be discussed extensively in Chapter Four. Chapter 4 includes an in-depth analysis of collective organization as a pivotal factor in the development of a collective identity among intentionally unmarried mothers. This collective identity arises in resistance to traditional
There is a single parent adoption group, which I have visited to locate potential research respondents. The national organization of Single Mothers By Choice has local groups meeting in the Cleveland area, the Dayton area, and the Cincinnati area, attracting heterosexual women choosing children through adoption, artificial insemination, or sexual intercourse. Columbus presents several options for lesbian women choosing children, including a long established gay and lesbian parents group, where the majority of the parents have children as a result of previous heterosexual relationships. For lesbians, three additional Columbus resources exist: one for women just beginning the process of choosing children, another, called Momazons, composed largely of lesbians mothers of children by choice, and lastly, a support group for lesbians with infants and toddlers. Another Momazons group also gathers in the Dayton area.

The role of the researcher, as perceived by the respondent, has the potential to create a significant impact on the data collected (McCracken 1988; Oakley 1981; Nielson 1990; Thorne 1979). The choices made by these women were sometimes perceived as controversial within their own social networks, and certain aspects of the respondents' choices were considered private or confidential information by the women interviewed.
Revealing my own plans, choices, and efforts toward becoming a mother by choice enhanced my ability both to locate respondents and to establish trust and rapport with those respondents during the data collection process.

My own subjective experience in pursuit of motherhood precluded a value-free, neutral, uninvolved approach to the research topic and the research participants. As a feminist social scientist studying an issue relevant to women, I do not subscribe to the androcentric norms of objectivity that dictate distance between the researcher and subject. Further, I reject the traditional establishment of relationships of dominance between the researcher and subject, who is treated as object (Mies 1983; Stanley and Wise 1983). By dismantling the power relationship between the researcher and the researched, the lives of women can be examined from within. Further, the motives and understandings of the researcher are examined as part of the research process (Reinharz 1983; Stanley and Wise 1983). My research takes the respondents needs, interests, and experiences into account, and aims to be instrumental in improving women's access to alternative family forms.

The pilot research was conducted as I began my own personal odyssey into the process of choosing children. This provided an opportunistic research topic that led me
to consider my own biography, life experience, and situational familiarity as important sources of research ideas and data (Riemer 1977; Mills 1959). Throughout the research, I found that revealing my participation in the process of choosing children substantially improved my credibility and significantly increased the willingness of the respondents to participate openly and honestly with my research.

Other strategies that I used to increase freedom of disclosure of sensitive information included offering respondents the option of interviewing in a location where they would feel the most at ease. The majority of women chose to be interviewed face-to-face in their own home. A small number of interviews took place under respondent-suggested conditions, including face-to-face in their workplace, by telephone, by written response, or face-to-face in a neutral location (see Table 2.10).

Table 2.10: Interview conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. face-to-face at home</td>
<td>72</td>
<td>47</td>
</tr>
<tr>
<td>b. face-to-face workplace</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>c. telephone</td>
<td>20</td>
<td>13</td>
</tr>
<tr>
<td>d. written response</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>e. neutral location</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>

With the exception of the occasional young child who was present during the interview, respondents were
interviewed without additional observers. Respondents were encouraged to respond frankly and were directed to understand that the research anticipated no right or wrong replies. Nonetheless, even the most model interviewing circumstances can not exclude the hazard of bias in retrospective reporting. Respondents were generally enthusiastic in their responses, and perhaps even more forthcoming about sensitive information than I had expected. With little probing, participants provided vivid and detailed accounts of their experiences in the process of choosing children. Consequently, there is little reason to expect that the interview guide or process significantly altered either the nature of the respondent's answers, or the results of the research.

**Secondary Data Analysis**

The final source of data was the secondary analysis of existing social science literature documenting macro and meso level trends which create, in part, the social context in which unmarried women are choosing to have children. Combining the data from intensive interviews with documentary analysis strengthens the resulting conclusions. This documentary data augmented information gathered in the interview process and provided important information about structural and organizational factors influencing the decisionmaking context of women choosing
children.

All of the interviews were tape recorded and subsequently transcribed verbatim in their entirety. Transcription was done by myself and one research assistant. It proved to be a substantial undertaking given the two to three hour length of the interviews and the large sample size. An average interview took 15 hours to transcribe. However, the familiarity that I gained with the data during the transcription process was invaluable.

Computer-assisted techniques and appropriate software have many advantages in negotiating the tedious mechanical phases of collecting, reducing, and analyzing qualitative materials (Becker et al. 1984). The analysis was accomplished with the use of The Ethnograph, a computer program developed by and for qualitative social scientists. The Ethnograph is a set of interactive, menu-driven computer programs designed to assist the qualitative researcher in some of the mechanical aspects of data analysis. It enables the researcher to code, re-code, and sort data files into analytic categories. Use of this software program to manage the mechanical aspects of the qualitative work on the computer freed me to devote more time and attention to the critical interpretive aspects of qualitative data analysis.

The type of focused coding that The Ethnograph
permits assists in outlining the framework of this research. (12) By demonstrating relationships between categories in ways that illustrate the issues and events studied, focused coding helps to provide the groundwork for generating explanations about the emergence of intentionally unmarried mothers (Glaser and Strauss 1967; Charmaz 1983). As I investigated the topic of moms without dads, I explored the various types of families that were included under the umbrella of women intentionally choosing children without the social or financial support of a male partner. Concurrent to discovering the diversity of families who composed moms without dads, I also examined the larger social conditions that provided the backdrop against which this family form was now occurring.

12. See appendix for listing and description of coding categories used for this research project.
Several general analytical questions guided the data analysis:

1) What pathways have women pursued in order to achieve intentionally unmarried motherhood?

2) What forms of collective organization exist among intentionally unmarried mothers?

3) What structural, macro level conditions have influenced women to choose intentionally unmarried motherhood?

4) What individual, micro level conditions have influenced women to choose intentionally unmarried motherhood?

5) What organizational, institutional, meso level conditions have influenced women to choose intentionally unmarried motherhood?

Using these questions as a guide I transformed the data into categories that could be treated analytically. Sets of categories were generated that suggested underlying patterns and processes (Charmaz 1983). As more data accumulated, my general analytical questions were grounded in the substantive dimensions of women's experiences choosing children. The systematic application of grounded theory analytic methods progressively leads to more abstract analytical levels. The final analysis draws from two theoretical approaches - feminist theory, and social movement theory - to integrate the substantive findings generated from the data.
CHAPTER III

CASE STUDIES

This chapter presents nine different case studies that outline the four most common passageways to motherhood described by the women I interviewed. These detailed descriptions provide the contextual backdrop for the analysis detailed in subsequent chapters. Each of these nine cases is a representative example of the experiences of women participating in the project.

Together, these personal descriptions, beyond their intrinsic value, serve a wider theoretical purpose by demonstrating the influence of macro, micro, and mezo level factors that create mothering opportunities for unmarried women, as outlined in chapters five through seven. Together, these factors figure prominently in the decisionmaking and subsequent experiences of intentionally unmarried mothers. (13) The case studies

13. These case studies are based upon lengthy interview narratives for the purposes of description. I make no attempt to include all of the details revealed by the research participants as they relate their experiences of choosing children. Each story is an actual representation of a specific woman participating in this research project. Inconsequential details have been deliberately altered in an attempt to camouflage the specific identities of the women
described in this chapter present the following four potential routes to motherhood, describing the diverse and distinctive experiences of both heterosexual and lesbian respondents:

1) ADOPTION

1.1) international adoption; heterosexual mother

1.2) domestic adoption - private; heterosexual mother

1.3) domestic adoption - public; heterosexual mother

2) ALTERNATIVE FERTILIZATION

2.1) alternative fertilization; coupled lesbian mothers

3) ARTIFICIAL INSEMINATION

3.1) artificial insemination; coupled lesbian mothers

3.2) artificial insemination; single lesbian mother

3.3) artificial insemination; heterosexual mother

4) SEXUAL INTERCOURSE

4.1) heterosexual mother; well known biological father

4.2) heterosexual mother; little known biological father

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featured.
Women respondents usually only pursued one route to motherhood, as was the case for 86% of the mothers I interviewed (n = 56). However, a small number of women, 12%, did pursue two different routes to motherhood (n = 8). Only one respondent simultaneously pursued three routes to achieve motherhood. Given that 9 women pursued multiple routes to motherhood, the breakdown of methods employed is listed in Table 3.1:

<table>
<thead>
<tr>
<th>Method</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. adoption</td>
<td>25</td>
<td>19</td>
</tr>
<tr>
<td>b. alternative fertilization</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>c. artificial insemination</td>
<td>42</td>
<td>32</td>
</tr>
<tr>
<td>d. sexual intercourse</td>
<td>23</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>75</td>
</tr>
</tbody>
</table>

Among the respondents who were already mothers at the time of the interview (n = 49), the majority, 33%, pursued artificial insemination. The adoption option was chosen by 31% of respondents. Sexual intercourse was the route chosen by 26%. Alternative fertilization was the
preferred method for 10% of respondents (See Table 3.2):

Table 3.2: Methods successfully used

<table>
<thead>
<tr>
<th>Method</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. adoption</td>
<td>31</td>
<td>15</td>
</tr>
<tr>
<td>b. alternative fertilization</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>c. artificial insemination</td>
<td>33</td>
<td>16</td>
</tr>
<tr>
<td>d. sexual intercourse</td>
<td>26</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>49</td>
</tr>
</tbody>
</table>

Choosing the pathway to bring a child into your life is a momentous decision for women choosing children. For some respondents, the pathway was immediately evident, with no consideration given to other options. For other respondents, each pathway offered benefits and risks which were delicately weighed in order to find the optimum route. Among the four paths, adoption, alternative fertilization, artificial insemination, and sexual intercourse, respondents outlined certain basic pros and cons for each method.

Adoption was a method chosen only by women who felt comfortable with raising a child who was not biologically their own. This decision is two fold, as the adoptive mother's decision also means she will not personally experience this pregnancy. Adopted mothers were not interested in, or not able to achieve pregnancy. Adopting mothers accept that their child will be biracial, and often acknowledge their effort to immerse
the child in cultural and/or ethnic practices which were not originally their own. Adopting mothers who prefer very young infants and are financially well situated are more likely to pursue international or private adoption. Adopting mothers who have more time or patience than money are more likely to pursue public adoption. Adopting mothers are prepared to encounter children with special needs, mental health problems, disability, or health crises. Often, the full extent of these difficulties is not diagnosed until some time after the child is placed in his or her new home. Adopting mothers recognize that they may learn little or no information about either of their child's birth parents. Finally, adoptive mothers must be tolerant of the slow moving pace of the legal system, and be willing to accept the risk that the adoption decision will not become final until some number of months after the child has been placed in the home and begun to establish a loving relationship with his or her new mother. Because the legal system is not known for its' tolerance of lesbian mothers, few lesbians pursue this route. Those who do may choose to remain totally closeted, or to adopt with the help of other closeted legal professionals.

Women who pursue alternative fertilization want a newborn child as a result of their own pregnancy, a child with their own genetic contributions. The race, as well
as other physical potentials for that child is determined by the donor selection process, which the mother herself orchestrates. As the donor is a knowing participant in this pregnancy, there is no deceit of the man involved. The mother may choose her donor face to face, or select a trusted go-between to find a donor which meets the mother's criteria. Consequently, the mother may choose a donor known to her, who could become known to the child, and/or play a role-to-be-determined in the life of the child.

Typically, women who pursue alternative fertilization are looking to circumvent medical control of their conception. This avoidance of the medical system may or may not be connected to financial well-being. Certainly alternative fertilization is a much less expensive route than artificial insemination. For lesbians, alternative fertilization avoids the potential of homophobic reactions to lesbian parenting and the denial of artificial insemination services. Alternative fertilization, controlled by the coupled lesbian choosing children, allows her partner to participate equally and fully in the conception process without heterosexist repercussions. For this reason, many more coupled lesbians than single lesbians or heterosexual women pursued alternative fertilization as opposed to artificial insemination. Like artificial insemination,
alternative fertilization is preferred by some women because it is a form of asexual reproduction. Medical professionals view alternative fertilization as "less safe" than artificial insemination because the donor and the recipient to not receive the in-depth testing and medical screening that most sperm banks are legally required to perform.

Artificial insemination is the second method in which a genetically linked newborn child is born to a mother who achieved pregnancy. Again, the mother determines the child's race and other potential physical characteristics, but with considerably less information than is available in face-to-face scrutiny of potential donors. The amount of information she knows about her donor varies considerably from doctor to doctor. (14) With the anonymous nature of the artificial insemination donors, there is no possibility that the donor will become known to the child, or play a role in the child's life. (15)

14. Some women interviewed knew only the race and the complexion (light or dark) of their donors. Others were provided with as many as a dozen typed pages of information about their donors, including complete medical histories for his and two previous generations.

15. The exception to this statement is if the woman selects sperm provided by the Sperm Bank of Northern California, from a donor who indicated a positive response about identity release. The only sperm bank which offers this option, the Sperm Bank of Northern California will release the identity of the donor and any identifying information about him when the child reaches the age of 18
The woman who chooses artificial insemination should feel comfortable with medical intervention, and recognize that her conception will be medically monitored and controlled. Lesbians pursuing artificial insemination may choose to remain closeted, or seek out supportive providers to whom they may be more open about their lifestyle. One of the perceived benefits of medical intervention is the assumption that this route of achieving pregnancy is a "more safe" route than either heterosexual intercourse or alternative fertilization. Typically, medical providers medically test and screen both donors and recipients of semen for general health and sexually transmitted diseases, including AIDS. Finally, women pursuing artificial insemination know that sperm donors are paid for their services, and these donors understand and consent to the use of their sperm to create children the donors will never know.

Women choosing to become pregnant using sexual intercourse desire a biological newborn child, with a partner they have met. Their choice in partner determines the physical potentials for their child. This option does not require significant financial resources, nor legal or medical intervention. The woman chooses her sexual partner face-to-face, and determines whether or not he will know about the pregnancy, the child, or have

and contacts the sperm bank for this information.
any type of role in the child's life. Obviously, sexual intercourse is a sexual method of reproduction, and less likely to be pursued by lesbians than by heterosexual women. Critics of sexual intercourse for intentionally unmarried mothers view this method as "less safe," and one that "uses men."
Alicia is 50 years old, and mother to five children born outside of the United States. Her first son, Patrick, is 10 years old, and she adopted him from South America when he was 15 months old. Her second son, Christopher, is 7 years old, and she adopted him from the same country in South America when he was three years old. Additionally, in the last year, Alicia has become the legal guardian to a sibling set of three adolescents aged 17, 18, and 20. These three children, from Southeast Asia, were relocated from a refugee camp through the Federal Unaccompanied Minors Program.

An occupational therapist with her masters degree, Alicia works part time, but has additional income sources from real estate holdings and interest from savings. She estimates her annual income to be less than $25,000.
Alicia describes herself as independent, and a risk taker:

"I know this house doesn't look like it, but I'm much less establishment than I look. I was very active in social action types of things in college, groups in the 60's, and peace movement and civil rights and that sort of things. And part of that was, I see now, some rebellion against the kind of background I came out of. ...I would definitely regard myself as a liberal in terms of contacts with other people, and having children of a different color, a different ethnic group."

The youngest of three children, Alicia recalls that her parents did not have a good relationship at all. Her father was a long distance truck driver, and as a child, she welcomed the household peacefulness that accompanied his absence. Yet Alicia recalls that since she was a young woman, she had always thought that she would get married and have children. And although Alicia has been involved in several long term relationships, one of which lasted longer than 10 years, she never married, never had children.

The decision to adopt children was a very gradual process for Alicia. She had discussed her thoughts with friends, and read numerous articles about adoption and single parent adoption, for almost 5 years. Alicia was triggered into action by several factors, including her age. As she entered her late 30's, she recalls the
approach of a particular Christmas season and an excessive amount of accumulated vacation time:

"I had this great job and lots of vacation time, but what do you do with the vacation time? It may sound a little bit trite... but I didn't have any way to use it. ...I didn't have anybody to take a trip with. ...I was faced with here I am again, I have all of this vacation time and I ought to be really happy. ...And actually, I ended up going to Disneyworld for a few days and had a wonderful time... because I kept thinking about children all the time, and thinking about how I was going to bring a child to Disneyworld, so that kind of triggered it."

Alicia considered both artificial insemination and sexual intercourse as potential routes to motherhood, but decided against these avenues:

"I thought how difficult (pregnancy) would be... in terms of artificial insemination,,, of course I knew it existed, but I didn't think much of it. In terms of the logistics of (sexual intercourse), I thought it would be very difficult. You'd think, well, do you tell him or do you not tell him. Or how do you do this? I definitely thought about it. And then I thought it would be extraordinarily difficult with my job, and I did not know if I could be strong enough to go through a pregnancy by myself..."

Alicia began her adoption process by contacting a regional adoption agency she read about in a local newspaper article. This agency informed her that what would be available to her as a single parent in the
United States were children who were older or severely handicapped:

"She said by older, I mean teenagers. And by severely handicapped, I mean blind and cerebral palsyed. So she said, have you thought about international (adoption)? I said, I'm perfectly open to considering those options."

Subsequently, Alicia met with other adoptive single parents of international children. It was through these encounters that Alicia became deeply involved with a single parents adoption group. Over the years, this group of people has come to form the vast majority of Alicia's social support network. During this time, Alicia had a home study done, where she entered a placement request for a relatively healthy three year old boy. Alicia was concerned that because of her career as an occupational therapist, this agency would prefer to place a special needs child within her home. However,
Alicia was assured that this would not be the case:

"(I chose this agency because) it was run by two women and they sounded really nice... they made statements... that not every person can parent a particular type of child, and so it's important to not put a child in a situation or put a parent in a situation where they really don't feel that that's what they want. So I felt that these people were already of a mind set, that they wouldn't see me coming and say, a-ha, occupational therapist, do we have a child for you!"

Alicia waited almost two years before all the paperwork was completed, and a 15 month old South American boy was assigned to her. Alicia had to travel to this country to pick up Patrick, and recalls that this odyssey was marked by difficult people, worrisome political strife, and frustrating language barriers. But finally her turmoil was rewarded:

"I was happy as a lark, just happy as anything."

Patrick came to the United States with diarrhea, vomiting, skin infections and internal infections, but fortunately, all of these health problems were treatable and temporary. Alicia estimates that her total expense for adopting Patrick ran somewhere between $5,000 and $6,000. Eight months later, Alicia's adoption of Patrick was legally finalized in the United States.
Three years after adopting Patrick, Alicia re-entered the adoption process. Becoming the mother of multiple children had always been Alicia's intention. Initially, she tried to locate another boy she had noticed in the orphanage while adopting Patrick. When that avenue appeared to be a dead end, she began her search anew, but she was committed to adopting a child from the same country as Patrick:

"I absolutely wanted (the same country), which made it a little more difficult. There was no doubt in my mind that I wanted a second child from that country, because I thought that... my older son should have a brother from the same country. That would be their link and their bond, and it wouldn't be quite the same, if it was even just the same area of the world."

Alicia and Patrick waited two years before learning that a three year old boy had finally been assigned to them. Once again, Alicia traveled abroad to pick up Christopher, paying approximately another $6,000 in adoption expenses.

Four years after adopting Christopher, Alicia fortuitously happened upon information about the Federal Unaccompanied Minors Program while helping another mother by choice find services for her international adopted teenage son, a legal refugee. After considering whether or not to expand her family again for a period of several months, Alicia filled out an application for this
program. Shortly after Alicia was licensed through this program as a foster parent, three older Southeast Asian adolescents also came to join her family. Her two oldest children will be entering college in the fall. Alicia remains very active with a lot of other single mothers who have adopted children, and her social life has gradually evolved into close companionships with other single adoptive mothers.
Case study #1.2
domestic adoption - private
heterosexual mother

Nancy, 37 years old at the time she adopted her 8 week old daughter, described how nervous she was seven years ago when she called her mother to reveal the news:

"My mother was not for it at all. I mentioned it to her before I started (the process), and she went into tears. Why would I do this?... And I never mentioned it again. I thought, I don't know when it's going to happen, there's no sense upsetting her, and so I never said anything until I had picked Sydney up on Friday... I called her on Saturday and said, your granddaughter is sitting on my lap. ...And now she spends three months of each year with us, and it's like this adoption was her idea."

Nancy works full time as a research coordinator, and holds a masters degree in mathematics. Nancy has never been married, and a couple of years ago ended her only long term relationship. The youngest child of three,
Nancy's father died when she was nine:

"I saw my mother, her becoming a single parent was totally different than (how I became a single parent), but she was independent, and could handle it. ...I saw her doing everything, running the household. It was much different than somebody that had a two parent family."

Recalling her childhood as quite happy, Nancy planned on the traditional expectation of growing up and getting married. But in her mid-30's, Nancy foresaw no prospects for marriage. And biologically, Nancy did not think she could handle pregnancy:

"I have high blood pressure, and being the sole support of myself, that puts you in a different situation. And adoption seemed like a way. A possibility. I became involved in a single adoptive group, saw people who had done it, were successful, and talked to them more."

Nancy became involved in the single parent adoption group even before she entered the adoption process. After mulling over this decision for about a year, she registered through the county adoption agency and attended their 8 week program for prospective adoptive parents. Nancy learned that as a single parent, she was
viewed as an ideal placement for handicapped, hard to place children:

"Which you would think would be just the opposite! You'd think a hard to place child would need two parents. It's really sort of ironic... but that's what the courts will approve."

Nancy waited for almost three years, and yet there was no indication that she was any closer to a child. A friend, who she knew through the single parent adoption group, was entering the world of private adoption, so Nancy decided she might as well consider that route also. Nancy met with a private attorney, got approved by the court, and had her daughter living in her house within a period of six months:

"It was a fluke. It was a very rare thing. It was a matter of being in the right place at the right time."

Nancy's expenses for this adoption included the medical costs and the legal costs, a total she estimates to be "only $3,000." Nancy acknowledges that her experience, financially, was much less expensive than that of most private adoptions. Nancy earns between $30,000 and $39,999 per year.

Sydney understands she is adopted, and Nancy has shared with her what little information she learned about Sydney's birth parents. Because she is unmarried, Nancy
believes male role models are important for Sydney. She encourages Sydney's relationships with men, including Sydney's uncle, married male friends of Nancy's, and even her soccer coach. Nancy acknowledges that Sydney's family is different than the "norm," but she is not sure that Sydney knows her family is different:

"She hasn't asked about her father, in a long time. And she knows so many people that don't have fathers, with the (single parent adoption) group. Her orientation is strange, there are a lot of biracial children in our group, too. One day she came home from day care, and said, Alan's mother is black. Well, Alan is black. And she thought this was unusual. Her orientation is a little skewed right now, because of our group. She thought Alan was the unusual one."

Child care is a pivotal concern for Nancy, Sydney is under someone else's care each weekday between 6:30 a.m. and 5:00 p.m. Because Sydney has attention deficit disorder, additional baby sitters are hard to find. Fortunately, Nancy's mother is now so taken with Sydney that she lives with them for 1/3 of each year. Any reservations earlier expressed by Nancy's mother have disappeared. Nancy has been persistent in pointing out
that marriage is not a necessary prerequisite for children:

"I think that if you look at the divorce rates, it's not ideal. Marriage doesn't last... You can't be sure, going into marriage, you may say this is forever, but three years down the road it may not be... through divorce, death. Marriage is not an absolute."

Nancy is greatly enjoying life with Sydney, doing things with her, watching her grow. Life is exciting, Sydney is has learned to read, Nancy and Sydney do many things together. Looking back to that first night alone with Sydney, Nancy could not yet know how happy she would be with her decision to mother:

"From Tuesday to Friday, I became a mother. I didn't have nine months to think about it. When I was left alone with her, it was like, what do I do? The next thing she did was to throw up all over me. And I'm thinking, why did I do this? But that night, I just looked at her, and told myself, it's I, and no one else. She is totally dependent on me for her needs. You can not go complain to anybody else, you are totally responsible."

Nancy has been totally delighted with this responsibility.
Lillian entered the convent directly after high school. While there, she earned her undergraduate and masters degrees in nursing, working full time in a pediatric hospital. Lillian earns between $30,000 and $39,999 each year. After 12 years, Lillian left the convent at age 31. At 44, Lillian adopted ten month old Frank, a biracial child who had been recently diagnosed with mild cerebral palsy.

Lillian describes her mother as an alcoholic. She believes that her childhood experiences in a dysfunctional family left her a very nurturant person:

"...I tended to become the mother in the family. And that often happens with one of the children in alcoholic homes. Later, when I became a nurse, I realized too, how much I enjoyed children and working with them. How hard it was for me to work with them and see them make progress, and then send them off, and just completely break that tie. And that, I think, increased my desire to have a child of my own."

Five years after leaving the convent, Lillian seriously
began thinking about becoming a mother:

"I really kind of hoped, well maybe I'll meet someone. And I began to realize, that's not going to happen. ...I was dating, I had learned to do that at the age of 31. Part of it was that... my background was so different. And when (I think about) what and who I needed, I need... I'm currently thinking, I may not get married. I think I am very threatening to a lot of men."

Lillian identifies several catalysts which inspired her to start the proceedings for an adoption:

"...I think I was over the adjustment that it took, from leaving the convent and becoming a single person. And I had financially reached a point where I felt like, I think I can do it. The biggest (motivator) was a family. Family. I guess I kind of always had a dream that family would be something that it wasn't, growing up, and I had friends growing up, who had these families that looked so much more happy than what I had experienced... And finally, I've always been very independent, and that's probably why there was no question in my mind that this was the right thing to do."

Lillian started proceedings for adoption in Dayton, where she then lived. She requested a three to six year old child. After waiting two years with no response, Lillian found a new job in Cincinnati. Two years after being in Cincinnati, now having waited four years, Nancy also started adoption proceedings with Hamilton County Children's Services. This agency told her she would
experience a five year wait, so at this point she agreed to consider a biracial, special needs child, which would shorten the waiting time. Nancy definitely feels that her status as a single parent caused her waiting time to be extensive, and her options for adoptions to be limited to the most societally undesirable children.

Hamilton County Children's Services told Lillian that there was a single parent adoption group in her area. Lillian went to one of their meetings, and has continued participation with this group to the present day. Lillian found this group to be a pivotal support structure for her encounters with Children's Services, and much later, companionship and camaraderie for her new family.

As Lillian's family learned of her decision, they vehemently expressed their dissatisfaction with her decision:

"...my brothers were adamant against it, and my mother was very 'if-fy.' My brothers were concerned that I would give the family name to somebody that was different, for one. ...No understanding of... why I would want to do that. (They felt) that my life was so good, I was single, and had the freedom to come and go as I wanted, travel... My mom was a little better, she had known that I wanted to be a parent. But she had wanted it to be for me the way it should be, the way it ought to be, that you get married, and then you have a child."
While Lillian was very disappointed by this lack of support, she remained undaunted in her decision to mother. Yet this was not the only obstacle Lillian faced. Lillian is white. Hamilton County Children's Services informed her that they would not approve her for the adoption of a biracial child:

"Because of (my background in the convent), my social worker would not approve me for... a biracial child. Her thinking was that I was naive, that I had no connections... with anyone who was black... So I went to her, and I explained some things she didn't know, like a (black woman in a significant caretaking role) lived in our home... That I had dated black men... She had no idea I had done that! So... finally she said... she would change her mind."

Now waiting to adopt for over four years with no positive leads, Lillian decided to try artificial insemination at age 42. After unsuccessfully asking two friends to be donors, Lillian was inseminated with frozen sperm provided by her gynecologist for 10 months. After almost a year with no success, and after spending about one thousand dollars, she made a decision to "let it go for a while."

Six months after ending her attempts at pregnancy, and five years after beginning her quest for motherhood, Lillian got a phone call about a child possibly available
for her to adopt:

"She called me at work, it was one in the afternoon, and all I did was fly... The social worker told me about this little boy that wasn't available yet, but was probably coming available. He was 10 months old, biracial, and he seemed to have mild cerebral palsy... I couldn't do another thing that afternoon... I was just crazy."

Lillian met Frank two days later, and spent the next several months attending numerous medical appointments in an effort to determine Frank's diagnosis and prognosis. Lillian's decision was arduous because different medical professionals disagreed about Frank's disability:

"I had some really heavy thinking to do, because if I had a child that was physically handicapped, that may never walk, could I really handle that? I decided I could."

Five months after meeting Frank, five years and five months after beginning the adoption process, Lillian brought Frank home to stay. Lillian's family was not overtly negative, and she considers that a positive response. Another 6 months after Frank came home, Lillian's adoption of Frank was legally finalized. Lillian estimates that her total costs in adopting Frank were approximately one hundred dollars.
Amy, 39, comes from a very closely knit family, her mother and father remain happily married. As a girl, Amy always imagined that she would grow up, get married, and have children. At 35, Amy became keenly aware of the ticking of her biological clock. Amy had recently ended a 15 year relationship:

"...it was one of those relationships, you look back on, and you don't even know how you ever survived it. ...My big thing was, if I can't have a husband or a relationship, I mean, then why do I have to deny myself a child? ...I would never settle for a bad marriage. I was in a bad relationship, and I've grown so much... I just couldn't do that. I just feel like I'm a very strong and independent person."

Amy desired a family of her own. Amy concluded that a husband could leave her, but a child would always be her child.

Amy began to specifically consider artificial insemination after reading about the procedure in a magazine. When she discussed her motherhood musings with her own mother, she got an enthusiastically supportive response. Despite her devout Catholic background, Amy's
mother could completely understand Amy's desire to have a child, and wanted that for her.

Amy's first visit to an infertility specialist was a fiasco. After waiting four months for an appointment, she learned that this doctor would not accept her as a client because she was single. Afraid to confront this physician because her visit might affect future health insurance coverage for artificial insemination, Amy went home to consult the phone book. Her next visit was to another infertility specialist, whose only interest appeared to be his increasing his income by haphazardly increasing his patient load. Amy felt that this doctor was slipshod and reckless:

"He just said, oh yeah, we can do it, just come in to the office when you're ready. No matching up (of donor characteristics), no blood tests, no personal evaluation, nothing. And I just thought it was real important, that he was participating in creating a child, and I would want him to think that I was alright. I just felt that they should have been more responsible. I didn't like them. I didn't go back there."

She kept calling numbers until she found a practice which did some screening of clients, and did not automatically rule out single women. Her new physician did require a psychiatric evaluation before beginning treatment. Amy remembers this interview as an relaxed conversation about parenting, and feels the screening confirmed that she was
a generally stable person.

Amy's doctor used frozen sperm from an out of state sperm bank. Amy requested the donor have physical characteristics which matched her own. Amy was inseminated two or three times per cycle, for 10 cycles, before she became pregnant. Unfortunately, Amy miscarried this pregnancy when she was 11 weeks pregnant.

About three months after the miscarriage, Amy began inseminating again. After three more attempts, she decided she wanted to use fresh sperm, so her doctor referred her to her fourth physician. This physician used local medical students as donors. On the third cycle of attempts, using fresh sperm and progesterone suppositories, Amy was again pregnant.

The cost of merely becoming pregnant was staggering for Amy:

"I've got health insurance, but none of it was covered... they did cover the miscarriage... But for the actual inseminations alone, the first 13, would cost about $300 a month. The next doctor, was $400 a month, for each cycle. And I've kept all of my records, everything. In retrospect, I've counted it up, I've spent... over $5000 with everything."

Amy's annual income is between $25,000 and $29,999.

When Amy explained to those around her that she was pregnant, she was pleased by the response. Amy feels that explaining her pregnancy as a result of artificial
insemination encouraged positive responses:

"The one thing that has surprised me most is the support I've gotten. I mean, I just can't believe it, it's so flabbergasting... The girl that I work with... my best friend, my mom, they all were supportive. ...My boss was real supportive. I wasn't ashamed of the artificial insemination at all. I felt like (the truth) was better than them just thinking..., they all know I really don't have anybody serious. And so I'd rather them think that, than to think that I just went out and slept with somebody. I'm not ashamed of it at all."

In part, Amy attributes her support to the women's movement:

"My one aunt is in her 70's, not married, and never had children. I said, would you do this? Would you do this if you never got married? I even asked my mother... And they both said they would, my mother said she could understand how, she could see herself doing it. I definitely think that the women's movement has really come a long way, in accepting that women can do this..."

After an amniocentesis about half way through her pregnancy, Amy learned that she would be having a girl. Amy arranged for her brother to be her Lamaze coach. Thirty-eight weeks after her insemination, Amy gave birth to her daughter, Amelia. Amelia was born with a congenital dislocation of her right elbow, but was an otherwise beautiful and healthy baby. Before she was a day old, her arm was in a cast, and Amelia has continued
to require medical treatment for her arm, she may eventually have to wear a permanent brace. Yet from where her arm has been, to where her arm has come, Amy considers Amelia's improvement a miracle.

Amelia is almost a year old now, and Amy has spent a considerable amount of time thinking about how she wants to explain Amelia's conception to her daughter. Amy has considered consulting a child psychologist for guidance and support on this issue:

"What I want her to know is that she's special, that she does have a father, she doesn't have a daddy, but she does have a father. Of course, there's different stages. Naturally, when she's old enough to really understand everything, I don't know, maybe 10, 11, 12, that age, I'd completely tell her how I felt, and why she was conceived this way. ...For me, the hard part is trying to decide how to tell her when she's real little, when she's three or four or five, how to explain those things to her. I want to always... be completely honest with her. I would never ever hide it, it's just a matter of how much to tell, how soon."
Amy has also given thought as to whether or not she would consider having a second child:

"When I first had her, I wanted more. Now at this stage, I don't know if I could handle it... But I am going to be 40 next year, and then you start to think, well, you're pushing your luck... If I would meet somebody soon, and really fell in love, I would love to have another child. I would love, I would really love to be pregnant again...But I really don't think I'll have one on my own again."

Despite the challenge of Amelia's arm, and despite Amy's decision that Amelia will probably be an only child, Amy is delighted and overjoyed with her daughter and her decision:

"It's worth every minute of it... I just never knew I could love, like I love her. I just never knew I could. It's the best. I just pick her up sometimes, and I just hold her and I cry. Because I love her so much, and I'm really happy. It's hard, it's really hard, but it's worth it. I have no doubts about my decision."
"DIANNE"

Case study #2.2
artificial insemination
lesbian mother, single

When Dianne returned home from the hospital after giving birth to her daughter Ruth, Ruth was not with her. Ruth was born not breathing. Out of a possible Apgar score of ten, Ruth had rated as a two. Ruth spent a week in a distant hospital with a neonatal intensive care unit, because of respiration problems. Today Ruth is five and healthy, and the intensity of her arrival in this world is reflected in the strong relationship between Dianne and Ruth.

Dianne is a college graduate and full time clerical worker in a prestigious legal firm, earning approximately $30,000 per year. At the age of 40, she has never been married, but has had both short and long term relationships. Dianne is a middle child with three brothers, raised by both parents in a what she describes as a "normal" environment. As a girl, Dianne planned to marry and have children.

Dianne was not very forthcoming in describing the transition between this childhood memory and her current self description as a gay woman. Dianne is a closeted lesbian. Dianne is very discrete about her "lifestyle,"
and she will not self disclose her lifestyle to anyone who she believes would respond negatively. Dianne maintains a rigid separation between her public/work life and her private/social life, and participating in this interview tested the boundaries of that division.

Dianne describes herself as "not your average dependent person," and the most nontraditional member of her family. Dianne sees herself as very liberal, and reluctantly identifies as a feminist. When asked to explain why she decided to be a mom, Dianne is lost for words, stating that she really doesn't know why she made this decision. Despite this inability to verbalize her reasoning, Dianne spent two years thinking about this decision.

Dianne had decided against considering adoption because:

"They wanted $5000 to get started with doing any of that. And I didn't think I wanted to do that. With my lifestyle, I didn't think I could qualify anywhere..."

Dianne also admits that if this series of inquiries had not been successful, she probably would have considered sexual intercourse, or alternative fertilization with known donors.

Upon deciding she was ready to take action, Dianne met with her own doctor, a general practitioner, to discuss the possibility of artificial insemination. This
physician referred her to a friend of his, an ob/gyn working in a women's health facility.

Dianne explained she was interested in artificial insemination:

"I told him what I wanted, what I did, how much I made, and how independent I was. He had no problems with it."

Her new doctor used fresh sperm, from local donors:

"He just went on rounds at the hospital looking for donors, and then came back to the office to inseminate. I mean, that's my idea of what he did."

Dianne had comparatively very few concerns about the characteristics of the donor:

"I told him I really didn't care. I told him that I really seriously didn't care, and he laughed. I said, I really don't care. OK. I prefer someone who has an education. Other than that, I really don't care, race, creed, color, whatever."

Dianne inseminated three cycles, and became pregnant on her third attempt. She estimates she spent $1000 in her efforts to become pregnant.

Dianne's friends, women whose lifestyle was the same as herself, were supportive of her decision. At work,
her colleagues were confused:

"I think they didn't know what to think. Because I think they thought they had figured out what my lifestyle was, and then I turned up pregnant and I think it kind of blew a lot of them out of the water... I got a little bit of people trying to figure out who's who and what's what, but I'm not one to talk a whole lot to people I work with anyway. ...they kind of didn't bother me after I... didn't tell them anything."

Dianne's mother was perhaps the most astonished:

"I think my mother stopped breathing. My mother knew almost instinctively how I did it. She asked, and I said, of course. And then she quit breathing again. But she's quit breathing on me a lot of times... We have never really discussed how she felt about it. She's not one to keep talking to you."

Dianne wanted the support of her friends, and received it. The ambivalent response of work and family did not disturb or daunt her.

Having lived with Ruth now for five years, the most difficult aspect of raising her has been economic:

"I think it's more financially difficult than I ever imagined... I think in the beginning, having been free, and white, and 21, for years and years and years, then I took on too much responsibility. Shortly after she was born, I bought a house. So I had the added thing of a house and child. ...I think I bit off a bit more than I could chew at the time."
Being a single mother has also been a difficult obstacle in certain instances:

"I think I've handled pretty much everything we've gone through. Sometimes it hasn't been easy. And sometimes problems happen that yes, gee, I wish I would have someone here, and sometimes I do panic when she gets sick. And I do wish, sometimes, that I had someone I could rely on to do things for me. And I don't."

For Dianne, a relationship in her future is not out of the question. She would like to get involved with someone, and is not sure why she hasn't yet done so. Perhaps, she muses, it is her busy schedule.

Dianne knows that not all the women in her lifestyle like children:

"I think (potential disapproval) plays a little bit into my concerns, because not everyone in my lifestyle has children. And I think some of them have unreasonable expectations of children. I don't think they (understand much about) children. I think they think, 'if that was my kid, she wouldn't do that.' They laugh at you when you have puke down your back."

Dianne feels that being a single lesbian mother, she makes a more exerted effort than is made in most two
parent heterosexual families to teach her daughter to be a strong, self-sufficient, and confident child:

"I hope it's having a positive effect. I'm hoping that all those wild horror stories you read in Good Housekeeping that tell you that being a single parent is a detriment to the child, aren't true. There's nothing wrong with Ruth. Ruth is an intelligent child. ...She's very independent. She's very helpful... Ruth does chores. She knows that it's her and I... She knows what has to be done around the house. She's known since an early age, her phone number, her address. She knows... who to dial in case of an emergency. She knows a whole lot of stuff that I think the average mother on the street doesn't think to tell her child. I'm probably really overly aggressive about those kinds of things. But it's her and I... I am very very honest with her about everything."
"JUDITH AND KATIE"

Case study #2.3
artificial insemination
lesbian mother, coupled

Judith, and Katie, both aged 38, have been together for five years. Judith recently gave birth to a son, now four weeks old, and Katie is due to give birth in two months. Judith is a registered nurse with a master's degree who practices as a lactation consultant in the same hospital where Katie is a physician completing her residency in oncology. Together, they earn between $50,000 and $74,999 each year.

Judith has a younger brother, and was raised in a small Ohio town around an extensive extended family network. Her parents both worked outside the home, and Judith recalls a generally contented childhood. Judith remembers her childhood plans for the future included children, but no husband:

"I have very distinct memories, and I don't know how old I was, but I have very distinct memories of thinking that yes, I would probably have children. But I had no picture of a husband. None. Which I think is funny now..."

Judith maintains regular contact with her parents, but they do not realize that Judith is a lesbian, and that
Katie is her partner. The fact that her parents do not know that Judith is a coupled lesbian strains their relationship:

"I'm not out to them. We've lived together for almost five years, so certainly they have a sense that this is somebody that's not going to just go away. ...in terms of the types of ways my parents like to deal with me, ...because I'm 'single' they still see me as somebody who needs more help. Or is less independent. Or that they have to be the person that is important to me. The relationship... (between my parents and myself) is strained. Obviously (Katie and I) are important to each other, even though (my parents) don't wish to recognize the relationship."

Prior to her relationship with Katie, Judith had one three year relationship with another woman.

Katie is the oldest of seven children, and one of two girls. Her mother has been a homemaker, and her father continues to work at the same blue collar job. Katie remembers her upbringing as a happy, very loving, supportive environment. Katie is geographically distant, but emotionally close to her family.

Katie dated men in high school and college, not because it was fun, but because she felt that dating was expected. Totally unexpectedly, the summer after she graduated from college, she fell in love with a woman. This relationship lasted over 10 years, and Katie co-parented two young children from her (then) partner's
previous heterosexual relationship. When this relationship ended, Katie dated a few women over a period of several years before meeting Judith.

Katie considered having children in that first long term relationship, but decided against it because of her professional commitments. Surprisingly, neither Judith nor Katie discussed the possibility of choosing children until their relationship was over two years old. Judith recalls:

"...frankly, I don't have a real memory of how it came up. Only that it did. And we were both surprised to find that the other had been thinking of it... We really hadn't discovered that about each other... Anyway, it came up, and we began to talk about it..., many times, we began to plan how we'd go about it, that we felt that we would do it literally together."

Judith wanted children because she thought it would be sad to grow older and not have anyone that would come after her. Katie wanted children because she felt she had many qualities to offer a child, and she felt like
she could be a good parent, regardless of her lesbianism:

"And just because I was a lesbian, was that a reason not to become a parent? I started looking at all the (societal myths about lesbian mothers), kind of one by one. And as I dispelled each one, I started feeling more and more strongly that on an emotional level, I really did want to become a parent."

Judith and Katie both describe themselves as capable and competent, independent women. Judith feels these qualities have prepared them to be successful at mothering:

"...I've sort of always been on my own. Or felt that I could be, always. I don't have any problem with all the years I've lived alone. I feel it's like a skill that I'm glad I have. I just feel okay with doing things that I want to do. I don't know if it's a personality trait, or what. I think work had a lot to do with it, just having been relatively successful for a number of years in whatever position I took. There isn't much I can't do if I want to do it."

After discussing potentials and possibilities for almost two years, Judith and Katie each decided upon artificial insemination, after rejecting the options of
sexual intercourse and adoption:

"We called separately, to set (the appointments) up. And we didn't know what they would be like, frankly, so we didn't exactly blast in together for this phase, we went separately. But it only took them a couple of times to realize that we had the same address and phone number... And everybody was delightful and the entire staff figured out before long that we were together..."

Finding access to a program which would agree to inseminate them was fairly easy because Judith and Katie were both in the health care profession, and they knew some of the people working in this clinic. Both women were immediately accepted into the program, bypassing the typical routine followed for most clients. Katie remembers:

"We had to have routine physical screenings, a lot of lab tests, basic health exam, medical history, insurance, to make sure we didn't have AIDS, no sexually transmitted diseases, that kind of thing. And apparently they have a psychological screening as part of it, but neither one of us really went through that, partly because we're both known, and known very well by the psychiatrist that does the screening. He probably signed off without us having to go through that."

For both Judith and Katie, becoming pregnant was a long and arduous process. Each woman took over two years to conceive, each endured fertility testing and laparoscopy, each eventually took the fertility drug Pergonal in order
to conceive. Each began using frozen sperm, and each signed legal releases to switch to the use of fresh sperm, going against the most recent recommendation of the standards designed by the American Association of Tissue Banks Reproductive Council. Judith and Katie did, however, choose different sperm donors.

Judith's costs for conception were upwards of $8,000, but fortunately, her health insurance paid almost 80% of her expenses. Katie spent over $10,000, and she estimates that her insurance paid less than 50% of her costs. Both recall as difficult the three months between Judith's conception and Katie's conception. Judith recalls:

"It was hard for Katie to feel that she might never succeed and I had... The two of us only discussed if a couple of times during those three months because it was just too hard for her, it would really upset her. She feels badly about that now, but I just didn't feel like I could even talk to her about how I was feeling or whatever because it was a real tearful thing... We were both determined that we would have our own experience of it if at all possible, so it had never been in our minds that if one succeeded, the other would stop. And that's what really confused most of our friends, they're like, one was enough, wasn't it?"
Judith remembers explaining the details of her pregnancy to friends, work colleagues and acquaintances:

"...most everybody knew that I wasn't married... Besides which, it was not a one night stand... and I don't wish to be thought of in that way. And I felt it was very important that people knew this was very deliberate... Anyway, people were fascinated, they thought it was great. I mean that was the reaction I got. I've heard everything from bravery to courageous to crazy. But I got a pretty positive response all the way around."

Katie's family and circle of friends were also supportive:

"I waited until I was 12 weeks pregnant... And I decided I was going to write them a letter... It took almost a week and a half to get an answer from them. I kept thinking, oh my god, they've disowned me. They never want to speak to me... And I got back the most beautiful letter from them. My mother said, well, you took us by surprise, but this is great... My parents are quite religious, but when it comes down to issues of the heart, and family, they go with that first. And if anything, since I've told them, they've become more and more supportive."

Judith and Katie are also in the process of drawing up legal documents which outline their relationship to each other and to their children. They will soon sign medical powers of attorney and wills which attempt to legally protect their children and themselves in the event of any medical emergencies or the death of either
or both partners. Pronouncing and protecting their reciprocal roles as co-parents to each other's children is an important issue to both women, as Katie explains:

"We both have discussed this, and we've decided that the children can call us whatever they want, as long as it's somewhat respectful. That we see each other as acting as parents to each of the children... So I will be the biological mother to one, and Judith will be the biological mother to one, but then we'll be mothers to the other's child. Equally. And whatever name they feel comfortable using is fine."

Judith and Katie's thoughts occasionally wander to the future, where they consider the consequences of their choices for themselves as a family, and for society at large. Both women are confident that their newly created family is a positive choice, with positive ramifications:

"People talk about wanting to return to traditional family values...but I think that's because a lot of nontraditional families have been brought about because there is no other option. Those families are in the worst of circumstances. And in some ways, nontraditional families like we are beginning, are positive, at the positive end of the spectrum, because we are choosing to do it this way. Raising our children... is not going to cause a momentous change in society, but... as more and more people see that this choice is a positive option, slowly, opinions have to change. Our family has to make people think. And that can't be bad."
Rhonda, 29, and Shirley, 35, are expecting their first child in 4 months. Rhonda is pregnant after only one cycle of alternative fertilization, using sperm from a known donor. Shirley holds a masters degree in education and works full time. Rhonda is a college educated, self-employed graphic design artist working about 30 hours a week. At the time of the interview, this couple was making a financial transition from maintaining separate incomes to sharing their resources and expenses as a family. While Shirley and Rhonda consider their relationship over three years old, they have only lived together for the last 14 months.

Rhonda and Shirley are Jewish, both describing family backgrounds which valued children. Rhonda recalls her childhood plan of wanting 12 children, but reducing it to 8 because someone said that 12 was too many. When I inquired whether this fantasy family included a future
husband, Rhonda responded:

"I suppose, I mean yes, I'm sure it was, but I don't ever remember thinking about it. If I needed to marry to (have children), I would do what I was going to do to have a lot of kids."

Conversely, Shirley reported very little childhood interest in what she referred to as "the mother stuff," because being a mother was not a very exciting fantasy. Her lack of interest in mothering may be a reflection of how she evaluates her own mother's experience as a parent:

"The parts that are hard... are the emotional stuff. ...My mother, in particular, was a very hard try-er. Tried very hard, and was a very loyal mother, very attentive to us. But I think she was pretty emotionally closed herself, so she was not able to give me... a lot of response to the intense kind of emotions I had."

Both Shirley and Rhonda related relationship histories with both male and female partners. Chronologically, Rhonda has had short relationships with men and women, a 4 year relationship with a married man, and a 2 year relationship with another woman previous to this relationship with Shirley. Shirley had relationships with men and women through college, and then experienced a period of celibacy for 6 years during her "separatist phase." Prior to this relationship with
Rhonda, Shirley experienced a few short relationships with other women.

Shirley's relationship with her family has had its rocky moments. Her parents have experienced her coming out in 1973, her separatist phase, her absence at significant family gatherings, and have now come full circle to welcome and accept her current partner and impending child:

"I think all of us really cherish the relationship. Because we almost lost it. ...my relationships with my parents now is very good. I feel very loving towards them. I feel like I've gone through what I needed to go through to understand the limits that were there in my childhood, and go through my anger about that. But now I really want to have them in my life."

Conversely, Rhonda reports her parents are "totally rejecting of who I am." She describes her brother as ultra-conservative who rejects her as a lesbian, and she also depicts a difficult relationship with her sister. Because of these troublesome relationships, Shirley and Rhonda have not yet told anyone in Rhonda's family that she is pregnant. Rhonda is not looking forward to these conversations, because she does not expect a supportive response.

Shirley delayed the start of their attempts at motherhood, initially uncertain about having a child so early in their relationship. Both had talked about
mothering from the beginning of their relationship, and while it took a few years for Shirley to feel comfortable about beginning, Rhonda was ready:

"It's something I've always wanted to do... part of it is that it feels like part of life, something I don't want to miss. An experience I can have as being a woman... I have a lot of feeling of, kind of wanting, I guess nurturing and loving the little child in me, and wanting to love another child. ...my mother wasn't as loving as she should have been, I want to be a loving mother. I feel like I have a lot to offer a child. A lot of it is just this gut feeling of, this is a wonderful part of life that I want to experience now."

Rhonda and Shirley talked about their decision to mother for 2 years before beginning their search for a donor. Their main criteria for a donor was not physical characteristics, but the role they desired their donor to fulfill. Both women wanted somebody who would know the child, be known to the child as the biological father, have some kind of ongoing relationship with the child, but not be the parent, and be fully supportive of the two women being the sole parents, with full control of all decision making.

Rhonda and Shirley initially asked several men: old male friends, ex-boyfriends, and work colleagues. Unsuccessful, their next tactic was to advertise for a donor in local Jewish newsletters and in women-identified newspapers. Still searching, their next approach
involved asking "everybody we knew," to look for donors for them. Finally, they decided to brain-storm the names of local alternative or radical organizations, in search of progressive men:

"I remember at the old Take Back The Night marches, there had been a few men standing along the sidelines... in support. And these same men also used to have bumper stickers that said 'another man against violence against women'. What happened to those men?"

So they began calling these organizations cold. Shirley didn't have the nerve to call, so Margaret called:

"And the man who answered the phone was the man who ended up as our sperm donor. I said, ...we're a lesbian couple looking for a sperm donor. We thought your group of men might be people who would be interested or who might know of people. And the guy who answered the phone said, well, I might be interested."

After many long discussions, a signed contract prepared by an attorney, medical testing including HIV testing, and participation in a women's support group where they learned the techniques of the alternative fertilization procedure, Shirley inseminated Rhonda three times during her cycle. Two weeks later, at the urging of their support group, they decided to perform a home pregnancy test. Fifteen days after their last insemination, their pregnancy test was positive.
Rhonda and Shirley are very happy they are pregnant. Yet, there are concerns. Rhonda worries about accommodating Shirley in her role as an equal co-parent:

"I have problems feeling that part of me wants this child to be my child. It's going to be hard for me... In heterosexual situations, there is only one mother. One breast feeder. It will be a little hard for me not to be the special mother. I feel like there may be some competition, I feel like the child will really love Shirley more."

And Shirley worries about resuming her commitment to work:

"I used to say, I want a full time job and that's really important to me, and I'm more feeling like, oh wait a second, I don't know once we have a baby if I'm going to want to go off to work. My work's always been really important to me, but there's a part of me that wants to be home more, and it feels like I'll be really jealous about going off to work, when Rhonda's home with the baby."

Both women anxiously anticipate the birth and life of their child. And both expect that their choices will have ramifications for their lives individually, and the
lives of all who come into contact with their family:

"I have some strong feelings about diversity... being important - racial diversity, economic, sexual preference, lifestyle, single parents versus two parents, stuff like that. In my more positive moments, I feel sort of hopeful and excited about this being part of people's opening up more to a range of options, or seeing more of the range of families that already exist. We are lucky."
"JAYNE"

Case study #4.1
sexual intercourse
well known biological father
heterosexual mother

Jayne, 39, was married when she was 19, a year after moving to Cleveland from a very small town in Ohio. She was married three years to a very nice man who she had nothing in common with. Jayne has been divorced for 17 years, and has a three year old son, Grae:

"Everybody got married. I mean, Chardon Falls, Ohio, very Catholic. You stayed in Chardon Falls, bowled two nights a week, and married a local boy. When I moved to Cleveland, I really wanted to get married. It was a really big deal... He was a nice guy, he was available, okay family, he had a ponytail - my dad had a fit! After... I got divorced... I realized I'm not the marriage type. But I wanted a long term relationship - maybe more a life partner, than a husband. Because everything changes after you're married. I know that, I experienced it. I mean everything changes. I don't need marriage."

Today, Jayne is a computer analyst for an investment company, earning between $25,000 and $29,999. Almost
five years ago, Jayne began thinking about intentional motherhood:

"It was a biological clock, definitely. When did I really start thinking about it? My father passed away in '84, and if he was alive today, I'm not so terribly sure that I would have done this, to be honest with you. Even though we had a real rocky relationship, most of my adult life, it's still been that parental approval. So he passed away in '84, and '85 is when I got pregnant, so I'm going to say his death was a significant factor."

Jayne had been raised by her father, along with two older brothers and two younger sisters, since her mother's death when Jayne was ten. Jayne's father worked long hours away from home, and Jayne describes her role as "taking care of my housekeepers." Not surprisingly, Jayne describes herself as:

"...self-centered - I have enough confidence in myself that I knew I could (become a mother), and I've done a lot of things that people who know me consider extreme... kind of extreme by 'normal standards,'. I knew there would be backlash, but I didn't care."

Jayne's prediction of the potential for negative repercussions was accurate. The first person Jayne told
was one of her sisters:

"She was emphatic, she said: you do not know what you're getting into. You don't know what you're doing. ...Maybe she was trying to warn me and caution me. I don't think she thought I could settle down and buckle down enough to do it. ...to feed a kid three times a day, because I don't even cook... But we eat and he's healthy and fine. And that hasn't changed... my oven's never been on."

Fortunately, Jayne's family has come to be supportive of her choices. Her closest friends were also encouraging:

"I'm in a group, we get together once a month, we call ourselves the supper club. None of us cook. All of us are mothers. Some of us are divorced, some of us are never married, some are married. The supper club was thrilled. I mean, they couldn't believe it. Those who were already mothers were tickled I was going to be entering the nightmare. They knew how hard it was, even those women with husbands - their husbands don't help, so they're single too. They were thrilled."

Initially, Jayne considered artificial insemination. She approached her regular gynecologist, whose response
dissuaded her from pursuing this route:

"At that time... that's when they were thinking that AIDS was maybe sperm, maybe blood, but they didn't know. So there were a couple of sperm banks at the time that he had utilized, that were going out of business. Plus..., there were sperm banks in trouble because women who had utilized the sperm banks were coming back on sperm banks with lawsuits and stuff, to release the name of the donor. And it was turning into a nightmare situation. ...so it kind of stopped. Then, I said, well let me think of something else."

Jayne decided to become pregnant through sexual intercourse:

"I got off the pill at Disneyworld with my girlfriend and her two kids. We had a throwing away of birth control pills in the bathroom of the Vista Hilton."

Jayne considered various potential sperm sources:

"One is a life-long friend of mine who is my age, never married, still looks adorable. I definitely considered him, and he is still disappointed that I did not choose him... He's two hours away, what am I going to do, drive up there and have intercourse? I mean I like him, and we get together twice a year... but I ain't going through all that shit. I wanted to ge pregnant, but I wanted it to be easy, on my terms. Don't we all want it that way?"

The man she selected to be the father of her child was a current boyfriend who was married, but at that time
separated from his wife:

"I was dating this nice gentleman and originally I thought I wasn't going to tell him. I thought, well, I'll just take it and then break up with him. But then I discussed it with him, and he was thrilled. I told him that I really wanted to have a child. And that he was cute and good looking and 6'2" and nice genes."

Jayne's relationship with Grae's father lasted about 6 months, ending about the same time she discovered she was pregnant. Jayne became pregnant four months after throwing away her birth control pills. Jayne considers her sperm source a donor, not a father. Jayne's donor has since remarried his ex-wife, who is aware of his child with Jayne.

Jayne has decided that if at a later age, Grae would want to know the identity of his donor, that she will reveal the information:

"The question of the week is, will I tell him when he's old enough to understand? When I'm sure, I'm sure I'll tell him... If the donor says he doesn't want Grae to know, I'll say tough. If the boy wants to know, the boy will be told. And I will find (him)... if he wants to see his dad."

Jayne does not feel guilty or remorseful about not being married. For Jayne, marriage has nothing to do with
mothering:

"What does marital status have to do with giving, nurturing, fondling, rearing, loving, touching? Marital status has nothing to do with this, other than the father figure entering into it. But marital status for the mother, has nothing to do with being a mother. Because you're going to be the same mother no matter what your last name is. That's just so silly to me. Marriage has nothing to do with it."

Jayne's decision to mother has been a most rewarding and eventful journey thus far. Being a mother to Grae has not decreased her passion for life:

"This whole single motherhood thing, as long as you don't let the child become a stone around your neck, is a great experience. I am not boo-hooing that I can't go to Europe anymore, I mean I went three times, and how many times can you see the Eiffel Tower? Now I want to take him to Disneyland. Everything's changed... God almighty was smiling on me."
"RACHEL"

Case Study #4.2
sexual intercourse
little known biological father
heterosexual mother

Rachel's six year old son Cooper is white, although Rachel planned for a biracial child. Rachel is a full time student, a Ph.D. candidate in aerospace science. Rachel is 33, has never been married, and currently earns around $10,000 per year. Rachel describes herself as "ultra-independent." Rachel has had lots of relationships - monogamous and non-monogamous, and lived with many people, both men and women, in communal relationships. Rachel has had one abortion.

Rachel decided to get pregnant while she was an undergraduate student, largely as a result of her unsuccessful preparations to adopt the unwanted baby of a close woman friend:

"I was really caring for her, I made this commitment to her that I would take her baby. ...she had asked me to be her labor coach, so I was real involved... with her. Then she started having doubts about giving the baby up for adoption. I had told her that I would take her baby for her while she decided. Then, she had the baby and decided to keep it. I felt like I had been geared up for it."
Six months after this experience, Rachel purposively began trying to become pregnant:

"...when I was with men I used a diaphragm, I just stopped using it. It was funny though, because it didn't make the slightest bit of difference in my relationships with men. Maybe I was just a little bit more of a slut, but no man, ever... during that time asked me about birth control, at all. I was shocked at how easy it was. Men just are not thinking about the consequences of sex."

At this time, Rachel was very involved with political work, anti-apartheid work, and lived with a circle of people in a very racially mixed group. Based upon these experiences, she decided she wanted a biracial child. She didn't want the father to be involved with her child at all. She began looking for men with desirable characteristics, which she defined as intelligence, good looks, good health, and energy. Rachel identified three men within her social circles who she felt would meet her donor criteria. Rachel wanted
more than one sexual partner in order to make uncertain
the actual identity of her child's father:

"That's why I wanted more than one. Plus, I figured that they were not that
close to me, and that they were not that
interested in me. A lot of women I knew
had the opposite problem. The father
would be known to them, they would be
desperately trying to get support and not
be able to get it... I just thought,
well hey, I'll just let men do what men
do, which is do their thing and get on.
I'll... be better off than most of the
women because I won't be worried about
it... I guess I just focused a little
bit more on being sexy to them, so that
they would want to fuck me."

Rachel thought she had become pregnant because she
missed a period, so she immediately left all three men:

"I immediately ditched all these fellows,
I knew it was one of those three. I just
ditched them all. It wasn't that hard,
they weren't really that interested in
me. I was just somebody with their legs
open, and if the legs weren't open any
more, they would just get on."

Very happy that she was pregnant, Rachel began "hanging
out" with a white guy she knew from her high school days:

"We had a whole lot of fun, we used to go
around and everything. Just a fun kind
of thing. We ran around, he had a
motorcycle. Anyway, I thought I was
pregnant, and I was real happy, and I
told him. And then we decided to screw,
and so we did. It was kind of a
disaster, and we laughed about it, and we
decided that it wasn't a worthwhile
activity. That was how I got pregnant!"
Retrospectively, Rachel didn't figure out how she got pregnant, by what man, until her son Cooper was born.

When Rachel told her family she was pregnant, and by a black man, she got a less than positive response. Her mother thought her decision was ridiculous, in part because she was still in college, in part because of the idea of a biracial child. Rachels' father disowned her during her pregnancy:

"My dad has been kind of emotionally absent in my life, and it's typical of him not to care about me, not to care about my life, but then to come in, lower the boom when I'm out of line. What else could you expect? There's no contact unless it's disapproving."

Rachel's father was not the only person who disapproved of her choice:

"I just told people I did not know who the father was, and that's what gave me shame... I got a lot of bad reactions from people about not knowing who the father was. You're just not allowed to say you don't know who the father of the baby is. That's the limit, you've got to know. In patriarchy, you've got to know. I started to feel ashamed, they made me feel ashamed. And so... my social circle kind of narrowed to people who would accept it."

About half way through her pregnancy, Rachel was diagnosed with gestational diabetes, high blood pressure, and toxemia - and any one of these conditions can
severely threaten a pregnancy. Rachel's poor health forced her to quit her job and school, and she went on public assistance:

"(The case workers at the public assistance office) were terrible, I hated them. I used to get into angry fights with them every time I went down. They were just horrible. Because you're asking for money. They're insulting. They're just arrogant. They would put you down... They asked the father's identity, and I said I don't know, and they're like, none of you know... They made you feel like you had bugs all over you or something. They expected you to be a loser, they treat you like a loser, and by the time you get off (of public assistance), if you get off, they make it so fucking hard to get off, you are a loser... Eventually, I realized if I took even one more penny from them, I would die on welfare."

Rachel remained on public assistance until her son was a year old, and she has supported herself and her son from that time forward.

Rachel didn't find out that none of the three black men was the father of her child until Cooper was born, although she began to wonder about it near the end of her
pregnancy:

"I suspected (that the white guy from high school days might be the father,) the very last month when (the pregnancy) was going on forever. I thought, what if I didn't get pregnant when I thought I did? When Cooper was born, he was kind of darker skinned. Not much hair at all, but real dark, so there was even speculation until he was two weeks old, when he began to brighten up a bit."

When Cooper's actual biological father, the white guy from her high school days, heard about Rachel's child, he was quite upset:

"He flipped out, he didn't want to see me, he didn't want anything to do with me. ...I don't think he wanted to be a father. I think he felt really guilty too. I think he felt angry at me, really deceived, very deceived, upset."

Rachel moved out of state, and didn't hear from the father again for several months. When she next saw him, the father indicated that he wanted to take a role in the
rearing of Cooper:

"This scared me. So I sort of threatened him. I said well, what are you talking about, money? Because I knew he didn't have any money... He wanted something that would gratify himself, but I really felt angry. I said... what are you talking about? Let's get real. If you want to take a role, let's talk about a responsible role... I said, I'll be god damned if I'll have you coming over every month to make yourself feel good, take Cooper off to the beach, and then I get one day off and a diaper bag full of sand. I was pretty much a bitch. I knew that would threaten him, and it did, because I never heard from him again, to this day."

Rachel is not of the opinion that Cooper needs a male role model:

"I just don't think children need men. I mean, that's like saying you accept all the division into male and female, and that... he's not going to see certain human qualities if he doesn't see men. Like he would need some idea of what? Strength? He'll never see a strong person unless he sees a man? Or a provider? I'm a provider. I just don't understand what people mean (when they say a child needs a male role model.) I get really angry."

Obviously Rachel's life had significantly changed in the six years since Cooper was born. While her political beliefs remain radical and intact, Rachel's social and economic position is about to change. Rachel is completing her Ph.D. and anticipates a lucrative economic future. Cooper is a bright, happy, intelligent young
child. Rachel is careful to explain to Cooper the circumstances of his birth:

"When he was little, he would ask sometimes if he had a dad, and I would tell him, everyone has a father, but some people don't live with their father. I tell him I was never married, we never lived with your father, but you do have one. Since he's been a little bit older, I have changed that response. It is very important for him to know that I always chose him, and that I never wanted to live with the father at all. I thought there was enough love from me that it would be ok."

Rachel is very happy with her choices, although she recognizes that most people would be quick to become extremely judgmental if they knew the complete circumstances of Cooper's conception. Rachel believes that becoming an intentional mother by "sleeping around" with men who were unaware of her goal carries the greatest disgrace, and results in more stigma than that experienced by intentional mothers via artificial insemination, alternative fertilization, or adoption. This potential for stigma does not dampen Rachel's spirit, nor her deep love and commitment to her son Cooper. She greatly enjoys her child, and the experience of mothering him. Her decision to parent
without a male partner was the right decision, for her:

"I think I've been freer than many women, to raise Cooper the way I wanted to. A lot of women really compromise what they want for their kids because the male has the ultimate authority in the family. I just feel like I've been freer. ...I made the best decision for me."
Conclusion

Each of these nine women represent examples of the various passageways to motherhood for intentional mothers. The choices these women make in determining their method of achieving motherhood has distinct implications for their future experiences - socially and economically. Mothers make their decision based on the route which makes them the most comfortable personally. Feeling assured and confident about this decision is imperative, as women know that their ability to fully and easily explain and justify their choice is a key factor in acceptance by their pre-existing social networks.

Beyond explaining their choices to their contemporaries, intentional mothers are thoughtful and attentive to the future task of acquainting their child(ren) to the uncommon circumstances of their birth or adoption. Women respondents consistently acknowledged that their choice of a route to motherhood was in large part determined by their knowledge that, at some time in the future, this momentous decision would be meticulously explained to their curious and inquisitive children. Intentional mothers chose their passageways with the knowledge that their comfort with this decision was important not only in the present, but in their future.

Adoption, alternative fertilization, artificial insemination, and sexual intercourse are each perceived
by women respondents to hold various strengths and
drawbacks. As a group, lesbian mothers were more likely
to perceive the drawbacks of adoption and sexual
intercourse as prohibitive. Lesbians choosing children
generally are not very motivated to openly challenge the
legal system in their efforts to adopt. Most lesbians
cite the uncertainty of dealing candidly with the legal
system as the perceived drawback of adoption, unwilling
to turn their desire for a child into a public forum for
debating the issue of lesbian adoption. For lesbians
considering sexual intercourse, almost all respondents
decided that their commitment to their sexual
orientation prevented a foray into the realm of sexual
intercourse.

In contrast, heterosexual women were least likely to
pursue alternative fertilization among these four
passageways. Alternative fertilization, as a route,
tended to be chosen by women who preferred an asexual
mode of reproduction, without medical intervention.
Heterosexual women respondents who wanted an asexual mode
of reproduction, however, chose artificial insemination.
Heterosexual women respondents who wanted no medical
intervention chose either adoption or sexual intercourse.
Access to information and community support for
alternative fertilization is much more readily available,
and accessible in the lesbian feminist community.
Together, these nine individual case studies serve to demonstrate many of unique macro, meso, and micro level factors that create mothering opportunities for married women. These women's descriptions of their decisions, and their participation in collective organization of unmarried mothers, provide typical examples of the experiences of women participating in this project. It is my intention that the reader will recognize various aspects of subsequent chapters in the lives and experiences of the women whose stories are presented here.
CHAPTER IV

COLLECTIVE ORGANIZATION

This chapter describes intentional mothers' participation in organized, self-help social support networks. These cooperatively organized gatherings function both as a sharing and support mechanism for women considering and participating in these uncommon family forms, and as an extended form of nonconventional family. Intentional mothers and their children create and participate in communities of similar families, diverse in background, yet linked through common participation in this emergent pattern of behavior.

Most of the mothers participating as respondents in this project are collectively organized. Women choosing children are not merely individual women whose paths randomly intersect. These women purposively pursue relationships, share resources and provide similarly situated child companions for their own children. Because of the unconventional nature of their choices, the majority of these mothers are highly motivated to find other women of like experience. Intentional mothers aspire to create an environment or climate conducive to
the normalization of their choice. Negotiating motherhood together, in opposition to traditional gender norms, is a form of collective resistance against restrictive standards. By uniting together, intentional mothers achieve and maintain a collective identity of motherhood apart from the mainstream construction and definition of motherhood. Intentional mothers view themselves, in short, as providing community and mutual support to challenge and resist gender normative behavior for women.

These women's participation in organized, self-help social support networks is an example of a basic feminist strategy developed by the contemporary women's movement. Women's liberation groups in the late 1960's originally established "consciousness raising groups" in which women shared their own experiences in a dialogue of mutual support, as both givers and receivers of help. These early consciousness raising groups continue to be the archetype of intentional mothers' collective organizations.

Self-help is the mobilization of people in groups for the purpose of addressing shared individual needs (Withorn 1986). The founders and ensuing participants in self-help groups feel that their needs are not, or cannot be met through the functioning of existing institutions (Katz and Bender 1976). Self-help groups fill the need
for a reference group, provide support, mutual sharing, and advice-giving and allow for the merging of group resources and knowledge (Boston Women's Health Book Collective 1984; Withorn 1986; Katz 1981). Self-help groups differ extensively in their primary focus. The assorted self-help groups formed by women choosing children have the primary focus of creating and maintaining support for such alternative patterns of living.

The analysis of the collective organization of intentional mothers draws from two theoretical traditions of scholarship - social movement theory and feminist theory. Neither of these frameworks, individually, is adequate in explaining the collective organization of intentional mothers. These advocacy groups can best be understood in the context of the growing body of literature describing and analyzing the flourishing self-help system. Together, these frameworks provide an original and innovative approach to this topic, integrating the substantive findings generated from the data.

In a social movement review of self-help groups, Katz (1981) characterized the structure of these groups are determined primarily by the shared problems and experiences of the members, who both give and receive help. Self-help group structure is characterized by
horizontal communication, personal involvement, group decision making, and the empowerment of members to learn and change. Katz documents a developmental pattern toward bureaucratization and formalization, acknowledging that not all self-help groups would evolve to the point of formal organization and professionalization. Self-help groups experience organizational difficulties occurring due to changes in the membership and goals of the group. Most self-help groups are comprised of a homogeneous membership. The majority are spontaneously formed of indigenous members in a style of egalitarian leadership.

Self-help groups vary widely in the extent to which they affirm an ideology or belief system. Katz hypothesizes that member conformity to group ideology affects group structure, cohesiveness, and member participation. The role of professionals in self-help groups is a controversial issue. Most research in this area defines the role of professionals as peripheral, focusing on the indigenous organization by lay people. Self help groups, Katz concludes, constitute a source of help alternative to the professional system.

Participation in various forms of self-help organizations figured prominently within most of the respondents' accounts of choosing children. Only one group of women, those who chose heterosexual intercourse
as a pathway to motherhood, had no participation in organized gatherings of intentional mothers. In the discussion below I will outline the organizational strategies used by women pursuing the four pathways to motherhood discussed in chapter three: mothers by sexual intercourse; mothers by adoption; lesbian mothers by choice and heterosexual mothers by choice.

The Social Context: Placing Collective Organization of Intentional Mothers within Feminist Organizing

The "re-emergence" of the feminist movement into the wider public consciousness began in the early 1960's, growing out of women's participation in the Civil Rights movement, the New Left, and other forms of social protest (Taylor and Rupp 1987; Ferree and Hess 1985).(16) The social context of this decade was characterized by increased political action, in the arenas of both civil rights activism and anti-war demonstrations (Evans 1979; Freeman 1983). The movement split into two different segments, liberal and radical, with origins in the grievances and pre-existing organizations of two groups of women (Ferree and Hess 1985; Cassell 1977; Freeman 1975). The liberal contingent was composed of older, professional women who formed centralized, formalized,

16. The history of the women's movement prior to the 1960's is provided in more detail in Chapter 5: Macro Level Context.
bureaucratic "women's rights" organizations. The radical contingent was composed of younger women who formed small, informal, decentralized collective "women's liberation" organizations.

Taylor (1989), describing women's movement ideology, categorizes feminist politics in terms of strategies for effecting change. Liberal ideology demands equality within the existing social structure, and reaffirms rather than challenges dominant values. This value system holds that women lack power because of a lack of equal opportunity in male dominated economic and political systems, and women's subjugation to the subordinate sphere of home, domestic labor, motherhood and family (Eisenstein 1981; Rich 1980; Chafetz 1990; Huber and Spitze 1983). Thus, the structure of women's rights organizations included hierarchical patterns of leadership and democratic decision making.

Radical ideology espouses transformational politics in the struggle against female disadvantage and the masculinization of culture (Echols 1989; Freeman 1975). The ultimate revolutionary vision encompasses a new social order eliminating the sex-class system and fundamentally transforming societal institutions (Beauvoir 1952; Firestone 1971; Frye 1983; MacKinnon 1983). Thus, the structure of women's liberation organizations included consensus decision making,
alternating group leadership, and the sharing of skills to avoid hierarchy and specialization (Evans 1979; Freeman 1972). A primary strategy of radical organizing has been the formation of consciousness-raising groups. Over the past two decades, competing categorizations of feminist ideology have been proposed by a variety of authors (Eisenstein 1981; Rich 1980; Chafetz 1990; Huber and Spitze 1983; Echols 1989; Freeman 1975; and Ferree and Hess 1985). The socio-historical context out of which movement activity occurs significantly alters feminist strategies and tactics as well as the social understanding of those actions. Current feminist ideology is globally focused with a comprehensive agenda critical of a diverse set of patriarchal institutions (Taylor 1989).

Consciousness-raising is a model of sharing and helping among women, a group context where women come to view experiences previously thought of as personal and individual as social problems that are the result of gender inequality and sexism (Cassell 1977). Consciousness raising enables women to view their personal experiences as politically defined, altering women's identity and self-concept.

Since the 1970's, these 2 segments of the women's movement have not remained entirely separate and distinct (Schlesinger and Bart 1989; Carden 1978). The feminist
movement has become increasingly radical since the 1970's, at both the individual and the group level. By the 1980's, the bureaucratic and collectivist organizations of the 1960's formalized and converged into two basic organizational networks: the women's policy network and the women's movement community (Taylor and Whittier forthcoming; Buechler 1990; Boles 1991).

The women's policy network is composed of professional movement groups and feminist service organizations operating at both the national and local levels. The women's movement community is composed of a decentralized network of feminist political, cultural, and social events and organizations. The women's movement community, the base of cultural feminism, evolved from and sustains the radical feminist tradition of feminist organizing.

Cultural feminism attracts activists opposed to the dominant social order, in a social context supportive of lesbian relationships and identity. Identity politics and the politicization of everyday life characterize the women's movement community (Echols 1989; Ryan 1989). The women's movement community has generated multiple alternative institutions, among them, self-help groups concerned with health and identity issues. National events such as the Michigan Womyn's Music Festival connect the proliferation of local communities and
networks of feminist cultural activism. Additionally, feminist women's movement organizations also form coalitions with other social movements, including the women's health movement.

Taylor and Rupp (1992) challenge the assumption that the women's movement has waned, offering the alternative explanation which emphasizes the importance of the women's movement community. Women's culture in the 1980's and early 1990's nurtures feminist collective identity as an integral component of movement survival. Alternative structures guided by women's culture have continued to expand, dominated by the development of feminist self-help networks which challenge and critique patriarchal understandings of such issues as reproductive politics and family. These alternative structures include a wide variety of national and local events, gatherings, and conferences, numerous group activities, and an expanding body of newsletters, publications, books and anthologies. At the cultural level, a feminist social movement community continues to thrive (Buechler 1990; Taylor and Whittier forthcoming).

The collective organization of women choosing children is a part of this larger contemporary tradition of cultural feminism. Various self-help groups formed by women choosing children are examples of the alternative institutions generated within contemporary feminist
culture. Mirroring the structure of earlier feminist self-help groups, the collective organization of intentional mothers is directly connected to the larger agenda of women's health and identity issues. National events such as the Michigan Womyn's Music Festival, and conferences for Single Mothers By Choice connect the proliferation of individual women and local groups in national networks of feminist cultural activism.

Mothers By Sexual Intercourse

Intentional mothers by sexual intercourse are the only respondents within this study who did not demonstrate any manner of collective organization. Of the 16 women who pursued motherhood through sexual intercourse, only two of the women knew each other. These particular women were friends as a result of a shared workplace, not as a result of a desire to specifically locate and affiliate with other intentional mothers by choice. Additionally, one respondent by sexual intercourse did pursue practical information from the national organization Single Mothers By Choice prior to her conception, but she is not actively involved in any local chapter of this organization.

The explanation for the lack of cohesion among these mothers by sexual intercourse is ironic in a way. The irony lies in the fact that although this pathway to
pregnancy is the most socially accepted means of conception, these women experience the strongest judgment and stigma for pursuing pregnancy with the express intent of mothering alone, depriving the biological father of any relationship with, and sometimes of any knowledge of, the existence of the ensuing child. One mother who considered, but did not pursue the option of sexual intercourse, remarked:

"Why should I go through that? It still takes another person... and there were things that I rejected. Like I didn't want to trick somebody into doing it. Even if I felt secure enough in being able to attract somebody into bed, which I didn't really..., there's still another person there. And I don't want to be responsible for having somebody's child and not telling them. I think fathers should be involved with their children, and you can't support that by not letting them know what is going on."

Women pursuing adoption and artificial insemination sometimes acknowledged envying the circumstances of women who got pregnant by sexual intercourse. In terms of finances, and time, sexual intercourse sometimes appears, on the surface, to be the "easiest" option, as this
mother, who waited four years to adopt, described:

"I would be upset. And it would be close to when I was going to ovulate. And I would think, God, I could just go out to a bar and pick up somebody. And that's really against my grain, I really couldn't deal with creating a child, with someone else, that they unwillingly helped create, and unknowingly. That just wasn't my style. But it did seem appealing at moments."

In a patriarchal society, however, the stigma directed toward women who are duplicitous in their relationships with men in order to achieve pregnancy is powerful and deeply rooted (Schur 1984).

It is my hypothesis, based on the data gathered for this study, that intentional mothers by sexual intercourse do not collectively organize because gender norms dictating the significance of the role of biological father are far too dominant to be challenged publicly. While mothers by other methods typically explain their choices more openly, mothers by sexual intercourse are more clandestine and secretive. Allowing outsiders to label them as divorced or mothers of an unwanted or unintentional pregnancy is often a better choice than describing the actual circumstances of their child's conception. Aware of the social stigma attached to their decision, these women do not choose to self-identify as intentional mothers. Also significant, I feel, in these women's decision to obscure the
circumstances of their pregnancy, is the fact that half of the mothers by sexual intercourse gave birth to children whose biological fathers were married men.

Mothers By Adoption

In central Ohio, there are more than a dozen different support groups for people considering adoption. Of these various advocacy groups, intentional mothers by adoption generally participated in either of two particular groups. Many respondents by adoption were connected with the officially unnamed, local single parent adoption group. Women specifically pursuing international adoption also were affiliated with New Roots, a self-help group for people considering international adoption.

Single Parent Adoption Group: The single parent adoption group is a loosely structured, informally organized gathering of women pursuing adoption. None of the women currently involved can pinpoint the exact circumstances of the founding of this group, but meetings began over ten years ago with a small group of women and one unidentified female social worker, who remained active in the group for only a short period of time. The membership is currently composed entirely of women, although in the history of the group, two intentionally unmarried fathers have been members. The members range
in age from their mid-thirties to mid-fifties, and are generally from middle class backgrounds, caucasian race, and highly educated backgrounds. Almost all of the core group of these mothers currently have children, so while accomplishing adoption is not necessarily a salient issue for these mothers, they do share their experiences with new members who are pursuing both camaraderie and knowledge.

Members participate in group activities that are primarily social, going to dinner one night a month for a mothers-only social outing. A typical gathering has 10 to 12 women in attendance. When this group was initially formed, gatherings were more issue oriented, where group members dialogued on chosen topics of interest for example, preparing for a home study, or special needs children and the public schools. These women still give and receive advice during their gatherings, but there are no formal agendas or programs for discussion. One mother pointed out that because many of their children have special needs and many are biracial, the issues pertinent to these concerns are discussed more frequently than others. Occasionally, perhaps four times a year, these mothers also organize social activities for their
children. One mother relates how important the group is for her child:

"My kid sees other kids without fathers. That is very important to me."

Typical outings are picnics, trips to the zoo, or the Center for Science and Industry (COSI). This mother relates the changing nature of the organization over time:

"The group goes out to dinner once a month, some of us get together and play games, trivia and everything. And other times we meet with the kids, once in a while. Mainly it's just the adults, we found we needed that. And a lot of us don't have family around. And in that sense, we've needed each other. We went through a series where a lot of us had gotten kids, and we had had formal meetings for a while, had speakers in, and that sort of went away. And we went more to the dinner hour, once a month."

Occasionally, this group will lobby as a single voice to criticize the treatment of single mothers during the adoption process. Respondent adoptive mothers repeatedly complain of the inequities of restricting their options to biracial, special needs, and older
children. This mother recalled the group interceding on
the behalf of single adoptive mothers:

"Franklin County Children's Services at
least voiced that I had the same
potential as every other (married couple)
coming in. Sometimes in practice, I felt
it was different... Our group of single
adoptive parents, we all, at one point,
feet (our treatment) was different. We
discussed our concerns... with a couple
of representatives of Children's
Services. We told them, you're saying
it's not different, but we feel it is.
We feel our waiting time is longer, and
the children we are offered seem to be
more handicapped. We got no real
response."

The single adoptive group are loosely affiliated with
particular attorneys and agencies known to be friendly to
the adoption quest of single mothers. The group provides
information informally about professionals who are
receptive, though none of these professionals are
members. This mother recalls how her first meeting with
the group reduced her fears about special needs children
and gave her the name of an attorney who eventually negotiated her adoption:

"The meeting was real supportive, too, as far as seeing some kids who actually were special needs kids, that weren't bouncing off of the walls. I mean, they looked pretty normal. One kid was legally blind, and I didn't even know that for a couple of years. Another kid was diagnosed as possibly Downs Syndrome, or possibly severely retarded. His mom got him as an infant, and he made tremendous strides very quickly, and worked above that diagnosis. But it was real good to see kids in stable homes, the result of adoption, rather than my gory mental pictures of kids with zillions of handicaps. So that was real supportive. And also, people from that group put me in touch with my attorney, who is the lawyer that I adopted through. ...Attending that group was very important for me."

The group has the very broad goal of providing support to other intentional mothers by adoption. Leadership in this group is decentralized and collective, with any member attending the most recent meeting volunteering to orchestrate the next meeting. The group maintains one mailing list, of approximately 40 families, which the organizing member uses to inform other mothers about upcoming events. The location and types of upcoming events are decided by consensus among the attending women. Mothers who participate in this group value its existence, and have often been members over many years. Strong friendships are developed between both mothers
and children, and the gatherings of these families are eagerly anticipated.

**New Roots:** New Roots is a central Ohio self-help group established by adopting parents in 1983 for the purpose of providing support to parents and children of international adoption. One mother describes the organization this way:

"New Roots gives me social support. And if you have any problems, you can call and just talk. We have other people who are trying to adopt, too... The group is... almost family like."

New Roots also provides information to new members seeking adoption, and does charitable work donating money to various international orphanages. The membership of this group is comprised mostly of married couples, although about 15% are single women. Currently, there are over 180 families on the mailing list, comprised mostly (85%) of married couples. Most of the members are white, although there are members of color. All members have adopted internationally, or are in the process of doing so.

A typical meeting is attended by 30 - 40 people, though attendance varies by topic. Meetings are held monthly, and are topical in nature. In the last year forums have been held on first time parenting, legal issues, open adoption, black hair care, pediatricians,
and the utilization of psychodrama for adopted children. Topics to be discussed are introduced either by a panel of members, or outside speakers. Typically, however, the group relies on in-group experts. Resource tables are provided at each meeting containing information members may desire about adoption options, agencies, and alternatives. Members also organize social events, including quarterly "parents night out" events, and family events such as swimming parties and potlucks. One mother describes the frequency of these events:

"We had... lots and lots of friends who had adopted internationally, and we were always getting together. Doing things together."

Members participate in fundraising activities, including garage sales, the sale of discount coupon books, conferences for parents pursuing adoption, and the sale of handbooks and resource manuals on adoption developed by group members. Additionally, this group does some legal advocacy work in the local judicial and legislative system, encouraging the legal systems to reduce the governmental bureaucracy involved in international adoptions.

The organizational structure of this group includes a president, vice-president, treasurer, and secretary, in addition to an elected board of directors. Additionally, several committees exist to handle such issues as meeting
topics, and fundraising activities. Membership in the organization costs twenty dollars. Membership includes an annual subscription to a monthly, 12 page newsletter that the organization also publishes. Single mothers who participate in this group benefit from the networking and connections that develop among members. Many mothers have been members over several years, shifting from active to less active membership over time. The large membership size makes it less likely that women will form close bonds between members. And while intentional mothers by adoption are in the minority in this group, they are welcomed and respected as members.

**Heterosexual Mothers By Choice**

The organizational center of heterosexual women's participation in intentionally unmarried motherhood is the national group Single Mothers by Choice (SMC). This organization was founded in 1981 to provide support and information for single mothers and single women considering motherhood. It began in New York City with a small, informal group of ten women meeting in a living room, and has grown to a large, multi-faceted organization with members in almost every state, as well as in Canada and Europe. Currently, the organization claims to have almost 2,000 members. The founder of SMC, Jane Mattes, is the director of the organization and
holds a master's degree in Social Work.

The group describes their members as women who delay pregnancy for careers and decide to have or adopt a child, knowing that they will be the child's sole parent, at least at the outset. For this organization, women who unintentionally become pregnant are also defined as single mothers by choice. Their organizational pamphlet reads:

"We are many different people from all walks of life. Typically, we are career women in our thirties and forties. The ticking of our biological clocks has made us face the fact that we could no longer wait for marriage before starting our families. Some of us accidentally became pregnant and discovered we were thrilled. Some of us intentionally conceived with a man. Others went to a doctor for artificial insemination or found a child we could adopt. Most of us would have preferred to have brought a child into a good marriage. However, while we have a lifetime to marry, nature is not so generous in allotting childbearing years."

SMC members are described by their founder as women who have much to give a child, including the emotional and financial resources to support herself and her child. Most members are well-established, professional women.

SMC offers two kinds of memberships, one for women in the New York City metropolitan area, and one for women throughout the rest of the country. The metropolitan membership includes a year's subscription to the
newsletter, and admission to monthly topic meetings. These monthly meetings are an opportunity for socializing and discussion and have included such topics as: how to address the question of fatherhood; financial planning, wills, and legal issues; single motherhood and intimacy; and the 'supermom' syndrome. Outside professionals and experts are often the invited guests for these group presentations and discussions. Smaller, more focused support groups are also available for women trying to conceive and/or adopt, for pregnant women, and for mothers.

Associate memberships (outside New York City) include a year's subscription to the newsletter, a literature packet including articles about SMC's, a bibliography, and information about artificial insemination and adoption. Sometimes this information is the first positive response a potential intentional mother encounters, as this mother recalled:

"The literature I received from Single Mothers By Choice was real interesting. The stories of other women who've been through the same thing, and the joy that they experience... with their children, and by having children. All of that helped me along."

Additionally, members receive a list of other members in their geographic area.
Several times a year, SMC offers a workshop in New York City for women considering single motherhood. These groups are held in a small group format and are led by facilitators who have been long-time participants in SMC. These workshops illustrate SMC's role in helping women in their decision making process, in shaping collective identity, and in countering stigma. This Ohio mother traveled to New York to attend such a workshop, and describes the significance of that decision:

"I went to New York, I went to one of their workshops... I went by myself. I wasn't sure what I was going to see there, but I thought it would either tell me yes, I'll probably do it, or no, I probably won't. And I was very surprised when I got there. The women that were there were all career women. There was a neonatologist, an editor, a public defender, and a doctor... they were all women that were self-sufficient and had taken a career move first. Attending made me feel much better, knowing that they had a lot of the same questions I had, and a lot of the same things that they were afraid of, or not sure of. And it was great just talking to people with the same thoughts... seeing how they felt about it. So that probably, although I had probably already decided before I went there, that workshop really put the icing on the cake."

SMC publishes a quarterly newsletter which includes articles written by members or reprinted from other publications, information, resources, and notices of events. SMC has also held one national convention at a
family vacation resort in the Green Mountains of Vermont.

The founder of this group has become the director of the organization. Despite a significant volume of organizational literature, no description of the organizational structure has been printed. Jane Mattes, founder and Director, is editor of the newsletter and signator of all group correspondence. It appears the organization is maintained through her individual effort and the aid of volunteer mothers.

Locally, national SMC members form small groups that operate in a more grassroots fashion than the national organization. These groups organize primarily as a result of members receiving information about other SMC members as a benefit of membership. In central Ohio, independently operating SMC groups exist in the Dayton area, the Cleveland area, and the Cincinnati area.

Most of the heterosexual mothers I interviewed who became pregnant by artificial insemination were aware of the existence of SMC, and many were members. They were interested in affiliating with other women like themselves, but had no mechanism to locate similar mothers. SMC serves as the long distance link between intentional mothers who are geographic neighbors, but unable to locate each other. Local participants meet to establish friendship networks to offer support to other single mothers by choice and to provide a peer group for
their children. Women considering intentional motherhood often network with local SMC members to receive first-hand information.

Of the respondents in this study, the overwhelming majority of women who were members of SMC became mothers through artificial insemination. One mother by heterosexual intercourse attended a SMC thinkers workshop as an associate member. None of the mothers by adoption were affiliated with this organization, although several had heard of the group. Because the mothers by adoption had an already established local alternative that dealt with the specific circumstances of adoptive mothers, they did not consider membership in this group. None of the alternative fertilization mothers were members of SMC, which is not surprising, given their disinterest in any form of outside or institutional intervention in their mothering process.

Lesbian Mothers By Choice

Increasingly, lesbians are choosing to openly conceive as lesbians, bear children, parent, and create distinctively lesbian families (Pollack and Vaughn 1987; Pies 1985). As of yet, no national organization exists for the purpose of linking these purposively lesbian mothers on a national level. Within the lesbian-feminist community, however, several women are noted for their
involvement as experts on the issue of lesbian parenting. In 1985, Cheri Pies wrote *Considering Parenthood: A Workbook for Lesbians*, the handbook most lesbian mothers turn to when considering children. Joy Schulenberg, author of *Gay Parenting*, is a lesbian mother who has made numerous public appearances on television talk shows (Schulenberg 1985). Sandra Pollack and Jeanne Vaughn authored *A Lesbian Parenting Anthology* in 1987, sharing the individual stories of women participating in the complex situation of lesbian parenting. Each of these resources advocates that individual lesbians locate support groups in their own communities or establish support groups should none exist.

Central Ohio lesbians responded to this advice, forming several different groups and networks for lesbians choosing children. There are several options in Columbus for lesbians choosing children, including a long established gay and lesbian parents group, in which the majority of the parents have children as a result of previous heterosexual relationships. For lesbians, three relatively new additional resources exist. The first, called Momazons, is composed largely of lesbian mothers of children by choice. Another, the Tryers, is for women just beginning the process of choosing children.
Finally, there is a support group for lesbians with infants and toddlers.

**Columbus Gay and Lesbian Parenting Group:** The Columbus Gay and Lesbian Parenting Group started as a gay fathers group over fifteen years ago. Over time, it evolved into a group for both gay men and lesbians. The majority of the membership are gay men and lesbians who are parents as the result of previous heterosexual relationships. The membership is evenly divided between men and women, and their children range in age from infancy to young adults. This mother describes the reasons for her initial contact with this group:

"Some of the people that we were friends with before, either didn't like kids, or didn't have kids. And so now, we've joined this parenting group... so we're meeting other people that are parents, gay people that are parents... I'm just getting into it, so they don't really know me really well, and I hardly know all of them, but most of them have older kids. I probably have the youngest one. But I enjoy their company."

The mission of this group is to provide support to gay men and lesbian parents, to provide information and resources to interested members of the community, and to provide a peer group for the children of gay and/or lesbian parents.

Historically, this group has met on a bi-weekly basis, but it currently meets once a month in a members'
home. Meetings rotate between rap meetings with open discussion and topic meetings in which gay supportive experts and professionals (both group members and outside authorities) facilitate presentations and discussions on topics of interest. Members report that very little of their discussions are connected specifically to the issue of sexual orientation. The vast majority of group discussion focuses on issues relevant to single parenting, as many of the members are not living with the other biological parent of the child(ren).

This group elects three leadership positions: a gay male facilitator, a lesbian facilitator, and a treasurer. Additionally, committees exist for the selection of meeting topics and to plan family events for the group membership. Members pay dues, and fundraising events are organized to help finance family social gatherings. A monthly 2 page newsletter is published, including information about upcoming events and articles of interest to members. Lesbian respondents were least likely to attend this group, of all the groups to be discussed. This is, in part, because this group focuses on issues of single parenting. Given the high percentage of coupled lesbians making the parenting decision jointly, it is not surprising that this group
attracts so few lesbians who are in committed relationships.

**Momazons:** Momazons was formed in 1985 as a result of several lesbians mothers who merged their central Ohio friendship networks to gather a group of about a dozen women together for the purpose of providing support for their atypical families. Because the women were geographically spread out, the group quickly divided into two groups, one organized in the Dayton area and the other organized in the Columbus area. My involvement in the early organization of this group quickly led to requests from research respondents to be included in this growing network. Momazons quickly swelled to a membership list of over 45 names, when women and their families from Dayton and Columbus were counted together.

Momazons is a support group for lesbians choosing children and lesbians who are child-positive. One
organizational statement describing Momazons reads:

"Momazons focuses on lesbian mothers and other lesbians who are or want to be involved with children. We want to provide an opportunity for lesbians and our women friends to explore options in bearing, adopting, raising, or being with children. We want to provide a space for women and children to connect with each other for support and information, and to discuss the impact of children on our community. We support the diversity in our community and are working to create a group that includes the many different ways women choose and have chosen to include children in our lives."

Momazons has no leadership structure, operating on a consensus model. The strength of its format is collective process; the weakness, as has been pointed out by other studies of social movements, is a lack of continuity. Resource mobilization theorists argue that professional, centralized and bureaucratic movement organizations provide stability and reduce conflict and factionalism (Gamson 1975; McCarthy and Zald 1977). Both Momazons, Columbus, and Momazons, Dayton, meet on a sporadic basis. Social events for all family members are usually organized for outdoors and good weather, so winter gatherings are scarce. Initially, the group chose topics for meetings, but currently meetings are open and primarily social. Topics previously discussed have included childcare, male role models, and child-focused first aid. Meetings are for lesbian mothers and their
children, no outside professionals have participated. There are no dues for meetings, but members are asked to contribute money for postage and refreshments. This mother recalls the way the group influenced her decision to become a mother:

"I honestly have to say that knowing her influenced my decision... I guess we saw that it really was a viable option, because here, Phyllis was pregnant and going to have a baby. And I think it was after she had the baby, that we actually got started."

**The Tryers:** The Tryers group began as a result of networking by local lesbians at the Michigan Womyn's Music Festival. This national event gathers 5,000 - 8,000 lesbians annually for a week of lesbian music and community. Attending a workshop at this festival for lesbians considering children, four Columbus lesbians returned to Ohio and organized the first meeting in the living room of one of the women. This group was formed for women who were thinking about or trying to become pregnant. Women in this stage of the process found gathering information from other Momazons a difficult process, as Momazons tended to discuss their current experiences as mothers, rather than the individual ways they got pregnant. The Tryers group is composed of lesbian women, both single and coupled, who are interested in a support group for women just beginning
the process. Their purpose is to provide support and share information and resources with other women like themselves. Women beginning this odyssey are interested in learning about information such as recognizing signs of fertility, techniques for alternative fertilization, and medical and legal referrals.

The Tryers meet once a month in member's homes. Meetings have no set topic. Members of this group become close friends as a result of sharing the laborious and intimate details of achieving pregnancy. Currently, all Tryers are pursuing artificial insemination or alternative fertilization. Locally, lesbians pursuing motherhood through adoption or sexual intercourse have not connected with this group. The Tryers have no leaders, using consensus to run and end meetings and decide the date and location of future meetings. The Tryers pay no dues and have no formal contact with professionals. However, several legal and medical professionals have reputations, both good and bad, that are well known by group members. Tryers do not hesitate to share their opinions and experiences with professionals, both positive and negative.

The Tryers, as a group, share a vast knowledge of local resources. These women know which doctors screen potential patients and which doctors accept any client. They know what artificial insemination services should
cost, and which physicians charge more, and less. They are experienced in the awkward conversations lesbians may initiate with potential alternative fertilization donors. They share advice for telling family, friends, and workplace about a childrearing decision. Together, these women have tried almost every conceivable approach to achieve motherhood. They are deeply invested in helping other lesbians choose children, whatever path these new mothers may choose.

New Mothers/Dykes with Tykes: As Tryers achieve pregnancy and become mothers of infants, their needs differ. In October 1991, a new support group formed for lesbians with infants and toddlers to provide support, and share information and resources. Additionally, these mothers want their infants and toddlers to grow up in the company of other children of lesbian mothers, making friends within an integral part of their community.

Initially, this group formed in cooperation with a lactation consultant, an outside professional who facilitated meetings. After two meetings under this format, the group has reorganized, beginning meetings with a potluck meal that generates open discussion. The lactation consultant now attends these meetings as an equal member. The group meets monthly. Three lesbian couples, and one single lesbian mother and one lesbian-family-supportive heterosexual mother form the current
core of this group.

Two thirds of all lesbian mothers interviewed for this project were actively involved in one of the above described groups at the time they were interviewed. Additionally, some of the remaining lesbian mothers had heard of these groups, but had not yet participated. Several lesbian mothers were active in more than one of these groups, or moved sequentially from the Tryers to the support group for infants and toddlers. Networking with other lesbian mothers enhances individual women's sense of collective identity. This mother describes the importance of her interactions with other lesbian mothers:

"I'm in an active period, I'm really getting out a lot. And I'm really finding out about people, a lot about different kinds of lesbians, and... who gets along with my child, and what they want him for. I'm not waiting, I'm really active about exploring this. I've gotten a bigger friendship network, and I belong to a couple of groups. I'm pretty instrumental in one of them. It's a good decision."

Interaction Between Groups - Identity Politics

One of the outcomes of participating in an interview for this project was an opportunity to network with other intentional mothers. Each respondent, upon completion of an interview, was mailed a follow-up packet that included the opportunity to indicate whether she was interested in
meeting other intentional mothers. I was surprised to learn that intentional mothers were somewhat selective about the women with whom they chose to network. Women who became mothers through sexual intercourse were without exception, not interested in meeting other intentional mothers, regardless of sexual orientation or pathway to motherhood.

Heterosexual women choosing children by artificial insemination are not necessarily tolerant of lesbians. SMC reinforces this position by describing its membership as heterosexual, identifying members as women who feel that "raising a child in a good marriage is preferable to raising a child as a single parent."

Conversely, lesbians are not necessarily interested in networking with heterosexual women, who operate under a different set of circumstances, as their heterosexual privilege provides more open access to services such as adoption and artificial insemination. Lesbians consider every mothering decision conscious of potential homophobic repercussions. Heterosexual women do not view their sexual orientation as a salient issue. Lesbians may not perceive their sexual orientation as the salient issue, but the pervasiveness of homophobia demands vigilant attention. Lesbians mothers are anxious to meet other lesbian mothers, the pathway to parenthood is irrelevant.
Heterosexual adoptive mothers, who might have affiliated with SMC if the local single parent adoption group did not exist, were satisfied with their affiliation with other heterosexual, adoptive mothers. Adoptive mothers made no distinction about the type of adoption, whether public or private, domestic or international. Adoptive mothers were more likely to be interested in meeting other heterosexual intentional mothers by artificial insemination than meeting adoptive lesbian mothers. And conversely, adoptive lesbian mothers were only interested in affiliating with other lesbian mothers, regardless of path to parenthood.

Obviously, tolerance of alternative family forms and resistance to gender norms does not negate the influence of homophobia. Heterosexual mothers anticipated that they would have very little in common with lesbian mothers, and in some cases, directly avoided associating with them. Several heterosexual respondents expressed shock that this research project would group their decisions and the decisions of lesbian mothers within the same study. Likewise, lesbian mothers were suspicious of heterosexual adoptive and heterosexual artificial insemination mothers, skeptical that their children and their experiences would be viewed through a heterosexist lens.
The differing identity politics of these mothering groups impedes wider joint mobilization of all of these women (Echols 1989; Ryan 1989). Competing pathways and sexual orientations serve as obstacles that prevent women with diverse allegiances from finding common ground (Taylor and Whittier, forthcoming). Identity politics, or the politics of personal experience, explain the special interests around which these women collectively organize.

The collective organizing of these mothers coalesces around the double axes of pathway to motherhood and sexual orientation. The respondents are organized primarily as heterosexual mothers or lesbian mothers, and by common routes. Lesbians are more likely to organize around sexual orientation, and heterosexual women are more likely to organize by route. Their interests as intentional mothers differ dependent upon their personal identity and experience. The relative segregation of these mothers illustrates the complexity of gender identification, despite the apparent similarity of their situations.

Nationally, the women's movement also struggles with the challenge of confronting differences and divisions among women. Differences between women, including issues of race, sexual orientation, and disability, for example, have paralyzed and polarized national feminist
organizations and conferences. Paralleling the influence of identity conflicts in the contemporary women's movement at the national level, competing identities come into play and prevent cooperation between purposive mothers with shared interests at the local level.

Conclusion

In contrast to previous sociological approaches that view unmarried mothers as individual actors who deviate from social norms, I document intentional mothers' establishment and participation in self-help advocacy groups. These women's actions are significant in that they assemble women with common experiences and are formed for the express purpose of providing mutual support for women creating and sustaining this alternative family form. Organized intentional mothers recognize that their childrearing decisions challenge and reconstitute societal gender norms about motherhood. It is my view that their actions are best understood as part of the contemporary women's movement, as these women have formed numerous self-help groups and organizations, and are engaged in constructing new norms and practices that challenge dominant definitions of motherhood.

This dissertation analyzes the emergence of a new kind of unmarried mother who is engaged in constructing an affirmative, collective identity as an intentional
mother. A collective identity is an interactive and shared definition constructed by several individuals who are attentive to the orientations of their action as well as the field of opportunities and constraints in which their action takes place (Melucci 1989). Collective identity formation is a conscious process that commands persistent investment.

Melucci (1989) outlines three fundamental dimensions of the process of collective identity formation. First, cognitive frameworks must be envisioned concerning the groups' goals. Second, relationships must be cultivated among the members who freely communicate, negotiate, and make decisions. Finally, members become emotionally invested in the experiences of other participants, recognizing their mutual interest in their common circumstance. Intentional mothers meet these criteria, having begun the process of collective identity formation.

Taylor and Whittier (1990), describe three common elements of an established collective identity. First, individuals perceive themselves as members of a group when a shared quality becomes salient and interpreted as meaningful (Touraine 1981, 1985; Melucci 1989). Second, members develop consciousness relative to group aspirations, means, and the cultural climate. Finally, collective identity encompasses opposition to the
dominant system. The collective organization of intentional mothers meets these criteria. These women, as a group, challenge societal stigma directed towards unmarried mothers.

In this chapter, I have presented data documenting the creation of a collective identity among these mothers in the face of existing gender norms of motherhood through both informal networking and organized support systems. This challenge to normative family forms is a form of collective action, initiated to resist the dominant definitions and norms of motherhood. The collective identity formed by the intentional organization of women choosing children is a result of participation within reciprocal support networks not unlike the domestic networks described by Stack (1970), in her discussion of strategies for survival within a black community. Stack characterized domestic networks as cooperative units of mutual aid among a web of friends and family. These networks, through the domestic cooperation of close adult females, provide the material and cultural support needed to absorb, sustain, and socialize community members. While intentional mothers' pursuit of collective organization does not arise out of residential proximity nor economic necessity, both domestic networks and the collective organization of intentional mothers demonstrate the security and the
power of a unified community.

Scholarship describing cultures of resistance contributes further evidence useful to the analysis of women choosing children (Taylor and Whittier forthcoming; Hill-Collins 1990; Melucci 1980; Caulfield 1974; Foucault 1980; Scott 1985). Taylor and Whittier (forthcoming) contribute a description of the collective identity sustained by lesbian feminist communities, encouraging women to participate in an extensive scope of social and political actions that challenge the dominant system. Taylor and Rupp (forthcoming) expand this position by arguing that lesbian feminist communities sustain radical feminist tradition by ensuring the survival of a visionary core of the movement, selecting a strategy for achieving the movement's vision, and encouraging activists to affirm an identity that opposes the dominant order. I contend that, similar to these examples, the self-help advocacy groups formed by communities of intentional mothers is another component of the women's movement community, evolved from and sustaining the radical feminist tradition of feminist organizing.

Analogous to the larger women's movement community, the collective organization of all intentional mothers, regardless of pathway or sexual orientation, is hindered by the influence of identity politics. These women are fractionalized into allegiances based not only upon their
similarities as intentional mothers, but also upon their differences from other intentional mothers. The respondents are organized primarily as heterosexual mothers or lesbian mothers, and by common routes. Lesbians are more likely to organize around sexual orientation, and heterosexual women are more likely to organize by route. The relative segregation of these mothers illustrates the complexity of gender identification. Despite the apparent similarity of their circumstances, their desire to affirm their decision as positive in association with other mothers, and their resistance to and rejection of societal disapproval, identity politics prevent the mobilization of these women into one encompassing, self-help network.

The intentional organizing of mothers exhibits characteristics of the myriad of other groups that together compose the self-help movement. These self-help groups are distinguished by horizontal communication, personal involvement, group decision making, and the empowerment of members. Members of these groups are essentially homogeneous. The groups are spontaneously formed by local mothers, following a consensus model. Professionals, where they exist, play a peripheral role as consultants and resource providers.

Beyond conformity, the intentional organizing of mothers extends and transposes the characteristics of the
self-help movement to include aspects of feminist ideology established within the women's movement community. The developmental pattern of self-help groups posited by Katz (1981) is unlikely, given decentralized leadership patterns characterized by consensus and an egalitarian style. Feminist ideological precepts preclude formal organization and professionalization of women's self-help groups. Group members often function as extended family, in response to these women's need for affiliation and affirming identity in the face of societal resistance. Finally, these self-help groups function not only as an alternative to the professional systems of legal, medical and social service assistance to women choosing children, but as a resource for subversion of these professional systems. Societal resistance to non-normative definitions of family encourages members to learn and share methods of supplanting institutional gatekeeping intended to deny, restrict, and control unmarried women's access to mothering. Women's self-help advocacy groups recognize gender as a key organizing principle in the dynamics that influence the process of intentional motherhood.

Intentionally unmarried mothers, in challenging gender norms, develop, produce and share the experiences and knowledge of their own culture of resistance. Such cultures nourish both compliance with and opposition to
oppression. Collins (1990) illustrated these contradictions by examining African-American Black motherhood and African-American women's political activism. Collins documents black women's position within the political economy, a contradictory location where economic and political subordination created conditions for resistance. The knowledge African American women gained at the convergence of race, gender, and class produced a motivation for creating and sharing a subjugated knowledge of their culture of resistance.(17) Black women developed an independent belief system about the meaning of black womanhood, and this positive image about self and community encouraged black women to refuse the disapproving evaluations of African-American women advanced by the dominant order.

The families created by unmarried women intentionally choosing children also sustain an unusual outsider-within position, which simultaneously restrains and yet allows intentionally unmarried mothers to develop cultures of resistance. Women choosing children fashion a specific variation of the social role of mother, which transforms into a distinct identity that guides their

17. My use of the term culture of resistance parallels Collins' (1990) utilization of this concept. The singular form of this concept should not presuppose that a monolithic culture of resistance exists, whether the subject of that culture is an African-American culture of resistance, or the culture of resistance created by intentional mothers.
behavior. By simultaneously affirming and challenging the institution of family, intentional mothers gain a singular comprehension of the incongruity that exists between our society's dubious ideology about unmarried mothers, and the strikingly impressive reality of their own perseverance in creating the families they desired. Intentional mothers who collectively organize have discovered that their mutual affiliation is a source of strength and power, generating a culture of resistance which has proven beneficial to the prosperity of their alternative families.
CHAPTER V
MACRO LEVEL DYNAMICS

The decision whether to parent has become increasingly more complex within current American culture. Choices about parenting now include options, even for unmarried women, relative to "if," "how," "when," and "how many." This change in reproductive opportunities has provided women with more alternatives, and concurrently, produced more dilemmas. This chapter focuses on macro level structural constraints and opportunities. These conditions, in combination with other meso and micro level circumstances, blend to create distinctive opportunities that make childrearing available to unmarried women.

The importance of examining macro, meso, and micro level conditions relevant to women choosing children is underscored by the theoretical foundations which guide this research. Gender hierarchies and relations are constructed by processes and structures at each of the three levels of analysis (Chafetz 1990). Subsequently, theory that attempts to explain change in systems of gender stratification must focus on structures and
processes at all three levels. The precise description of exactly how micro, meso, and macro social processes and structures are connected to one another to construct gender systems should, according to Chafetz, (1990) be the principal ambition of gender theory in sociology.

Social movement theory also recognizes the significance of analysis at all three levels of social interaction. Social movement scholarship has recently turned away from a micro analytical focus (Lebon 1960; Turner and Killian 1972; Blumer 1976), towards increasing attention to issues at a macro sociological level (Smelser 1962; Zald and McCarthy 1979; McAdam 1982; Morris 1984; Rupp and Taylor 1987). McAdam, McCarthy and Zald (1988), in their review essay of social movements, emphasize the importance of meso conditions. These macro-micro bridges in movement emergence intermediate between the individual and the broad macro contexts in which they are embedded.

Intentionally unmarried mothers, in their challenges to the marital, maternal and sexuality norms, cultivate, generate and share the experiences and knowledge of a culture of resistance (Collins 1990). Cultures of resistance develop, in part, in opposition to macro level constraints. The families created by unmarried women intentionally choosing children sustain what Collins refers to as an "outsider-within" position relative to
the larger structure and organization of macro level circumstances. Women choosing children sustain this unique position because they are mothers, participating in a socially significant and societally structured female role, yet they challenge the basic tenets and assumptions of that role's definition by their failure to marry. As outsiders-within, these mothers have fashioned, through their own collective organization, a distinctly positive definition of themselves and their own community of like-minded mothers, enabling them to resist the pessimistic evaluations of "single motherhood" as advanced by the dominant culture. Motherhood can maintain gender inequality, and yet also give rise to resistance.

**Macro Conditions - Constraints and Opportunities**

This chapter reviews the macro preconditions that in part shape the emergence of a collective identity among women who are purposively choosing to mother outside of traditional roles. One means to understanding the current emergence of unmarried women choosing children is to survey the distinct socio-cultural context in which these decisions are being made (Strauss and Corbin 1990). Structural conditions may constrain or facilitate the choices of unmarried women seeking childrearing opportunities. Women who become intentionally unmarried
parents have capitalized upon a unique combination of economic and political systems, class and gender stratification systems, and widely accepted ideologies and belief systems that have together altered the contemporary possibilities for mothering. The present cultural context is different in important ways from those of previous generations of women.

The effects of various macro conditions on decisionmaking featured prominently within the respondents' accounts of choosing children. Large scale demographic and cultural trends expand women's opportunities for childbearing and childrearing. Changing demographic factors, including women's labor force participation, marriage patterns, and fertility patterns, in part create opportunities for women's social and economic independence. Social stigma relative to unmarried mothers has eased, partially a result of the women's movement, the women's health movement, and the diverse cultural images of mothering and family types recently unveiled by the media. Together, these demographic and cultural conditions positively influence the public acceptance of women choosing children. These dynamics establish the potential for unmarried women choosing motherhood to sustain a collective identity that challenges traditional gender norms about motherhood.
Different structural circumstances concurrently function to impede women who contemplate having a child outside the traditional context. First, dominant definitions of femininity function as a constraint for women considering choosing children. These conventional, traditional gender definitions are macro conditions which function as pivotal constraints to intentionally unmarried motherhood. Unmarried mothers are guided by and yet violate traditional gender norms about marriage, maternity, and sexuality. Second, the ambivalent societal perception of the role of children within our culture also operates as a macro level constraint to intentionally unmarried motherhood. Our culture customarily espouses a pro-child sentiment, yet public policies generally do not indicate practical institutional support of parents. These two factors function as macro level constraints which inhibit unmarried women's opportunities for childbearing and childrearing. The following discussion of each of these macro opportunities and constraints will illustrate that the structure of opportunities available to contemporary women has shifted (Eisinger 1973). The institution of
family has become increasingly vulnerable to challenge and change.

Changing Demographic Patterns as Opportunities

The growing diversity of the American family has expanded women's options for parenting in recent years (Macklin and Rubin 1983). The expanded recognition of multiple family types in the U.S. is reflected in the changing demographic composition of American households over the last few decades. These statistics reveal both increases in the number of persons living alone and increases in the number of single parents living with their children (Alwin et al. 1985; Taeuber 1991). The rise in numbers of people living alone is notable. In the early 1940's, fewer than 8% of households were classified as containing one person, whereas the comparable 1983 figure is about 23% (U.S. Bureau of the Census 1983).

The second trend reflecting diversity in family forms is the increasing number of households composed of persons, particularly women, living alone with their children (Ross and Sawhill 1975; Glick 1976; Bianchi and Farley 1979). In 1980, about 19% of all children under 18 were living in households headed by one parent, a 75% increase over the previous decade (U.S. Bureau of the Census 1981). Both of these trends exhibit exponential
growth during the past decade, signifying the changing living arrangements resulting from the altering composition of American households. These demographic factors reflect the circumstances of the current generation of women who parent outside of marriage, regardless of desire, motivation, or method.

Another indication of the diminished stigma directed towards unmarried mothers are the increasing numbers of unintentionally pregnant unmarried women who will not consider the adoption option. Contemporary women's broad preference of either abortion or single parenthood over an adoption decision reflects a change in social values about women as single parents, suggesting a cultural rejection of the inviolability of the traditional two-parent family (Grow 1979). Although the ideal of marrying and having children is still very much a part of the American experience (Cherlin and Furstenberg 1983), the reality of most women's lives is that the stigma that was attached historically to "illegitimate" births has dropped dramatically (Masui 1987). This lessening of stigma creates a potential for increasing numbers of women to consider choosing children while avoiding the previously experienced stigmatization and deviance labeling (Schur 1984). This nationwide reduction in disparagement directed towards "unwed mothers" permits unmarried women to consider choosing children. It is my
view that when individual women recognize that they share certain mothering opportunities as a result of changing cultural images of unmarried mothers, and decide to choose children on that basis, they participate in a form of collective action (Melucci 1989; Taylor and Whittier, forthcoming).

**Women's Labor Force Participation:** A significant factor influencing the changing context of mothering opportunities is the increasing number of women delaying the decision of marriage (and family) in order to pursue and build careers. In 1989, women over sixteen comprised 57% of the labor force (Taeuber 1991; Ferree and Hess 1985; Huber and Spitze 1983; Fox and Hesse-Biber 1984). There is strong evidence that women in high status occupations and in jobs with high skill requirements are older at the time of their first birth (Wilkie 1981; Taeuber 1991; Bloom 1984). The certainty that more women are employed today than ever before illustrates a substantial deviation from conventional expectations. Women's lives have been profoundly influenced as their changed opportunities for employment have transformed their traditional roles as wives and mothers (Klein 1984). Women's increasing economic independence from men facilitates participating in mothering apart from men.
Intentionally unmarried mothers have taken advantage of these greater opportunities for employment. The women I interviewed respondents pursued lofty educational goals, expressed devotion to their careers, found satisfaction in their responsibilities and generally were well compensated financially. Their work patterns demonstrated well orchestrated pathways of deftly crafted opportunities. This respondent entered graduate school specifically to be able to earn a good living so that she could pursue her intention to mother:

"The adoption process for me started when I went to graduate school, to be able to afford to be a single parent. ...I knew I needed a lot of money to be able to do that."

Another mother reveals how she rationally and logically determined that choosing children was the appropriate decision for her life:

"I'm a rational person... when I decide to do anything, I get out a yellow ruled pad, put the cons, the pros, and write everything... But it doesn't matter what I've got there, I already know in my heart what I want. The reason it doesn't sway me is because, from the very beginning, I knew what I wanted, and that decision was part of everything I did, everything I do. That's why I hold this job."

Respondents were most often located in occupations that were not traditionally female, with sound earnings and
various opportunities for advancement. Respondents were employed in varied positions and careers including nursing, medicine, allied health professionals, attorneys, administrative assistants, executive level corporation officials, computer analysts, engineers, and artists (see Table 5.1).

Table 5.1: Employment patterns

<table>
<thead>
<tr>
<th>Employment Pattern</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. professional/technical</td>
<td>38</td>
<td>25</td>
</tr>
<tr>
<td>b. managerial/administrative</td>
<td>34</td>
<td>22</td>
</tr>
<tr>
<td>c. service workers</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>d. sales</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>e. military service</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>f. student</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>g. purposively unemployed</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>h. declined</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>

The very nature of their choice to raise children as a single parent indicates a lifetime commitment to employment.

Women choosing children are not convinced that their decision to mother should deny them access to higher wages and advancement. In fact, most of the women have consciously avoided the reduced income and subordinate conditions of traditionally female occupations. Labor force participation, and specifically, access to non-traditional female patterns of employment operates as another structural condition encouraging women to consider choosing children. This
mother, an executive in the insurance industry, relates how economic self sufficiency was an integral component of her decision to mother:

"...I had always thought... that once I got to a certain comfortable level financially, that I would just adopt a baby, or have one... I think there are a lot of women, in their thirties, set financially, not set like money to burn, but you're comfortable, you have the option of making this choice and it being a very comfortable choice."

Women who are individually financially secure do not have to rely on a man or marriage to provide them with fiscal confidence. This successful attorney revealed her confidence in her ability to provide sound financial support for her children:

"Another thing in my makeup, besides independence, was that financially, I knew I could pull it off. ...because of inheritance and savings, I've got enough money so that I don't have to work until my child, or my children, go to first grade. I've put that aside. ...The financial backing, the financial security, in part it contributed to my not marrying because I didn't have to settle in order to have kids... As I've seen some of my friends do. I could pull it off."
In short, women's economic self sufficiency facilitates the collective action of intentional unmarried motherhood.

**Women's Marriage Patterns:** Women are marrying less, and later. The number of women choosing to remain single has increased significantly, and many of those women consider singlehood as a desirable lifelong alternative to marriage (Alwin et al. 1985; Taeuber 1991; Stein 1976). For all women in the age group 25 to 29 years old, the percent never married in 1982 was 23.4, more than double the percentage (10.5) for 1970 (Espenshade 1985). Women's decreased rate of marriage is due to many factors, including rising rates of divorce, less positive attitudes towards marriage (Thornton and Freedman 1982), and increased female labor force participation (Ferree and Hess 1985; Huber 1983; Taeuber 1991; Fox and Hesse-Biber 1984).

Taking a different position, Cherlin (1981) states that many women are postponing marriage indefinitely until their other goals are achieved. Since 1975, women's postponement of marriage has been especially striking. The figure of 22.5 years of age at marriage registered by women in 1982 is the highest median age at marriage since 1890 (Espenshade 1985). Women marrying later, or not at all, are doing so within a societal context that views singlehood more positively than it has
in the past.

The cultural image of singlehood, like that of marriage, has changed over the last 20 years. In the 1950's, singles were often perceived as people who couldn't marry because of their neuroses, their immorality, or their unattractiveness (Yankelovich 1981). A cultural shift in attitudes accounts for the current perception of singlehood as a legitimate choice that is acceptable for many women (Ehrenreich 1983; Espenshade 1985). The respondents in this study perceive that singlehood remains for them a legitimate choice, acceptable regardless of their decision to mother. Intentional mothers are happy without a male partner and happy with their choice to mother, as this respondent related:

"Just being married doesn't quality (a woman) to be a better mother at all. At all. And very often, married mothers are not better mothers anyway. I think actually, in a way, I am a better mother because this was a very conscious choice once I came to it."

Another mother reported her perception of the benefits of parenting without a husband:

"I could pick the name for her. I could make the other decisions for her. I didn't have to fight with somebody about whether to send her to school, where to send her to school."
The perceived drawbacks of a husband would interfere with this mother's experience of parenting:

"In a lot of ways, I think it's a lot easier for me. I don't have to come home and make anybody else happy but my baby, and it's really pretty simple to make her happy. I don't have to come home and fix dinner and be in a good mood for my husband. I can come home and be in a crappy mood, and she wants to hug and kiss. And in a way, I think that's a whole lot easier than having to come home and do all that stuff a husband would expect. It's hard."

Studies report that singles successfully maintain supportive social networks previously provided only within the context of marriage by maintaining close relationships with both their family of origin and their friendship circles (Knox 1975). While marital norms certainly continue to prescribe marriage for women, not all women concur that marriage is essential.

The fading centrality of marriage in women's lives is in part a result of rising divorce rates (South and Trent 1988). There is less motivation for women to avoid having children "out of wedlock," since a woman cannot count on lifetime male support even if she is married (Weitzman 1981; Kornfein 1985). This mother definitely
considered the unlikelihood of a lifetime marriage as an incentive to begin solo mothering:

"I just feel terrible for these women who are divorced, their fathers don't pay, it's just a horrible situation. So when people talk about getting divorced and raising kids by themselves and stuff... I've had a couple of women say to me, maybe what you did really wasn't that bizarre. Because my kid will never know ...the trauma of divorce and all that. So maybe what you did was not so loony after all."

And many respondents indicated that they were emphatically against marrying for the sake of "legitimate" children, as this mother stated:

"I think it's absolutely unethical to marry a guy for the sake of having kids, in a bad marriage. I don't think that helps the child. I look at kids of divorced families and I think my kid's so much better off than a child that's divided between two parents that don't like each other. And, I couldn't do that to the guy."

Some women eschewed marriage because they didn't believe that the existence of a male partner meant that he would responsibly, equally contribute to childrearing, as this
mother commented:

"Plus, don't ever put my name to this quote, but I always thought that my mother was basically raising the two of us and my dad. I had the feeling that a man around was just like having another kid, and I didn't want it. And I just didn't want to deal with that aspect."

Some respondents analyzed the marriages of their heterosexual friends, and determined that husbands were not the benefit that society intimated:

"I just felt real confident in myself and I thought that in a lot of ways it would actually be easier to have he and me than to have a man who you would also, in some respects, have to take care of. Even though you do get support back, hopefully, if it's a good relationship... But... I can see from my married friends, that marriage makes it even harder... Because sometimes men can be babies, so it's like there are two babies."

Consequently, many women are delaying marriage or possibly permanently eschewing marriage in favor of pursuing their own career opportunities and life plans (Weller and Bouvier 1983; Daniels and Weingarten 1980).

The marriage squeeze is another structural factor that influences women's parenting alternatives when marriage is delayed. The marriage squeeze characterizes the situation of women who defer marriage to devote attention to education and/or career and who find that by the time they decide they are interested in marrying,
there is a deficit of eligible male potential partners. (Greer 1986). Sociological research on marriage patterns in the U.S. reports that women who initially choose to delay marriage may find that they do not marry at all (Bennett et al. 1986; Guttentag and Secord 1983; Novak 1983; Salholz et al. 1986; Richardson 1986). This heterosexual mother courted the ideal of marriage, but delayed making such a decision because it was not a necessary prerequisite for her to consider mothering:

"I was engaged, broke off the engagement, took a long while to straighten my own life out, so that was during my 20's, my marketable years. So during college and my early 20's, I was trying to straighten out my feelings about marriage and such. By the time I started medical school, I had narrowed, but I had narrowed my life such that it was very hard to meet people... College guys today don't have to worry about somebody marrying them just to have kids... because women are coming out with degrees and jobs and such. I think that's a big plus. ...I think that's what happened with me. Since I knew that artificial insemination was a viable option, financially, emotionally, and everything else, I didn't have to work so hard at getting married. Otherwise, I probably would have worked harder."

The factors contributing to the deferral of marriage are complex. Many women, after postponing marriage find that the available men are not the kind of men they want to marry. It is also a demographic reality that men most often marry women who are younger, not as highly
educated, and not as successful in the work place as
themselves (Greer 1986). Although none of the
interviewees for this research project suggested that the
marriage squeeze directly influenced decisionmaking
regarding her own sexual orientation, at least one
researcher has suggested that the unbalanced sex ratio
between women and men has led some women to create
alternative families via lesbian relationships (Doudna
1981). Women's denial or deferral of marriage is another
factor that promotes the choice of certain women to bear
or adopt children outside of marriage. Thus, declining
marital rates are another structural condition
influencing women's decision to mother apart from
marriage.

**Women's Fertility Patterns:** Fertility rates for
women of childbearing age support the thesis that women,
whether they are married, delaying marriage, or remaining
single, are also delaying childbearing (Taeuber 1991;
Pear 1985; *Family Planning Perspectives* 1985; Bloom 1984;
and 1982, among all women between the ages of 30 and 39
the birth rate increased by 6%, and among those aged 40
to 44, it rose by three percent. And while the overall
rate of first births declined slightly between 1981 and
1982, the rate increased by 10% among all women aged 30
to 34 and by 18 percent among those 35 to 39 (*Family
Planning Perspectives 1985). These statistics substantiate that an increasing proportion of U.S. women are postponing their first births.

The U.S. Census Bureau reports that one of the chief reasons cited for deferring childbearing was to pursue higher education and employment opportunities (Pear 1985; Heer and Grossbard-Schechtman 1981). Additionally, the decreased risk of unwanted conception and birth due to improvements in the technology of birth control has made it easier for women to delay parenthood (Wilkie 1981; Heer and Grossbard-Schechtman 1981). Additional factors influencing delayed childbearing include increases in the cost of children relative to other items in the family budget, a decline in the status of young couples relative to that of their parents, changes in the value placed on other people's having children, and the marriage squeeze (Heer and Grossbard-Schechtman 1981; Bennett et al. 1986; Guttentag and Secord 1983; Novak 1983; Salholz et al. 1986; Richardson 1986; Greer 1986).

Childbearing by unmarried women is at an all-time high, with the biggest increase in unmarried mothers among women age 20 or older, who in 1986 accounted for 65 percent of all out-of-wedlock births, up from 59% in 1980 (Perrin 1986). The reasons most frequently cited for this increase among "older" women are that women who have postponed marriage are deciding to have children before
they are too old to safely and successfully experience pregnancy and childbirth, and that women who have delayed marriage are finding that their probability of marriage has sharply declined (Perrin 1986). Subsequently, the number of single parents has increased dramatically, from 13 percent in 1970 to 27 percent in 1988 (U.S. Bureau of the Census 1989). This increase is cited by the Census Bureau as one of the most important recent changes in family composition.

The reduced numbers of women in the role of the traditional wife, or who anticipate conventional roles, has coincided with increases in the numbers of women in the educational system and increases in the proportion of women participating in the labor force. Women's subsequently decreased fertility patterns provide an indication of the choices of more women to bear or adopt children outside of marriage. The delaying of first births and the decline of fertility rates are structural conditions associated with intentionally unmarried motherhood.

**Changing Cultural Images as Opportunities**

Women's consideration of childbearing and childrearing concurrently are positively influenced by large scale cultural and demographic trends. The women's movement, the women's health movement, and the diverse
cultural images of mothering and family types presented by the media each bolster an encouraging outlook for women choosing children. Demographic factors including variations in marriage patterns, fertility patterns, and women's labor force participation, generate possibilities for sustaining women's social and economic independence without compromising the desire to mother. Unmarried women choosing motherhood describe these trends as important catalysts in their consideration of parenting without a male partner.

The Women's Movement: The women's movement has waxed and waned in American consciousness from the 1800's to the present (Kraditor 1965; Perree and Hess 1985). It is this history of women's activism which has had a cumulative effect on American society, in part creating the current climate of macro conditions that provide opportunities for contemporary women choosing children. In the 1800's, the goal of abolition was the crystallizing facet encouraging women's collective action for social change. In the late 19th and early 20th century, the demand for women's suffrage coalesced increasing numbers of women into action, and this period was characterized by debates over the most effective tactic for achieving suffrage during the Progressive era (Kraditor 1965; DuBois 1978). From 1920 to 1940, the Era of the New Woman emphasized women's role as consumers,
women's increasing participation in the work force, and the successful integration of women into the public sphere (Kraditor 1965; DuBois 1978; Schwartz 1982). The women's movement of the 1940's through the early 1960's was an smaller, elite sustained movement, focusing on the Equal Rights Amendment, women in policy positions, and women's history awareness (Taylor and Rupp 1987; Irwin 1977).

The "re-emergence" of the feminist movement into the wider public consciousness began in the early 1960's, growing out of women's participation in the Civil Rights movement, the New Left, and other forms of social protest (Taylor and Rupp 1987; Ferree and Hess 1985). The movement split into two different segments, liberal and radical, with origins in the grievances and pre-existing organizations of two groups of women. The liberal contingent was composed of older, professional women who formed centralized, formalized, bureaucratic "women's rights" organizations. The radical contingent was composed of younger women who formed small, informal, decentralized collective "women's liberation" organizations. A primary strategy of radical organizing has been "consciousness-raising" groups.

18. A more in-depth discussion of women's movement activism from the 1960's to the present is provided in Chapter 4: Collective Organization.
Since the 1970's, these 2 segments of the women's movement have not remained entirely separate and distinct. The feminist movement has become increasingly radical since the 1970's, at both the individual and the group level. By the 1980's, the bureaucratic and collectivist organizations of the 1960's formalized and converged into two basic organizational networks: the women's policy network and the women's movement community. The women's movement community has generated multiple alternative institutions, including self-help groups concerned with health and identity issues. Women's culture in the 1980's and early 1990's nurtures feminist collective identity as an integral component of movement survival. Alternative structures guided by women's culture have continued to expand, dominated by the development of feminist self-help networks which challenge and critique patriarchal understandings of such issues as reproductive politics and family. At the cultural level, feminist social movement community continues to thrive.

Ferree and Hess (1987) document four distinct types of contemporary feminism which illustrate the diverse and dynamic reality of the contemporary feminist movement. Collectively, these four directions account for the development and influence of feminism today, each having made integral contributions to the movement as a whole.
First, consciousness raising emphasizes women's personal values and ways of seeing, and is focused on disputing the dominance of patriarchal values. Second, as a group, women have made profound career advances, providing more secure financial support. These assets strengthen women's collective power base and provide the capability for long term effective action. Third, movement organizations have institutionalized participation in the political process, a strong resource that provides security for gains already won, bolsters commitment to enforcement, and encourages continued efforts for change. Lastly, women have struggled to stress the attainment of equality rather than simply gender neutrality. Feminists have increasingly come to understand that their interests are connected to those of diverse disadvantaged groups.

For all of these reasons, the movement today is more extensive and encompassing than in the 1960's. The movement's influence in the 1980's has been substantial, and has altered American society in pivotal ways. "The new reality created by feminism on a structural level has become assimilated into women's lives, but at the same time the aspirations and expectations that women form through their experiences make structural limits and patriarchal control seem even more confining and in need of change (Ferree and Hess 1987/183)." The women's
movement has challenged the inviolability of traditional female gender norms, and has expanded the cultural images of mothering and families to consist of a more heterogeneous representation of parenting alternatives.(19)

**The Women's Health Movement:** Women's access to health care, or lack of it, has played a significant role in women's experiences, options, and opportunities. Several studies document women's role as the main providers of health care prior to the professionalization of the field of medicine (which occurred in the United States initially in the early 1800's). The transition that followed the professionalization of medicine resulted initially in a loss of power for women health care workers, and eventually placed medicine in a position of serving an institution of social control for women's lives (Ehrenreich 1978; Corea 1977; Wertz and Wertz 1977).

Since the late 1960's, when women's liberation groups developed consciousness raising, the model of

19. See also a discussion of the women's movement in Chapter 7. Chapter 7 details the influence of the women's movement upon the respondents of this study. Women who come into contact with women's movement organizing experience a mezo level opportunity that has positively contributed to the increasing social acceptance of unmarried women choosing to parent children. In chapter 7, women respondents indicated the women's movement had positively influenced their options for choosing children as well as the environment in which they were making their individual choices.
women sharing and helping other women has been a basic feminist strategy (Withorn 1986). With the rise of feminism, women discussed issues of body and health in their consciousness raising groups. Beginning as a grassroots organizing effort, the women's health movement was by 1971 a national network of feminist, self-help, health groups. Three interrelated aspects of women's health care influenced the rise of the women's health care movement: women's inequitable access to and involvement in the provision of health care; health care professionals' stereotypical views of women and the consequence of those views medically; and substantive health care issues that women have identified as important for women (Ruzek 1978). These issues coalesced into an identifiable movement in the late 1960's and the early 1970's that emerged simultaneously as a component of the burgeoning women's movement (Ruzek 1978).

The right of a woman to exert self determination about her reproductive freedom was the most salient issue publicly identified with the women's health care movement (Gordon 1977; Dreifus 1978; Ehrenreich and English 1972; Ruzek 1978). Other challenging issues included medicine as a business in a profit oriented economy, classism and racism in the accessibility and the provision of health care; preventive medicine as a low national priority; the pollution of the environment and its subsequent medical
implications; and the misogyny demonstrated throughout the medical institution (Boston Women's Health Book Collective 1984).

The women's health movement has worked to develop feminist alternatives to medical control (Ruzek 1978, Boston Women's Health Collective 1984, Corea 1985). This movement is represented by institutions, individuals, alliances and coalitions of diverse women working for fundamental changes in women's health care (Ruzek 1978; Corea 1985). Self-help has been an integral component of most feminist work. Self-help is the endeavor of people to come together in groups in order to resolve mutual individual needs (Withorn 1986). The founders and subsequent members of self-help groups feel that their needs are not, or cannot be met through the functioning of existing institutions (Katz and Bender 1976). Self-help groups emphasize face-to-face interactions. These groups fill the need for a reference group, providing mutual sharing, support, advice-giving and the pooling of group resources and information (Withorn 1986; Katz 1981; Boston Women's Health Book Collective 1984). Self-help groups vary widely in their principal focus. The various self-help groups formed by women choosing children have the primary focus of creating and maintaining alternative patterns for living.
Thus, the women's health movement continues to demand that women have the right to control their own bodies by providing information, education, and self-help to women interested in regaining access to women's health care. Several respondents revealed that their connection with the practice and/or the philosophy of the women's health movement had positively influenced their decision to choose children. This respondent describes how her activism in the women's health movement has supported her decision to intentionally mother:

"...my whole life for the most part has been very woman oriented. My career, I've done women's health care, been involved in the abortion movement, pro-choice, and the midwifery movement, and a lot of very strong feminist places... So I guess it's influenced me in the sense that I knew it was out there, and it was just a matter of me finding the way, having a notch where I fit in. I started out with my commitment towards birth and women's health care, and sort of moved into being a lesbian and gay rights activist, and then being a lesbian mother and supporting issues around lesbian mothering."

Certainly the message that all women have the right to reproductive freedom - to choose to parent or not - has not been lost on unmarried women choosing to have children, nor has it been lost on the general public.

The women's health care movement challenges the sexism of medical boundaries, which historically have blocked women's access to reproductive self-
determination. There is some evidence that the American medical system has responded at least to the overt demands of the women's health care movement. Hence, social movement industries have generated an atmosphere of reproductive options and increased opportunity for women who wish to mother. The level of prior feminist and women's health care movement organization creates a milieu that enhances the prospects for successful collective action among women choosing children (McAdam et al. 1988). For substantive examples see Freeman (1973) on the women's rights movements and Morris (1984) and McAdam (1982) regarding civil rights activism. The availability of these options has encouraged and empowered some women to acknowledge that choosing children is within the realm of obtainable possibilities, allowing them the opportunity to fulfill their own personal desires to create a family.

**Media Reflection of Cultural Images:** The women's movement and the women's health movement operate as macro level conditions which have lessened the stigma and broadened the acceptance of women choosing children. Popular literature and media have reflected those changing perspectives by creating pioneering images about the lives of women intentionally choosing children. This media representation renders an ongoing sense of legitimacy and camaraderie among women choosing children,
while simultaneously educating and sometimes transforming public attitudes about alternative family forms.

Professional, unmarried women in their late twenties, thirties and forties have been documented and portrayed on American television screens, establishing a public awareness of this emerging alternative family of unmarried women choosing to bear and/or rear children on their own. This mother of an artificial insemination baby recalls:

"When I told my godparents that I was pregnant as a result of artificial insemination, I expected them either to not know what I was talking about, or to be upset by my decision. Instead, their first response was, oh, you mean you're doing the same thing as Blanche's daughter did, on the Golden Girls. We know all about that!"

Depictions of the decisionmaking and experiences of intentionally non-marital mothers have been portrayed on television news shows such as 20/20, 48 Hours, and USA TODAY: The Television Show; on daytime talk shows such as Phil Donahue, Sally Jessy Raphael, and Geraldo; on sitcoms such as Murphy Brown, Designing Women, and The Golden Girls, and on daytime and evening soap operas such as One Life to Live and Grand. Television programs focusing on lesbians choosing children have thus far only been aired as controversial issues on daytime talk shows.
The popular print media are perhaps even more diligent in their reports of unmarried women choosing children. Nonfictional books and magazine articles featuring the experiences of single heterosexual women who choose to bear children as a result of artificial insemination, sexual intercourse, and, to a lesser extent, adoption, portray these intentional single mothers as pioneers of a new family form (Heilman 1987; Lake 1986; Osborne 1987; Goodman 1986; McCoy 1987; Kantrowitz et al. 1985; Cooke 1984; Dullea 1979; Robinson 1985; Perrin 1986; Pear 1985; Micossi 1987; Cassidy 1985; Minton 1983; Buckley 1984). The information included in these resources can serve as the catalyst which begins
the process of intentional motherhood, as this mother describes:

"It just sort of happened. My sister came over one night about 4 years ago... and she was reading an article about artificial insemination. And I thought, well I could never do that, it would be outrageously expensive. And she brought over the article which quoted some prices, and it was (reasonably priced). And I thought hmmmm, well, and I just started thinking, and that's how it started."

An adoptive mother recalls the beginning of her odyssey in this manner:

"I remember reading lots of magazine articles about adoption and particularly about single people adopting. ...Everything I read was these single parents who had these black teenagers, or handicapped children, or terribly abused children, and somehow they were having this successful relationship even though there continued to be all these problems."

And while some women got general inspiration from articles printed in various media sources, other women collected specific details that focused their search for
a means to motherhood in a particular direction, as this mother relates:

"...I read an article that said singles could adopt. And then I saw an article in The Dispatch about a woman that adopted a child from El Salvador. And I said, hey, there's an idea, so I called the lady and she told me how she had gotten her little boy."

Many respondents reported beginning their process by conducting their own research project on the topic of intentional mothers. This mother-to-be remarked:

"I started doing research. I bought this book at (a local feminist bookstore) called Having Your Baby by Donor Insemination. And I bought a bunch of different books..."

Readers of periodicals including USA TODAY, The New York Times, New Woman, Woman's Day, Savvy, McCalls, Working Mother, and Esquire have all been exposed to articles written about unmarried women choosing children.

Given the heterosexual orientation of American social norms and institutions, there is also an unanticipated number of broadly accessible articles and books documenting the experiences of lesbian women, both single and coupled, who extend their own families by choosing children (Pies 1985; Clausen 1985; Devine 1983; Miller 1989; Stern 1980; Pollack and Vaughn 1987). The discovery of these resources, and the information found
within them, is often an important milestone for lesbians choosing children, as this lesbian mother remembers:

"Then my mentor said... you've done all this thinking about having kids, you should be a parent. And that kind of did some changing in my mind, yes, maybe I could. And then, I read in Lesbian Connection about artificial insemination, and I was like wow! Turkey baster babies, that was what they were calling them at that time. And then I was really excited... it was just falling into place."

While widely available, these publications most often are written by and directed towards lesbians. The more mainstream journalistic images of lesbian mothers are typically sensational and voyeuristic, but occasionally evoke sensitive and supportive responses in the form of reader reactions (Kolata 1989; Swanbrow 1980; Coronado 1984).

As the media documents and establishes the experiences of individual women choosing children, public opinion continues to be transformed about the negative impact of single parent families. The popular media has begun to generate support among institutional authorities, has created empathy and occasionally advocacy among the general public, and most importantly, acts as another factor in promoting a positive self
definition of women who choose children.

**Gender Norms as Macro Constraints**

The women in this study - whether heterosexual or lesbian, whether through artificial insemination, sexual intercourse or adoption - challenge gender norms central to standard female socialization. Further, these women's violations are neither accidental nor unforeseen, but rather, they are deliberate, intentional, and premeditated. Intentionally unmarried mothers construct a collective identity in part through their defiant challenges to gender norms.

Previously, a woman's violation of gender norms regarding motherhood was serious offense. "Unwed mothers" were viewed as individual deviants, resulting in the deviance labeling and stigmatization. In contrast, intentionally unmarried mothers collectively oppose the gender system, endeavoring to reconstitute and reconstruct norms of motherhood. Moms without dads challenge the existing gender system, altering traditional gender norms toward more broad and progressive social definitions of normative behavior for women.

Chafetz (1990) contends that gender systems are structured so as to automatically reproduce themselves. The public recognition that individual women choosing
children are participating in a phenomenon of patterned behavior suggests that these mothers are in the preliminary stages of challenging the gender system. Women choosing children, by the very act of mothering their children, dispute traditional norms. The same processes which contribute to maintaining gender inequality give rise to the resistance of gender inequality. The ramifications for the existing gender system are profound.

The traditional sociological research summarized in chapter one, by focusing most intensely on the formulaic "unwed mother," reinforced the existing portrait of unmarried mothers. Their situations are documented and disparaged as violations of gender norms - infractions of marital norms, maternal norms, and sexuality norms (Schur 1984). Intentionally unmarried women are judged, sometimes even more strictly, by these same social standards. Marital imperatives, maternity controls, and sexuality norms all function as forms of social control that operate to deter intentionally unmarried motherhood.

Marriage is the most common socially prescribed role for women. The expectation for girl children that they will simultaneously mature and marry is central to childhood socialization experiences, as well as her adult expectations (Bernard 1974; Gerson 1981; Thorne 1982; Schur 1984; Chodorow 1978). Laws and Schwartz (1977)
define marriage as "the expected relationship" for women. The charge for women to marry is essentially an inviolable precept, and a more crucial socialization experience for women than for men. Schur (1984) measures a woman's marriageability as the ultimate test of her femininity. Every girl child and woman experiencing female socialization within contemporary American society is well aware that (her) marriage is a momentous event, perceived as a singular, significant rite of passage. It is this particular rite of passage which constitutes the proper, permissible passageway into the maternal norms of childbearing and childrearing. Many respondents reported that their family of origin expected them to marry prior to having children, regardless of the quality of the necessary union. This respondent's mother suggested marriage as a solution to her becoming pregnant:

"My mom... wrote me a letter and expressed some... concerns. And she started off by saying we're behind you, but... she was still holding out hope that I could marry. One of the things she said... was maybe I could find someone and get married and then just dump him. ...And I said no, I didn't think that would be fair to any of the people involved."

Multitudinous norms regulate women's mothering. These precepts function as a central facet of the social organization of gender (Schur 1984; Gerson 1981; Bernard
Maternal norms presuppose marriage, prescribe children, and repudiate unfit motherhood. These norms governing motherhood are wholly intertwined with additional stipulations about the correct forms of sexuality, living arrangements, and occupational pursuits (Schur 1984; Thorne 1982; Gerson 1981).

Feminist scholars argue that norms regulating sexuality function as the foundation of gender inequality (Rich 1980; MacKinnon 1983). The control of women's sexuality is central to the maintenance of dichotomous gender roles. In this context, sexual orientation, sex acts, and situations of sexual connotation are negotiated by heterosexual men and women through the use of sexual scripts (Laws and Schwartz 1977).

Sexual scripts mandate patterned expectations of women's appropriate sexual behaviors and responses. These blueprints for female sexuality convey a myriad of social expectations. Among these expectations, heterosexuality is the accepted sexual orientation (Laws and Schwartz 1977; Bernard 1974; Rich 1980). Within the institution of heterosexuality, women are held accountable and responsible for sex acts with men (Gordon 1977). It has been suggested that within the institution of heterosexuality, women's sexuality exists to gratify men (Rich 1980; Rowbotham 1973; Firestone 1971). Women who defy accepted sexual conventions can expect to be
labeled and stigmatized as deviant (Schur 1984).

Lesbians overtly challenge prevailing norms regulating sexuality. Lesbianism outrageously violates the core requirements of the prevailing gender system. Lesbians who mother violate marital norms, maternal norms and sexuality norms (Pollack and Vaughn 1987; Beck 1983; Chesler 1986; Krieger 1983). Schur (1984) argues that the labeling and stigmatization of lesbian mothers is pervasive and powerful, as lesbian mothers must be condemned for "wanting it both ways," without a male life partner, yet with children. Lesbian mothers are viewed as defiantly spurning the sanctioned sexual scripts which mandate women's appropriate sexual behaviors and responses.

Women choosing children, regardless of their sexuality or their pathway to motherhood, challenge female gender expectations for marriage, maternity, and sexuality. These norms are a primary component of female socialization. Intentionally unmarried mothers construct a collective identity in part through their resistance to these gender norms. Motherhood operates to maintain gender inequality. However, as we shall see, it also
gives rise to the resistance necessary to challenge motherhood.

**Role of Children as Constraint**

Another structural constraint is societal perceptions about the role of children. Contradictory perceptions of the American public simultaneously reflect both a pronatalist outlook and an antinatalist deportment. The rhetoric of dominant American institutions articulates a pronatalist position, assuming and encouraging the bearing and rearing of children (Laws 1979; Bernard 1974). Contemporary American women of childbearing age are well aware of the social imperative to (marry and) raise children. Indeed, sociological research has documented that having children is taken for granted, and not having children must be justified (Houseknecht 1978, 1982; Veevers 1980; Goffman 1963; Blake 1979; Straits 1985). (Married) women explicitly preferring voluntary childlessness are habitually subjected to direct and indirect pressure to have children, and experience stigmatization, disapproval and subsequently, often experience self-doubt for their decision (Schur 1984; Bernard 1974; Laws 1979; Gerson 1981). The trend since the 1960's has been an increase in childless couples (Houseknecht 1978; Veevers 1980). In 1988, 19.6% of women aged 15-44 remained childless.
The gender socialization of both men and women still functions to encourage the assumption of parenthood roles (Blake 1979; Straits 1985; Schur 1984; Thorne 1982; Gerson 1981). The social and psychological worth placed upon children and motherhood continues to be immense. Yet at the same time, a variety of factors work against parenting. Huber (1980) argues that public opinion has virtually shifted to an antinatalist posture.

Many personal and social sacrifices are linked to the decision and experience of having children. Gerson (1981) states that women considering voluntary childlessness express apprehension and misgivings about the expense, the personal deprivations, and the energy consumed by raising children. Respondents indicated that pessimistic parents often wanted to discuss the restrictions that a child would place on the unmarried
mother's lifestyle. This adoptive mother of two closely
spaced children had to defend herself against such
accusations:

"People asked why did I want to do that
thing at my age... I had a nice
lifestyle and I had, I could do what I
wanted to. Why did I want to tie myself
down with kids, especially toddlers, why
would I want to do that kind of thing?"

And this adoptive mother had to deal with her own
mother's concerns:

"My own mother also was very much against
it. She kept saying, now that you've
attained so much, why can't you just be
happy?"

Additionally, institutional support is judged to be
insufficient for the working mother. Contemporary
parenting is hindered by a lack of adequate, accessible,
and affordable child care. The quality, availability,
and expense of day care in the United States is variable
(McCartney 1990; McBride 1990; Moen 1989). This
intentional mother describes her search for child care:

"That was a big concern. I looked at day cares, the first one I went to I just left in tears. I thought, I can not leave him every day in that place. Anyway, it was going to be really expensive. Let me tell you, that was one of the biggest dilemmas after he was born, but I think I was just avoiding it, because I halfheartedly looked and called around. It's the worst feeling in the world, after you have them, to leave them."

Intentionally unmarried mothers are painfully aware of the lack of government support for the supervision of their children during work hours. Respondents, such as this one, emphatically desire more accessible and affordable quality child care:

"...I'm hoping that... child care will become something that becomes important to the government, in terms of providing better child care facilities and relief services for people who are out there working, making a living. Rather than making them rely on the welfare system."

Our government has yet to promote support of national maternal/paternal leave policies, unlike almost every other industrialized nation in the world. When asked
about her maternity leave, this mother responded:

"I just saved up time, I knew I was pregnant, I knew I needed extra time off. I just used all my sick time and all my vacation time. No maternity leave. No policy. You can take a leave of absence, but you lose all your benefits, and I couldn't afford to lose benefits at that point."

This respondent was under the false impression that her company provided maternity leave:

"I was under the impression that I had maternity leave, a paid maternity leave at my job. And I found out, in the last month of my pregnancy, that there was no such thing. I could have the leave, but I wasn't going to get paid for it. So that changed things... for me."

Finally, any observer of both local and national election politics recognizes that repeatedly failing school tax levies indicate inadequate support of the public educational system. Together, these factors reveal that while a social imperative for having children persists, an antinatalist stance discourages some potential parents from choosing children.

Conclusion

In summary, the macro context describes structural circumstances or the broader socio-cultural conditions that simultaneously place restrictions on women and yet, at the same time, provide opportunities to unmarried
women choosing children. This chapter has discussed the salient macro factors significant to the experiences of intentionally unmarried mothers. Gender expectations about marriage, maternity, and sexuality, and societal perceptions about the role of children are macro factors inhibiting intentionally unmarried mothers. Macro level constraints deter women from choosing children and support gender inequity.

The women's movement and the women's health movement have provided opportunities for women choosing children, as well as promoting changing cultural expectations about single motherhood and the diversity of family forms. The media has subsequently reflected these various images of family in numerous formats. Demographic conditions unique to late 20th century North America indicate that women's increasing labor force participation, women's choices to delay marriage, and women's reduced fertility have generated unique occasions that the respondents in this project have capitalized upon to create their own individual family form.

Unmarried women choosing children have been exposed to changing structural forces that are likely to affect a significant number of women in the generations to come. Such circumstances, in combination with meso and micro factors, now preclude the necessity of heterosexual marriage as a necessary prerequisite for bearing and/or
raising children. Macro level conditions have partially shaped the choices of the respondents in this project, and will likely also influence future generations of women who will make decisions about bringing children into their lives.
CHAPTER VI
MICRO LEVEL DYNAMICS

Any complete description of the women who have chosen to participate in having children outside the context of marriage must take into account the macro, micro and mezo sociological levels of analysis. This chapter details the individual dynamics consistently portrayed by the women I interviewed. Within the social movements literature, much emphasis has been placed on the micro level in explaining the impetus to collective action. The collective behavior approach, originating from the Chicago School, placed particular emphasis on the emergent character of collective behavior and social movements (Park 1967; Le Bon 1960; Blumer 1946, 1955; Turner and Killian 1972; Lang and Lang 1961). The mass society approach underscored the theoretical significance of personal psychology or micro-social relations in understanding mass movements (Arendt 1951; Hoffer 1951; Sleznick 1952). The relative deprivation perspective credited activism as precipitated by relative deprivation (Aberle 1966; Davies 1963; Feieraband et al. 1969; Geschwender 1964; Gûr 1970). These three major
perspectives hold in common the emphasis on micro level processes of movement emergence.

By accounting for the micro level sociological factors, a partial explanation is achieved for why individual women have chosen to participate in this form of new behavior. The micro level sociological factors that encourage specific women to affiliate with the increasingly visible numbers of intentionally unmarried mothers can be categorized into two broad groupings: 1) individual correlates of movement participation and 2) micro-structural dynamics of recruitment to action (McAdam et al 1988). The organization of this discussion of micro dynamics follows the outline provided by McAdam, McCarthy and Zald (1988) in their recent review article on social movements.

The traditional dominance of social psychological perspectives in the study of collective behavior and social movements has resulted in research that chronicles individual accounts of mobilization to activism (Block et al. 1968; Braungart 1971; Feuer 1969; Glock 1964; Klapp 1969; Levine 1980; Rothman and Lichter 1978; Toch 1965). The rising influence of resource mobilization (McCarthy and Zald 1973, 1977; Oberschall 1973), the political process model, (McAdam 1982; Tilly 1978; Eisenger 1973), and additional political or structural perspectives has operated to discourage attention to the micro-structural
dynamics of individual participation in collective action. Several studies have established the importance of structural factors in explaining activism (Fernandez and McAdam 1987; McAdam 1986; McCarthy 1987; Orum 1972; Rosenthal et al. 1985; Snow et al. 1980).

Throughout the research for this dissertation, numerous curious onlookers have wondered aloud about the attributes of the women I have studied, and in particular, speculated about what specific, individual factors might compel women to decide to embark on the nonconventional process of purposively parenting without a male partner. This chapter will discuss both individual correlates and micro-structural components identified as significant by women choosing children. Individually based motivational accounts of participation are distinguished by the characteristics women respondents judged to be meaningful. The individual correlates this chapter will discuss include 1) psychological, 2) attitudinal, and 3) rational choice explanations of participation. Conversely, microstructural accounts of activism de-emphasize ideological or attitudinal compulsion, and instead accentuate the structural location of the women who participate. The micro-structural factors this chapter will discuss include 1) prior contact with like minded women, 2) a
history of prior activism, and 3) biographical availability.

**Individual Accounts: Psychological**

Many personal narratives from this research project include discussions which identify particular psychological states or characteristics as a component of the motivational foundations for women's participation in choosing children. Women interviewed for this dissertation identified their own character traits as significant in predisposing them towards becoming moms without dads:

"Maybe it's just a particular kind of personality that's going to pursue it."

The specific self-descriptive characteristics identified as both unique to her character, demeanor and disposition, and important to her decision making process were repeatedly echoed by most of the women interviewed. The most commonly mentioned theme was that these women perceive themselves as challenging normative constraints about gender appropriate behavior. Intentionally unmarried mothers variously described themselves as independent, non-traditional, self-reliant, and
uninfluenced by public opinion, social sanctions, and social stigma, as this mother commented:

"I've always been not only comfortable with being a little bit different, but have kind of relished it. I have very strong ideological ideas, but they are my own ideas."

Another intentional mother describes her striving toward personal goals:

"I guess I was never able to compromise and I never wanted to settle for something that was less than perfect for me. I've always been real independent. I'm a getter and a do-er, definitely unlike my other family members."

Numerous intentional mothers indicated that they were not likely to be influenced by the judgmental or negative opinions of those around them. This mother stated:

"I've always been pretty independent. I've realized that I really can't live my life the way that I think everybody else wants me to, because that makes me really unhappy. I need to choose those people and those situations that make me happy, and then accept the fact that there's going to be some people who are going to disagree with me, but then, that's their problem, not mine."

Unmarried women choosing children defy conventional standards, constructing social norms that challenge
dominant definitions of gender.

**Individual Accounts: Attitudinal**

Another micro level sociological factor influencing a woman's predisposition towards considering intentionally unmarried motherhood is attitudinal accounts. These accounts assist in establishing, in part, the origins of participation for individual women. Alone, individual predispositions are insufficient in explaining women's choices to purposively parent without a male partner, yet they do demonstrate a component of the decisionmaking process (McPhail 1971; Wicker 1969). Predisposing attitudes are important because they can distinguish a "latitude of rejection" (Petty and Cacioppo 1981) within which individuals are highly unlikely to get involved in a given movement. That is, the women interviewed held prior and permissive values and attitudes about family structure that did not preclude them from becoming part of the population of unmarried women electively choosing children.

The two specific attitudinal correlates to be examined below are: 1) women's childhood expectations pertaining to their future family of procreation, and 2) women's attitudes about the structure of their own families of origin. During the interviews, women were asked to describe their childhood image of their own
future family. As Table 6.1 demonstrates, almost all of the women (74%) anticipated becoming parents during their childhood.

Table 6.1: Childhood expectations regarding parenting

(Question: "As a child, did you plan on being a parent? Explain the family scenario you anticipated...")

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<td>b. no</td>
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<td>c. don't remember or didn't think about it</td>
<td>12</td>
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<td>d. declined/unanswered</td>
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<td>Total</td>
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Women's anticipation or expectations of parenthood was generally described more emphatically, often characterized as a drive or an innate need. Yearning to become a mother was a personal goal that no number of obstacles could prevent, as this mother related:

"I think that I realized that the biggest thing I've always wanted to do is be a mother. When I didn't know if I would ever get married, I felt, well, I really need to be a mother. Whether or not I get married. I had always planned on being a mother."

Among the women who did plan on parenting as part of their future, almost half described their childhood image of the ideal future family in a nontraditional scenario.
This mother of an artificial insemination baby commented:

"I remember, in first grade, I drew this picture that was really interesting. My mother always comments on this. You were supposed to draw pictures of your family, what you were going to be like. And mine was always with me as the adult, and 21 kids. And they were always pointing out, well, where is the husband? And I always said, well, I don't need one of those. So it is really funny as this comes to play in my life now, that was really my attitude then. I must have always envisioned this."

The second factor considered as an attitudinal correlate were the perceptions and attitudes respondents held about the structure of their family of origin during their childhood. Women respondents were raised within a variety of family forms, by married parents, divorced
parents, extended families, and widowed parents (see Table 6.2).

Table 6.2: Structure of Family of Origin

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. parents happily married</td>
<td>38</td>
<td>25</td>
</tr>
<tr>
<td>b. parents married, father often away</td>
<td>28</td>
<td>18</td>
</tr>
<tr>
<td>or dysfunctional father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Total married parents)</td>
<td>66</td>
<td>43</td>
</tr>
<tr>
<td>c. married parents,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>extended family household</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>d. raised by father, widower</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>e. raised by mother, widow</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>f. divorced parents</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>(raised by mother)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Total nontraditional households)</td>
<td>27</td>
<td>17</td>
</tr>
<tr>
<td>g. declined/not answered</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>

Women reared in families where the parents remained happily married reported a strong level of commitment to family values. This background very much influenced women's decisions to create a family of their own. Their desire to replicate the closeness, security, and sense of belonging which their own families provided them superceded the societal precept that they should be married before having children. This mother fondly
recalls the parenting style of her mother and father:

"I think in real positive ways in terms of wanting to use my parents as role models, in the way that they were committed to family and their commitment to children. The commitment was very much to make us a loving family. I felt very good about the parenting that I got, for the most part, and I want to continue that with my own family."

Many respondents felt that their desire for children was rooted in the child centered, child positive environment in which they themselves were raised, as this woman commented:

"My family growing up was so kid oriented, that having kids was a very exciting, substantial, meaningful part of somebody's life. So I think that I definitely got that from my mom and dad, and I certainly always loved being with kids."

Women raised in nontraditional homes were socialized with the message that marriage was not a necessary prerequisite for adequate family functioning or happiness. For these women, the customary absence of a married father, the presence of a dysfunctional father, the absence of a divorced or deceased father, or the absence of a deceased mother, defied the social expectation that traditionally heterosexual, married parents were the only method, or even the best situation within which to raise content and healthy children. This
intentional mother was raised in a household that had been divided by divorce, and she recalls learning at an early age about the necessity of two parents:

"I realized that I didn't have to be married to be able to provide for a child. I also had the knowledge of what divorce did to children."

Daughters of divorce also gained beneficial insights about the potential for successful single parenting. This respondent recounts her thoughts about how her divorced mother managed childrearing:

"I saw my mother divorce and become a single parent, but she was independent, and could handle it, and that was a much different time than now. I saw her doing everything, running the household, and I knew it was possible."

Divorce was not the only situation in which daughters observed mothers effectively functioning as single parents. This daughter watched her mother, a widow, cope
and fare successfully as an only parent:

"My mother was alone, my father died when I was 3. My mom really worked hard, she and a friend of hers saved up money, and they opened a restaurant. And she did a lot of things by herself, which definitely gave me the courage to think about different situations for me. Going to college, and not getting married, and things like that. So that was really good, because it never made me feel like I had to grow up and get married."

Women's participation in intentionally unmarried parenting grows out of strong attitudinal support for the necessity of creating a family. For some women, this support was the result of a socialization experience within the family of origin, where the parents remained married and the family was a personally significant, closely knit social unit. For other women, this support was the result of a socialization experience within a family of origin where a daughter learned that a family could prosper without two well functioning, traditionally married heterosexual parents. Regardless of the source of the attitudes, each of these women were strongly motivated to parent.

One special set of circumstances reported by 13% of the women studied was what Edward Walsh (1981) has called "suddenly imposed grievances." This concept is intended to describe dramatic, highly publicized, often unexpected incidents. This concept was developed in reference to a
special set of circumstances which increased public awareness and opposition to particular grievances. In the experiences of women respondents, suddenly imposed grievances are particular emotional, unforeseen major life events which galvanize women's intentions to act upon their attitudinal dispositions. This divorced mother of older children entered into the process of adoption concurrent to a series of difficult events:

"Well, after the divorce, my husband died. Both of those were real stressful situations, and I thought that my daughter might, I felt that I needed her, and I felt that her presence might really help us. And it really did. It glued us together as a family."

Unfortunately, for several respondents, the death of a significant person become a catalyst which spurred a woman who had been considering intentional motherhood to enter into the process. This woman became serious about her decision at the loss of her mother:

"At a certain point, I started to think about having a baby. My mom said 'not until you're married,' so I sort of shelved the idea. And then she died. Then I thought, there's no reason for me not to do it now. She was the only thing keeping me from it."

Unforeseen events can also inspire women to action. This respondent became more comfortable with her concerns about the adoption process after finding out that one of
her siblings had been himself placed for adoption:

"I have a brother who was placed for adoption at birth. We were told that he had died, was stillborn, and then he found our family about 4 or 5 years ago. That's what helped me to decide to go ahead and adopt, was meeting him and dealing with that."

In another instance, confronting one's own mortality catapults women into becoming mothers. Any serious encounter with the medical profession may cause childless women of late childbearing age to consider beginning a family. Once this mother realized the precarious nature of her own health, she became inspired to delay her decision to mother no longer:

"I had a series of very significant illnesses, 3 rounds of surgery within 9 months. I was flattened, and really had time to sit back and think what do I really want, and I decided to go for it."

Unanticipated, startling occurrences were the impetus for some respondents to begin pursuing their goal of becoming a mother.

**Individual Accounts: Rational Choice**

The final micro level sociological factor influencing women's predisposition towards considering intentionally unmarried motherhood is that of rational choice. Rational choice represents an underlying social
psychological model within resource mobilization theory. Rational choice does not indicate a sudden or emotional, unplanned decision, but rather, rational action. The assumption underlying this position is that women choosing children are calculating actors who endeavor, within the confines of limited rationality, to judge the potential costs and benefits of intentionally unmarried motherhood (Friedman 1983; Oberschall 1973; Olson 1965; Oliver 1984). If the anticipated advantages of elective unmarried motherhood are high, then participation in this phenomena is a more likely result. All of the women interviewed indicated that establishing their own family of procreation would fulfill a major personal life goal. The perceived advantages of accomplishing this fervent ambition neutralized the potential impact of existing social sanctions directed towards unmarried mothers. The absence of a male partner for financial and social support did not discourage women from delaying their decisions to become mothers, as stated by this woman:

"I'm doing this for me. Part of it is that I don't want to be alone. Part of it is that I love the idea of being to nurture a child. There are all sorts of things that are involved, and a lot of them are very selfish. I don't care what other people think, I'm adopting for me."

This mother verbalized a well thought out philosophy which she has utilized to explain her intentional
"I want to contribute to the world, and if I want to carry forth what I believe in, then I want to have children, married or not. I want to bring them up to carry on the values I think are important. I want to have Jewish children because I think that Jews need to have children. I like the idea if continuing my family lines. More than anything, I wanted children because I want to be a mother. I felt that was my contribution, and it was my joy."

Sometimes intentional mothers perceived that the advantage of mothering would be in fulfilling needs which thus far had remained unmet by the respondent's own individual effort:

"Having children will give me some ties. Sometimes I feel just like a balloon, I could float off into the atmosphere and it would be weeks before anybody would know. And people always say - when they're fighting with their spouse, or the kids are screaming in the background - 'oh god, you're so lucky not to have any of this.' But I think that's not true. I came from a very close family, and I feel like I want that around me, regardless of what people think."

In summary, individual accounts of activism uncover the motivations for individual women's participation in choosing children. Micro level attributes of the women respondents compelled their participation, or at least rendered them susceptible to the possibility of participation. Psychological, attitudinal, and rational
choice explanations of participation illuminate one component of women's incentive for participation.

**Micro-structural Accounts: Prior Contact with Movement Member**

Individual accounts of activism demonstrate social psychological or ideological correlates of collective action. Alone, these accounts are insufficient in explaining women's participation in electively choosing children. Concurrent with these individual accounts, women choosing children also benefit from a structural location in society that provides them with privileges that further foster their potential for participation. In the social movement literature the micro-structural factor that has been established as the most influential catalyst for participation in collective action that challenges the status quo is prior contact with another individual participant (Briet et al. 1984; Gerlach and Hine 1970; Heirich 1977; McAdam 1986; Orum 1972; Snow et al. 1980; Von Eschen et al. 1971; Zurcher and Kirkpatrick 1976). (20)

Of the women interviewed, 40% indicated that interpersonal relationships with other women who had

20. Contact with other intentionally unmarried mothers is discussed extensively in Chapter Four. Chapter 4 includes an in-depth analysis of collective organization as a pivotal factor in the development of a collective identity among intentionally unmarried mothers. This collective identity arises in resistance to traditional gender norms.
purposively chosen children without a male partner
significantly inspired and motivated them to regard
choosing children as a manageable and workable family
option, as this woman describes:

"A woman I work with had already done
this. Her daughter is now 2 and a half
years old. I talked a lot to her. She
was real helpful to me. I can look to
her and say I see somebody who is very
much like me, and has been able to do
this, and has a healthy, happy, beautiful
little girl. And I see that she can do
it, financially, emotionally, and I was
able to look at her, somebody real
concrete. You know, you hear about all
the movie stars in California that are
doing it, but here was somebody that I
know personally. And that was real
helpful to me, to be able to actually see
her and talk to her."

Knowing someone else who has successfully accomplished
what an intentional mother is considering provides
considerable encouragement to the potential mother-to-be,
as this woman recalls:

"Rita is my doctor, she and Janice had a
baby. I have to honestly say that they
influenced my decision. I guess we saw
that it really was a viable option,
because Janice was pregnant and going to
have a baby."

Establishing friendships with other moms without dads,
especially if the relationship is constant and allegiant,
provides a structural vehicle that encourages unmarried women to pursue elective motherhood.

**Micro-Structural Accounts: History of Prior Activism**

Another micro-structural factor influencing a woman's predisposition towards considering intentionally unmarried motherhood is her history of prior activism. There is limited evidence documenting the relationship between a previous history of activism and future activism (Gamson et al. 1982; McAdam 1986). McAdam, McCarthy & Zald (1988) describe three elements accounting for the positive relationship between earlier and subsequent activism. The first element is familiarity with activism. Women who have taken part in collective action in the past are inclined to have the experience necessary to do it again in the future. The second explanation derives from role theory. A woman with previous experience in the activist role (Lofland 1977), finds that resuming or expanding her activism affirms and strengthens a meaningful element of her identity. The final explanation for the persistence of activism is that as time passes, the personal investment or "career" developed by activists encourages adherence to that role (Becker 1963).

Of the women interviewed, more than half of them revealed previous experience with social protest and
activism. Women respondents reported activist histories with the women's movement, the women's health movement, the gay and lesbian movement, the reproductive rights movement, the civil rights movement, the anti-hunger movement, advocacy for the homeless, the environmental/ecological movement, the anti-nuclear movement, the peace/disarmament movement, and democratic party politics. This respondent characterizes her individual background as always maintaining an element of defiance:

"I have always been kind of a rebel. I socialize in mixed race groups, and I have been doing this radical political work, and this began years before apartheid became a real issue."

This mother refers to herself as a career activist, graduating from one cause to the next. While the focus of her activism has changed over time, the intensity of
her commitment remains the same:

"I am just the kind of person who has a lot of concern for other people. I have been very active in volunteer work, in reading programs with inner city children. I've been active in a number of different organizations, I guess it's a long history. I was kind of the 60's liberal radical person. I was very active in politics, and I was active in the civil rights movement. I guess you pass that on to your children."

Women respondents' prior participation in other forms of social activism suggests a link between a previous history of activism and the consideration of unmarried mothering.

Micro-structural Accounts: Biographical Availability

The final micro-structural factor influencing women's predisposition towards intentionally unmarried motherhood is "biographical availability" (McAdam 1986). Biographical availability refers to "the absence of personal constraints that may increase the costs and risks of movement participation." The biographical circumstances of a woman's life, including her financial situation, her housing situation, her career situation, and her social relationships may persuade or deter her participation. Women interviewed for this project repeatedly described their perceived lack of personal constraints which might have precluded their
participation in mothering without a male partner. Conversely, women also described how their particular situations provided benefits and opportunities as they pursued motherhood. Over one quarter of the respondents specifically identified their own recognition of their biographical availability as directly relevant to the timing of their decision to mother. This mother reviewed the circumstances of her life, and decided she wanted to focus her energy on expanding her family:

"I wanted more children. The decision for adoption had to do with, what do you do with your life at this point - a bigger car, or doing something that you feel a little better about? I had reorganized financially and emotionally. The timing was right. My career was at a point where it was growing and doing well, and I felt that the judicial clock was ticking for me."

For most women, the life circumstances necessary to begin a family would assuredly include marriage. Intentionally unmarried mothers reviewed their own backgrounds and often found that they were able to provide for themselves that which a husband was typically expected to
contribute. This mother completed such an introspective audit:

"Financially I knew that I could pull it off. At the time, I had a small inheritance from my grandparents, and as an attorney, I knew I could work part time. That plus my other grandmother's inheritance. So the financial security, in part it contributed to my not marrying because I didn't have to settle for less in order to have kids. Between my independence and the financial security, and knowing that my family and friends would be supportive."

For some respondents, the circumstances of their lives indisputably indicated that it was time to become a mother. This woman recalls realizing that it was time to give herself an endorsement to mother:

"It was my 35th birthday, there was something about that number for me that was like, it's really time to stop waiting for permission. I had my doctorate, I'd inherited a big chunk of money, I had paid off my education, and had bought a house. I didn't have to wait for permission anymore."

Conclusion

To recapitulate, micro-structural factors influencing women's participation in choosing children illuminate the varied structural locations which encourage women to consider unmarried mothering. Three components illustrate the critical influence of structural factors in inspiring potential parenthood.
Prior contact with another woman who has purposively chosen unmarried motherhood, the respondent's history of prior activism, and the self realization of her biographical availability serve as partial catalysts for women considering elective unmarried motherhood.
CHAPTER VII
MESO LEVEL DYNAMICS

This chapter focuses on meso level constraints and opportunities. Meso level processes occur as women negotiate relationships with institutions, organizations, communities, and networks composed of family, friends, and work mates. This intermediate level, along with various macro and micro level circumstances, combines to create a distinctive environment that makes intentional childrearing increasingly available to unmarried women.

The importance of examining meso level conditions relevant to women choosing children is emphasized within the theoretical frameworks directing this research. Chafetz (1990), in discussing the integration of all three levels of analysis necessary for gender theory, describes organizations, communities, and racial/ethnic groups as examples of meso level phenomenon. McAdam, McCarthy and Zald (1988) argue that any complete account of the emergence of social movements must take into account not only macro and micro processes and variables, but also the action taking place at the level intermediate to the individual and macro contexts,
designated as macro-micro bridges. While women choosing children are not a social movement, they are collectively organized in resistance to traditional gender roles. As the respondents of this study negotiated relationships within their social networks, within their communities, and with the organizations and the institutions relevant to their choices, they participated in collective behavior which forged a collective construction of purposive motherhood outside of marriage.

Meso Conditions - Constraints and Opportunities

This chapter details meso level circumstances that in part shape the collective identity that exists among women choosing children. Meso conditions are organizational, institutional, community or network processes and structures which may constrain or facilitate the choices of unmarried women seeking childrearing opportunities. These meso factors provide the linkages between individual women choosing children and the structural context in which these choices are made. Meso level circumstances describes women's social networking and its relationship to the established means. Many of the meso conditions described in this chapter simultaneously provide moms without dads with options as well as hurdles.
As the option for single women to become mothers increases, it often does so amid medical and legal institutional guidelines and boundaries for accessing the new opportunities. For some unmarried women pursuing motherhood, for example, both artificial insemination and single parent adoptions are accompanied by significant red tape, intense personal scrutiny, and stringent requirements. In most instances, had these single mothers-to-be been married, these constraints would not exist, or would at least be less. The effects of the conditions I analyze in this chapter on women's decisionmaking and subsequent experiences featured prominently within the respondents' accounts of choosing children.

In this chapter, I describe the encounters of intentionally unmarried mothers with the medical and legal systems. These two institutions simultaneously provide opportunities and limit access to artificial insemination and adoption for unmarried women choosing children. Additionally, intentional mothers via heterosexual intercourse encounter the restrictions of the legal system as they endeavor to defy legal interpretations of paternity. I will describe how respondents' affinity to and connections with various social movements, specifically the women's movement and the women's health movement, has increased women's
mothering options by reducing the stigma of unmarried motherhood, by expanding the normative definitions of family, and by increasing public awareness about women, including lesbians, choosing children. This prior and ongoing political activism of women choosing children has had a positive impact upon the decision making of these mothers.

Finally, I will describe the informal networking of intentionally unmarried mothers within their previously existing social networks, as they prepare these largely unexpecting environments for the arrival of a child. Women choosing children almost always eventually and deliberately explain their choices to those around them. Respondents related encounters with relatives, friends, and work colleagues. The outcomes of these straightforward and candid conversations can either constrain or afford opportunities for intentional mothers, dependant upon the support, or lack of support that these women receive.

The Medical Institution

While critics argue that the American health system is oppressive and lacks understanding relative to the needs of both men and women, women find it particularly difficult (Ruzek 1978; Corea 1977, 1985; Starr 1982; Ehrenreich and English 1978). The medical profession
functions as a form of social control by reflecting and sustaining the social ideology of women as sex objects and reproductive organs. Women have been barred or limited in access to health care positions (Wertz and Wertz 1986; Leavitt 1984; Morantz-Sanchez 1985). This male domination of medicine subsequently affects the health care that women receive.

It is within the context of this male dominated, sexist institution that recent bio-medical research advances have been made in the sub-specialty field of reproductive technology. These modern scientific and technological breakthroughs have provided opportunities by increasing women's options and adding new complexities to their decisionmaking about their potential to have a child outside of an ongoing heterosexual relationship. Specifically, two areas of specialization within the domain of reproductive technology significantly influence unmarried women's choices about parenting. First, the widespread availability of technological birth control options and the availability of abortion allows many women who do not want to parent the means to remain child-free (Cutright et al. 1981; Andrews 1984; Goodman 1984; Hubbard 1985; Rowland 1985; Arditti 1985; Spallone and Steinberg 1987).

Second, the development and relative availability of artificial insemination has provided women with the
opportunity to become pregnant without a male partner, and without sexual intercourse. The process of artificial insemination has separated sexuality from the procreative process, challenging the necessity of marriage (or male partnership) before family (Andrews 1984; Goodman 1984; Rowland 1985; Annas 1984; Cooke 1984; Curie-Cohen et al. 1979; Dullea 1979; Kritchevsky 1981; Pies 1985; Robinson 1985; Singer 1985; Spallone 1986; Strong 1984; Waltz 1987; Spallone and Steinberg 1987). Prior to the availability of these technological advances, the institution of heterosexual marriage was the foundation of the family. The family has served as the social institution which performs the functions of reproduction, childrearing, economic support, and emotional security. Challenging the traditional functions of family, artificial insemination separates procreation from heterosexual sexuality, empowering women who wish to bear and raise children without a male partner the opportunity to do so.

Collectively, the medical system contributes both opportunities and constraints to unmarried women considering children. The medical system suppresses women by viewing them as inferior to men. This oppression is even more significantly compounded by classism and racism in medical education and socialization (Light 1980). These sentiments about women
control women's access to reproductive technologies. In the case of artificial insemination, the medical profession constrains women choosing children because the broad and encompassing sexist ideology perpetuated about and practiced upon women, specifically influences the decisionmaking process of medical gatekeepers who judge and determine the suitability of the women selected for noncoital reproductive techniques.

Finding access to a medical route for artificial insemination was a difficult task for many of the respondents choosing this avenue.\(^\text{(21)}\) Denial of services is based upon standard sociological variables, including marital status, socioeconomic status, sexual orientation, and race. Physicians routinely deny access to women

\[\text{21. For the purposes of this document, the term artificial insemination is used to indicate the path of a woman choosing a medical route to accomplish noncoital conception. The term alternative fertilization is used to indicate the path of a woman choosing a self-help route to accomplish the same type of noncoital conception. A feminist perspective argues that the label artificial insemination distances women from understanding the ease of this process by locating the phenomenon as a form of unattainable medical knowledge and practice. Further, this label implies that an "artificial" element is used to accomplish the possibility of conception, yet the sperm is neither synthetic nor manufactured outside of the human male reproductive system. The labeling of this process as artificial connotes that medicine developed this form of potential conception as a result of a highly bio-technological, unaccessible and mystical process. However, this is not the case. The mechanics of noncoital reproduction are amazingly simple.}\]
seeking artificial insemination who are not accompanied by legally consenting husbands. Even a married women who desired artificial insemination without the knowledge and/or signature of her husband would be likely to find a service provider. Physicians who do not habitually rule out single women typically still screen potential patients based upon evaluations of their mental status, financial status, familial status, or sexual orientation. Respondents reported requirements of psychological and psychiatric screenings, at their own expense. Some were asked by physicians to provide several previous years of tax returns in order to verify their financial status. Generally, doctors inquired about women's personal relationships, sexual functioning, and sexual orientation. Women were instructed to "come back later," "think about it longer," and to "take some more time." Women were sent away by physicians to tell families who didn't yet know about their decision, and also sent away until discouraging family members had changed their minds. Physicians denied artificial insemination services to respondents using various false excuses, including: that all sperm banks had closed in the advent of AIDS, that sperm banks wouldn't allow single women as recipients, and that sperm banks had only enough sperm to give to married infertile women. Single women requesting artificial insemination are evaluated
and selected based upon the screening criteria designed by the individual physician providing the service. One woman described her search:

"I looked up all the women's groups I could think of in the phone book. Someone gave me a midwife's name to call, she gave me a doctor's name, the doctor gave me another name to call. This guy went through this whole long thing about you really need to think about this... and you need to wait 6 months to a year and really give this some careful thought, and if at the end of this time you still want to do this, then call this doctor. So I called him the same day, and had my first insemination that same week. That other doctor had given me a whole long line of bullshit, hoping I would never consider continuing my plans."

A lesbian searching for artificial insemination also must be prepared to contend with heterosexist attitudes about her plans for motherhood. One lesbian recounted:

"I called, and there was a doctor in town whose office said he would inseminate unmarried women. But he was off sick, and his replacement wouldn't do it because of my lifestyle. Even though I had gone to see a psychiatrist as they requested. They gave a positive recommendation, but he didn't want to do it because of my 'lifestyle'."

Other lesbians were more closeted, making a decision to hide their sexual orientation rather than risk a denial of services. An enterprising lesbian, seeking artificial insemination services with her known donor, worked the
system in this manner:

"He said his practice couldn't perform the service I needed because I wasn't married. And that's when I said, well, it sounds like the only option for me is to go to another doctor, and just say that this is my husband. And he laughed and said, yes, or else come in and tell me that you're married. So that's what I did. ...even though my donor is a very obvious gay man. When we returned the next week, I introduced my donor to the doctor as my husband. I just told the doctor we had gotten married. Nobody asked to see a marriage license or anything, and suddenly we could now do this procedure."

It is not uncommon for women respondents pursuing artificial insemination to undergo some form of screening by the physician. Some physicians told respondents that they would inseminate single or married women, but only when those women passed the self-imposed requirements established by that particular practitioner. Other practitioners summarily refused single women as clients.
One respondent was turned down in this manner:

"There was one doctor in my town who did it. You went in there, if you were a married couple, they extensively researched you, interviewed you, checked you out, before they would consent to do any kind of fertility services. They simply would not talk to me. Flat out. In fact, the nurse even laughed at me."

Another respondent was disturbed by her experience:

"Even though my doctor is lesbian with chosen children, she wanted to arrange a counseling session for me. Like a pre-screening or something, before she would give me the name of a doctor to help me. She wanted to interview us, to know if we were fit to have kids. Or in the right mental state."

Even a female physician practicing in the same hospital system in which she was requesting fertility services was rebutted:

"I went to their deliveries, attended their problem kids. So he knew exactly who I was, exactly my background, and that I was interested in having a child. And I was told that they would not handle a single parent, and was refused. And I put it on a personal basis, put that guy on the spot, and was still refused."

As an meso level opportunity, the medical system offers women new possibilities for personal choice in mothering. Artificial insemination is the process which allows unmarried women to conceive in the absence of a male sexual partner. Single women can now realize the
goal of genetic and gestational parenthood (U.S. Congress Office of Technology Assessment 1988). And compared to the length of time necessary to accomplish an adoption, artificial insemination offers the hope of forming a family relatively quickly, when (fertile) women can find access to the medical services they are pursuing. Some respondents were pleased to report that their searches for physicians were more welcoming, as this lesbian reports:

"We found an infertility clinic, only 6 months old, brand new, and they had only a few clients. And they were very accepting of us. It was the first time they had ever worked with lesbians... their concern was helping us get pregnant, not what we were going to look like as parents that were the same gender. They were very welcoming and supportive, and really made my partner feel included."

Some respondents expected to be scrutinized about their personal life and desires, and were most pleasantly surprised when the physician they contacted was
responsive to their request, as this woman describes:

"I went in to see the doctor, the one who eventually inseminated me. And he made the time for me, didn't charge me for the appointment, and listened to me. We discussed my reasons, how I felt about it, what I knew about it. He was incredibly supportive, just wonderful, gave me the name of their sperm bank right away. He said he was perfectly happy to take me on as his patient, he'd do whatever he could. I left his office on cloud nine, I couldn't believe it."

And finally, some women appeared to be determined not to be intimidated by a physician, and were fortunate enough — or lucky enough — to have their expectations met, as this mother stated:

"I had decided that I would not go to some doctor and try to convince him that he should let me do this. There was no way I was going to do that. So I wanted a place that already knew that I should do it. Who I didn't have to convince. That they were going to be not only not negative and not neutral, but supportive. So this sperm bank met all of my needs."

Finding, demanding, or creating access to the services necessary to accomplish artificial insemination has the significant potential to be a very arduous experience, especially for unmarried women. Women who found access to fertility services easily recognized the ordeal that had been surprisingly avoided. Women's interactions with the medical system are examples of meso
level conditions which may provide opportunities or constraints for single women pursuing motherhood.

The medical system, for women choosing to inseminate in this manner, creates and controls access to this passageway to parenthood. As women negotiate their options for artificial insemination, they generally expect unwanted scrutiny, and are shocked when they stumble upon a gatekeeper who does not enforce anticipated standards. Whether or not a woman has an easy or difficult experience in locating a willing caregiver appears to be in part chance, but the odds appear to be against her. Hence, the medical system operates as a meso level condition which has the potential to limit or provide opportunities, or to do both. In negotiating relationships with the medical system, women encounter diverse meso dynamics which provide opportunities, constrain options, or sometimes concurrently operate to both constrain options and provide opportunities for women choosing children.

The Legal Institution

The American legal system constructs laws as the formalized and enforceable symbolic representations of our culture's preferences, ideological stances, mores and norms (Richardson 1981). Laws reflect social norms. As women choosing children pursue their goals, their paths
sometimes intersect with the legal system. In negotiating relationships with the legal system, respondents encountered meso dynamics which provided opportunities, restricted options, or occasionally concurrently constrained options and provided opportunities for women choosing children. Law functions as a form of social control as well as an impetus toward social change.

The American legal system assumes the traditional model of marriage in most laws regarding domestic relations. Individual states construct laws regulating domestic issues, therefore each state may differ substantially in the governing of familial relations (Curry and Clifford 1986; Hitchens 1982). Despite the increasing numbers of nontraditional families as described in chapter three, nontraditional families have the benefit of exceptionally little case law that speaks to the situation of such alternative familial arrangements (Curry 1986; Richter 1982; Boggan 1983; Hitchens 1982). The legal system is slow in reflecting changing societal norms.

Nontraditional families of women choosing children experience unique legal issues relative to guardianship of children, child custody, wills and estates, cohabitation, partnership agreements, and nontraditional living arrangements (Jones et al 1985; Waltz 1987;
Gorovitz 1985; Singer 1985; Annas 1984; Hitchens and Thomas 1983; Hitchens 1984). The particular method of selecting a donor—whether using a known donor, several donors, or a sperm bank or medical facility—has specific benefits and weaknesses in the eyes of the law. Decisions with legal implications are made if the donor is to have any form of relationship with the child.

Women pursuing motherhood by alternative fertilization or motherhood by sexual intercourse must decide whether or not they need to enter into an agreement with the donor/father. No lawsuits have tested the legality of a written or oral agreement between the donor and the recipient of his semen when no physician is used (Pies 1985). The major reasons for writing an agreement would be to clarify the intent of the donor and the recipient, and to clarify their relationship. The drawback of such an agreement is twofold: the court is unlikely to recognize and enforce this document, and despite the content of the document, which may release the mother and donor from certain reciprocal responsibilities, the court may not agree that the plans of the biological parents are "in the best interests of the child." Intentionally unmarried mothers typically attend to these issues, and adopt various strategies for the intended purpose of expressing and protecting their wishes.
Intentionally unmarried mothers express immense concern about the guardianship of the child(ren) in the event of the untimely death of the mother(s). This attorney, a single mother, explains why she is so concerned about declaring and legally protecting her wishes relative to this matter:

One of the things that was pivotal was a choice of guardians... And that was hard, for me to decide guardians. In our situation, it is simply so much more important that you pick them and you involve them in your child's life early. Because the odds that a guardian would be necessary, unfortunately, are 100% more."

Another mother of a two daughters, including a special needs child, reflected her concern that her childrens' future would be uncertain without her presence:

"I still do not have a will, it's one of the things I really need to take care of. I do have a great deal of concern, if I weren't around, what would happen to the girls... And I think Joni would be difficult to place. I don't know whether I have any family members who would consider it or not. I don't know where they'd go if I wasn't around."

Coupled lesbian mothers have an even more tenuous and uncertain position legally than do single lesbian mothers or heterosexual intentionally unmarried mothers. This coupled lesbian describes her efforts to thwart unwelcome family interference in the custody of her biological
child in the case of her death:

"We don't live in California. I don't think there's any court in the midwest that would think of my wishes, unfortunately, that's the way it happens. If something were to happen to me, I'm fairly certain that my mother would try to get custody of my son away from my partner. I have talked to my brother... and he thinks the same thing... In the event that there is a dispute about my partner as guardian..., then it's stated my will that I want my brother to have guardianship and at that time he'll turn around and give my son back to my partner. My brother feels very strongly that what's most important is what I want for my son."

Relatively few lesbian couples have written co-parenting agreements between the two partners, although many couples have considered this matter. The most often cited reason for choosing not to write an agreement is the expectation that the court would not honor the document as legally valid. One couple explained their decision to construct a document, and their comments also
help to explain why other couples decided against such an agreement:

"We drew up a contract about financial responsibility as well as visitation rights if something should happen. We had it drawn up by a lawyer and signed and notarized. He advised us that it wasn't exactly a legal document per se. The court is not obliged to follow it. But what it would do in a court would be to show intent. And for us, that would be a lot better than if we didn't have anything."

The legal system is just beginning to address itself to the legal, moral, and ethical issues of reproductive technology and reproductive rights beyond abortion and birth control. Intentionally unmarried mothers-to-be, whether through alternative fertilization or sexual intercourse, with known donors or sexual partners, often considered the issue of negotiating some type of agreement or contract with the male involved. (22) One

22. Mothers-to-be pursuing artificial insemination as supervised by a physician are protected, in Ohio, by state law 311.37(b) which states that "If the woman is the subject of (physician supervised) non-spousal artificial insemination, the donor shall not be treated in law or regarded as the natural father of a child conceived as a result of the artificial insemination, and a child so conceived shall not be treated in law or regarded as the natural child of the donor." In Ohio, women pursuing self-help, alternative fertilization are not protected by this law.
woman describes her arrangement with a known donor:

"I wanted his sperm, nothing else. I didn't mean give me your sperm and get out of my life, but... I did have him sign papers, that he had no responsibility whatsoever."

This respondent, an attorney, considered an agreement but decided against it for the following reasons:

"The reason I didn't do it is because I don't think that it would stand up in court. It could also be used against me... (to prove his paternity, regardless of our intentions...) And it would have been more difficult to get a donor if the donor had to get involved in signing papers."

A woman who became pregnant as a result of sexual intercourse with a former boyfriend also decided against a contract, stating:

"One of the things I did was to go to an attorney to investigate whether there was any way that we could protect me from a custody suit, and him from child support. ...We found that this was not an option, that there was no legal way to abrogate that (potential) responsibility."

The legal system is somewhat more prepared to address the issue of adoption for single mothers. While the law provides opportunities for such adoptions, numerous constraints also exist about the manner in which such adoptions may take place.
Lesbians are the least likely women among these respondents to consider adoption. In fact, of the 29 lesbian families interviewed for this project, only 2 of those families were adoptive families. Of these two respondents, neither represented themselves openly as lesbians. Locally, two other potential lesbian respondents by adoption declined participation in this project, defining participation as "too risky." Most lesbian mothers by other routes were unwilling to initiate the public challenge likely to be necessary to openly adopt a child.(23) This lesbian couple describes

23. In the Spring of 1990, the Ohio State Supreme Court ruled that M. Lee Balser, a gay man from Columbus, should be permitted to adopt Charlie B., an 8 year old boy whom Balser has been trying to adopt since 1988. The court reversed an Ohio Court of Appeals (Fifth District) ruling which forbade the adoption.

The district court had held that lesbian and gay people are not legally eligible to adopt and that such adoptions cannot be in the best interests of the child. In doing so, it had overturned a ruling by a Licking County trial court which granted the adoption in 1988.

In reversing the district court decision, the Supreme Court maintained that existing Ohio Statute does not, in fact, prohibit adoptions by lesbian/gay people. The law enables unmarried adults to adopt children and makes no reference to sexual orientation. The high court stressed that of paramount importance in granting adoptions are the best interests of the child.

At last count, M. Lee Balser incurred over $20,000.00 in court costs and attorney's fees in his fight to adopt Charlie (Stonewall Union Reports 1990).
the factors against considering adoption:

"We initially considered adoption, but then, there just seemed to be so many roadblocks to adoption because we were actively living together in a committed relationship. We had heard horror stories about the questions, in terms of, would we tell the truth (about our lesbianism) or not? And if we don't tell the truth and we get caught, then what kind of consequences are there for that lie?"

Even heterosexual women were aware of the boundaries imposed on lesbians considering adoption. The homophobia of the legal system also functioned as social control for heterosexual women who were involved in the adoption process. This heterosexual adoptive mother explains her encounter with the heterosexist legal system:

"...the second point was that I was willing to come in (to the court) and swear that I wasn't a lesbian, which as I told the lawyer, I was very happy to do, because I am not. But what does that mean, I asked? And the lawyer said, don't even raise that issue. The judge is very serious about this. Just answer him no. So we met, I answered him no, and I was approved by the judge."

Age boundaries also exist for single women pursuing adoption. The legal system allows the opportunity for unmarried women to adopt, but establishes upper age boundaries for potential adoptive mothers, as this
adoptive mother of two children describes:

"It was just a matter of deciding that I was serious about wanting to adopt a child... that whole idea kept frightening me, that sooner or later, if I didn't act on something... I'm going to be in my 40's, and no judge, after the age of 42, you can't get an infant in this state."

Another 44 year old adoptive mother-to-be reiterates her fear that adoption was a time-limited opportunity:

"Most women at my age, I guess, feel like their biological clock is ticking. I felt that the judicial clock was ticking for me."

The most vehement reactions to the legal constraints of the adoption system, however, were respondent's reactions to the restrictions placed on single adoptive parents about the characteristics of the children the state would allow them to adopt. Single parents are categorically denied access to adopting relatively physically and emotionally healthy white infants. White adoptive mothers despair about the racial compatibility desired by adoption agencies and the judicial system.
One mother described her understanding of adoptive racial matching:

"...even though the majority of children in Franklin County Children's Services are black, even if you're hispanic... you can not adopt a black child... So basically, they leave these kids to be raised in foster homes, because they don't want to give them out to people who are not black. I found that rather difficult to deal with."

This adopting mother detailed her understanding of what she referred to as the "race hierarchy" for adopting black children:

"The new priority system... because most of the kids are black, first priority is given to a black couple. Second priority is given to a black single parent. Then comes a white couple, then a white single. So the white single parents are really disadvantaged."

Consistently, the policy found most outrageous by adopting mothers was the preferred strategy of matching of multiply disabled children with single adoptive
mothers. One mother complained:

"You know, they like to give those children who are most damaged, you see, to single parents... They wanted to give me a hydroencephalic, me, a single woman. It's sort of like the lepers get the lepers."

Another mother repeated her infuriation at the irregular distribution of special needs children:

"I was angry. I still am. I still think it's a crock. It's almost like saying... that second class kids get second class parents. ...to me, a special needs kid, not that a single parent couldn't raise a special needs kid, but it would... seem that if you had a choice between the two, you would want (the special needs child) to go with the couple. You would want (that child) to have two parents, two people, two incomes. ...it angered me."

Finally, this mother pointed out that the court was assuming that any married couple was automatically a
better choice than any single person:

"The system could be more supportive of single people. I always thought this was nasty. ...if you are single, we will give you... older, handicapped, biracial. ...I don't know that the court should have the power to tell if a child is going to better off in a two parent (family), because divorce is so frequent anyway. I think you should be judged as an individual unit. And if you're a good person, you should be able to adopt. Any child. Period."

The legal system, for women choosing to adopt this manner, creates and controls access to this passageway to parenthood. As women negotiate their options for mothering through adoption, alternative fertilization, and heteroerosexual intercourse, they encounter a legal system which is largely unprepared for the special issues these mothers bring to the consideration of the court. The legal system operates as a meso level factor considered or negotiated by women choosing children. The law has the potential to limit or provide mothering opportunities, or to do both. In encounters with the legal system, these meso dynamics provide opportunities, constrain options, and sometimes concurrently operate to
both grant and restrict particular opportunities for women choosing children.

Prior Activism: Exposure to the Women's Movement

The influence of the women's movement upon the respondents of this study is a meso level opportunity that has positively contributed to the increasing social acceptance of unmarried women choosing to parent children (Masui 1987). As Table 7.1 demonstrates, women respondents indicated the women's movement had positively influenced their options for choosing children as well as the environment in which they were making their individual choices:

Table 7.1: Positive influence of women's movement upon respondents' perceptions of opportunities

<table>
<thead>
<tr>
<th>Option</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. yes</td>
<td>72</td>
<td>47</td>
</tr>
<tr>
<td>b. no</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>c. don't know</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>d. declined/not answered</td>
<td>24</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>

One of the most frequent comments made about the women's movement was in reference to its influence in reducing social stigma and the consequent repressive social control directed toward intentionally fatherless
families. A mother of a four-year-old son commented:

"Yes, (the women's movement) took the stigma off of illegitimate — I hate that word! — illegitimate child rearing. I think that the women's movement has made people feel that women are strong enough to handle any situation, strong enough to be single parents, strong enough to be a happy single-parent family."

Some respondents were quick to acknowledge the role of the women's movement in increasing their own ability to access resources and find willing medical and/or legal professionals to facilitate either artificial insemination or adoption for unmarried women, as acknowledged by this lesbian mother:

"I think that it's opened society up to allowing it (unmarried women choosing children). You may have to go searching for people who would deal with single women as fertility patients or whatever. I think, in my parents' generation, hey, forget it. You wouldn't have found anybody in the field who would be willing to help somebody. So I think the feminist movement has aided us in that respect — and just in increasing the choices for women to do anything. ... Women don't have maybe all of the choices now, but they certainly have a hell of a lot more than they did."

Challenges to sexist boundaries, which historically have blocked women's access to reproductive self-determination, were mounted and further persuaded by the women's health care movement, as discussed in chapter three. Women's participation in the women's movement is
another meso level condition which has generated an atmosphere of increased reproductive choice and expanded opportunity for women who wish to mother. This social movement has encouraged and empowered a particular segment of women to acknowledge that choosing children is within the realm of obtainable possibilities. Women desiring intentionally unmarried motherhood have the opportunity to fulfill their own personal desires to create a family.

**Prior Activism: Exposure to the Gay/Lesbian Civil Rights Movement**

The influence of the contemporary gay and lesbian civil rights movement upon the lesbian respondents of this study is a meso level condition that has positively contributed to the increasing number of lesbians considering intentional motherhood. Many facets of the gay and lesbian civil rights movement have contributed to the emergence of lesbian motherhood by choice among the respondents of this study. Typically, prior to the 1980's, lesbian motherhood was usually the result of previous heterosexual relationships (Pies 1985; Pollack and Vaughn 1987). Only recently, have lesbians begun to make conscious decisions about whether or not to mother (Pies 1985; Clausen 1985; Devine 1983; Miller 1989; Stern 1980; Pollack and Vaughn 1987). Increasingly, lesbians are purposively choosing motherhood.
Recent changes within the gay and lesbian community serve to support lesbians choosing children. First, despite the domination of AIDS within the gay and lesbian political agenda, lesbian issues have garnered increasing attention within gay and lesbian civil rights organizations (Hitchens 1982, 1985; Cavin 1990). Lesbians are organizing for themselves around such issues as health care, mothering, domestic violence and other forms of anti-lesbian harassment (Winnow 1989; National Center for Lesbian Rights 1991). Lesbians have also come to fill increasingly visible roles as leaders within the overall movement (Cavin 1990; Winnow 1989; Patton 1985). Many male leaders have either shifted their own focus to AIDS specific organizing and/or have been lost to movement activism on account of their own HIV infection (Shilts 1987; Altman 1986; Patton 1985). As lesbian issues have come to receive greater dominance within the gay rights agenda, the barriers women face as mothers have received greater attention.

Initially, the lesbian mothering agenda centered on attempts to address discrimination lesbians faced in the legal arena - particularly when facing a contested child custody case brought by a ex-husband. More recently, a new generation of lesbians, many who have never experienced heterosexual marriage, have considered the motherhood issue with new agenda items: Is purposive
Lesbian motherhood a viable option? Do lesbians have a choice to become mothers?

For a sub-section of relatively privileged lesbians, the responses to these questions are yes. In a few states, legal reform has cleared the way for "out-of-the-closet" lesbians to pursue the adoption option (Stonewall Union Reports 1990; Schulenburg 1985). Liberalization of distribution policies by some infertility clinics and sperm bank providers permits "single women," and in a few instances, acknowledged lesbians, to access services previously reserved for infertile heterosexual married couples (Robinson 1985; U.S. Congress 1988; Strong and Schnifeld 1984; Cooke 1984). For medical providers working with lesbians, the lack of a male sexual partner is routinely treated as a form of infertility.

Institutions within the lesbian community can also provide support for lesbians choosing children. In many cities, lesbian support groups have been founded specifically to facilitate the sharing of information on alternative insemination, donor options, and client screening. (24) These groups also provide social networks for mothers of infants and small children. Though

24. Central Ohio lesbian mothering support groups are discussed extensively within Chapter 4. Chapter 4 includes an in-depth analysis of collective organization as a pivotal factor in the development of a collective identity among intentionally unmarried mothers. This collective identity arises in resistance to traditional gender norms.
motherhood is not uniformly embraced as a positive choice for lesbians by all members of the gay and lesbian community, the growth of gay and lesbian affirming cultural institutions provides a political culture within which to raise children (Taylor 1988). Couples can affirm their relationship commitments through "holy union" ceremonies offered by various gay and lesbian supportive religious groups (Butler 1991). Bearing and/or raising children becomes another way of creating and affirming family in a lesbian context.

The impact of the expanded visibility of lesbian mothering and the link between artificial insemination and lesbians choosing children spreads beyond the gay and lesbian community. Two heterosexual respondents, both of whom became mothers through artificial insemination, reported having been assumed to be lesbians. One of these women relates the panic she experienced when people
who knew she was a consumer of artificial insemination assumed that she was a lesbian:

"I know that when I started my new job... I had told a couple of people as I had got to know them that I had used artificial insemination. And they assumed from that, that I was gay. And so now, I don't tell people. They might assume that again, and I just figure... it doesn't matter how I got pregnant, just the fact that I did. If they want to think that I screwed with somebody, fine."

Another respondent, when asked about what had been her most difficult experience in the process of becoming a single parent, responded:

"One thing happened which was very irritating. There was a series of articles in (our local paper) about lesbians having children. Right at the same time I was being inseminated. Now nobody close to me has ever mentioned it, but strangers have asked me if I'm a lesbian. It burns the hell out of me. Because I'm not. But it is very irritating."

In conclusion, the successes of the gay and lesbian civil rights movement and the expanding visibility of gay/lesbian culture and community has allowed an increasing number of lesbians to view motherhood as a potential option. Gay and lesbian institutions have begun to acknowledge and support this parenting alternative. While alternative fertilization appeared to be the preferred method of conception early in the "gay-
by" boom, awareness of AIDS and changes in the accessibility of adoption and artificial insemination options have created a changing balance of risks and benefits, resulting in more lesbians who are exploring and utilizing medical and legal options. The influence of the contemporary gay and lesbian civil rights movement is a meso level condition that has indisputably encouraged increasing numbers of lesbians to consider motherhood.

Prior Social Networks

Meso level processes also occur as women informally negotiate relationships with pre-existing social networks composed of family, friends, and work mates. Developing and maintaining social support networks is an indispensable asset for intentionally unmarried mothers (Levy 1983, 1989; Tietjen and Bradley 1985). As the respondents of this study maintain and cultivate relationships within their social networks, they participate in collective behavior which in part forges a collective construction of purposive motherhood outside of marriage. These informally organized social networks operate as meso conditions which may constrain or facilitate the decisions and choices of unmarried women pursuing motherhood. Whether or not work mates, friends, and family were expected to be supportive of a decision
to intentionally mother, respondents eventually had to inform these people of their impending decision to mother. While positive responses were welcomed and negative responses were troublesome, no respondent in this study terminated her plans as a result of the outcome(s) of telling others of her decision. But certainly, positive responses were profoundly treasured.

By the time these women were ready to share their decisions with friends, family, and work, they were typically not to be dissuaded. Nonetheless, the advocacy and support desired by women choosing children could be enhanced or worsened by the positive or negative responses, respectively, of their social networks. Occasionally, respondents altered their chosen path in response to the reactions of their informal social support networks. The experience of choosing when, whom, and what to tell others about pursuing intentionally unmarried motherhood was a salient component of each respondents' narrative.

Work: Practically speaking, it is highly desirable and genuinely imperative that the workplace of the intentionally unmarried mother accept her decision to parent. Workplaces which would not tolerate her decision or were generally unsupportive of the changes in their employee's personal life, had the potential to create incredible economic hardship for women choosing children.
For a single parent, the necessity of maintaining the income provided by a career was absolute. Only one uncoupled respondent was not actively employed at the time of the interview, and this professional was paying for living expenses from savings and family inheritances. Even for almost all of the coupled lesbians, the occupational segregation of the work force combined with the financial disparity of wages between male and female employees did not provide these mothers the option of choosing unemployment.

Consequently, intentionally unmarried mothers planned carefully the act of informing supervisors of their mothering plans. Respondents were delighted when their work environment was not opposed to their decision. This adoptive mother explains her concerns about
apprising her employer about her success at adoption:

"I'm... in a male oriented profession, and this particular office is very, very conservative, minority employment here is low. ...That was a concern for me, I didn't know how they would react to me having a child. As an employer, I'm sure the first reaction is oh, no, we're going to have days off because of kids with colds... And, the conservative atmosphere here, I wasn't sure how well the biracial child would be accepted... I can really say it could not be better. They've been very, very supportive, even to the point of having a baby shower. ...And she has a real neat personality, and everybody is very fond of her immediately. I was surprised. I was very surprised."

Another mother, who is self-employed, told her business partner in this manner:

"I started talking to my ...partner ...about a month before I started actually going in for the insemination. ...I had a hang up about telling her because she has always said fairly negative things about children. And jeez, it's the best thing that's ever happened to our company and our business relationship. My son is her godchild and it's just been wonderful. He's the child that my business partner will never have."

This physician reveals her surprise at the responses among her professional colleagues when she told them
about her plans:

"Their responses were very positive, it was amazing. Some of them thought that I didn't know what I was getting into. That it would be very difficult to do as a single woman with an extremely demanding job. But, they wanted me to know that they would support me in it. And also, I had a lot of support from male as well as female colleagues. Obviously I'm in a profession with a lot of men, and I got tremendous support from them."

Unfortunately, many work environments were unprepared for their apparently single employees to become mothers, and were concerned about the influence that these changes would have upon work performance. One pregnant respondent, who was delaying telling her supervisor, was concerned her employer had assumed that her single status protected the business from providing benefits that a mother would request:

"The one person who would really be of concern to me is the guy I work with, above me. And he's going to flip out. Not because I'm doing what I'm doing, but because I'm going to be gone. Pregnant women mean maternity leave. ...I think he will be shocked."

Another woman recounted how her frequent mid-day doctor visits for artificial insemination were a source of
irritation for her employer:

"My boss... was very disapproving. ...She made me bring a doctor's statement at one point about my diagnosis, as to why I had to have all of these doctor's appointments. Which she had no right to do, because I made up the time. ...When I did tell her I was pregnant... I heard that she made comments, but she did not make them directly to me. She made them to other supervisors, about how could anyone do that?"

Finally, this respondent reports agonizing over her decision to tell people at work:

"I had to start informing people that were going to be affected, and that was a real risky thing to do. Telling people at work was risky, because having a child was going to affect my work in some way, and at that point, there were not a lot of people on staff with young kids. There's also the risk of people at work telling me that I was crazy, that I would be a bad mother. I was paralyzed with fear about telling them.

**Family:** Informing members of the family of origin about the decision to mother is an emotional, energy consuming task, regardless of the expected response. Previous to the decision to choose children, respondents reported varied and diverse pre-existing relationships with their families of origin. Regardless whether these relationships were identified in a positive or negative manner, women choosing children intensely hoped for an accepting, encouraging response.
The experience of being a single mother increases the likelihood that a woman may desire increased kin access (Hogan et al. 1990). Several respondents physically relocated in order to be closer to their family of origin. This mother relates how important family support is to her decision to raise children:

"That's why I moved back to Cincinnati. I hate Cincinnati. But I felt that if I was going to have children, I owed it to them to have the same rock that I had... family gave me a lot of security when I was growing up. In the first few years of their lives, they can relate to these people, have that security of being loved, to know my family... (My folks) are thrilled about the whole situation, very devoted. The children are spoiled beyond belief. My family was just right there for me. So family ties have been tremendous, and it's just worked out very well."

In a few cases, respondents had to tell older children that their mother was pursuing motherhood again, and often the preparation for such discussions caused the mother a great deal of stress about the potential response from her children. This mother describes her
conversation with her daughter:

"I sat down with her, because she has always asked for a brother or sister for years, wanted one real badly. And I told her why I was (having indecision) about buying the house. I said I basically have to choose between giving you a brother or sister, and buying this house. She preferred the brother or sister. I told her I was trying to get pregnant, and took her with me. The day I got pregnant, she was with me. I just explained that the doctor was helping me and it was different than the way I got pregnant with her. When I got pregnant... I told her, and she was ecstatic, just ecstatic."

When respondents considered sharing the news with their extended family, many felt it was going to be more difficult to explain their decision to parents and other older family members who might not understand that attitudes about unmarried mothers were changing. This mother explains how her father assumed his new role as grandfather:

"My son's grandfather has... made a complete turn around from the time (he first heard) there was going to be a baby until now. And now, he just treasures this baby. He'll fight people to hold this child. It's like, that's my grandbaby, and he goes after here. And he's good for her."

Many parents who were initially unsure about their daughters' decision made these quick reverses at the prospect of becoming grandparents. Another respondent
describes this welcomed change of heart:

"And I explained to them about the artificial insemination concept, once again my father's mouth was in his plate. He kept looking at me, going, are you serious? I said yes, it can be done. And lo and behold, I had dinner with them a couple of weeks later, and they had actually seen the director of a sperm bank on tv, and told me to call him."

Another common theme reiterated by respondents was that parents had to devise an explanation which they were comfortable with, in order to share the news with their own networks. This woman describes how her devout Catholic parents became comfortable in revealing the decision of their coupled lesbian daughter:

"My parents are quite religious, but when it comes down to issues of the heart, and family, they go with that first... And if anything, since I've told them, they have become more and more supportive. I knew things were going ok when my mother told all her closest friends. That took a few weeks. I think she kind of had to play through in her mind how she was going to do it. I think she felt ok about it herself, but... there was the issue of what will (her own social networks) think. ...But now they are ecstatic."

A negative response about a woman's decision to parent is deeply disappointing when it comes from her family of origin. Respondents reported the difficulty of a disapproving or skeptical response. When this woman told her family that she was pregnant and intentionally
mothering, she had to contend with the disapproval of her father:

"...my father was completely against this, he was really against it. Well, just the whole religious thing. It's immoral, it's bad. You'd have to know my father, but he was saying that I was disobedient to him. I'm 38 years old, and I'm still being disobedient to him, and he just didn't want me to do it at all, but I did it anyway."

Another respondent delayed telling her family she was pregnant until it was too late for the elective abortion
she knew her parents would urge her to accept:

"We definitely kept it very covert from my family. It was easy to do, they were out of state. When my mother found out, she was adamant about me having an abortion because I was a graduate student, couldn't afford it, wasn't ready for it, you have to have money before you have a kid, so everyone kept it under wraps from them. My dad totally freaked. So I waited until I was 16 weeks pregnant to tell my parents, which was a good move."

Another family balked at the idea that their grandchild was biracial:

"My father was very upset. He had known that I was pregnant, and now, it was like here was his daughter who had a baby. And I was not married. And by a black man. He thought it was the ultimate slap in the face."

Lesbian mothers by choice also have to contend with the reaction of family members to the idea that their daughter is not just becoming a mother, but she is becoming a lesbian mother. This lesbian recalls telling
her family, during Christmas, about her decision to become a mother:

"My parents... found out... I was planning on trying to get pregnant, and said horrible things about it. A bastard child by a queer. ...my dad told me that there was no place in their lives for me to have a child, and that he didn't want to see me again. ...They were really upset, my mother's reaction was, we barely got used to the other thing, why are you doing this to us?"

Another lesbian virulently responded to her parents objections about the negative impact of her decision upon her child-to-be:

"And after I told her, I said mom, what do you think? And she just started to cry, it was really hard. Basically her feelings were, how could I do this to my child? It's bad enough that you're a lesbian, and we've learned to accept that, but how can you put this child through all of these horrible things that are going to happen to her because of your choices? And I said, those horrible things are not my fault. You can't blame homophobia on someone who is gay, you have to blame it on the people who are being homophobic. But my parents are fairly racist and a lot of other things, so that point was sort of lost on them. So they were quite upset, and it took them until she was born to begin to come around."

**Friends:** Probably the most significant source of strength or disappointment which respondents reported were the reactions among the networks of pre-existing friends. Late timing motherhood renders an opportunity
to shift to a more relationship oriented position in which friendship networks are extremely important. There is some evidence that single mothers receive more instrumental and personal support than married mothers, possessing networks composed mainly of friends rather than relatives, neighbors or work mates (Tietjen 1985). Research on the coping characteristics of lesbian mothers also supports these findings, describing social support as obtained primarily from women's friends (Levy 1983; 1989). When the reactions of friends were positive, respondents felt welcomed and secure. This woman was astounded at the overwhelming support her circle of friends provided:

"All of my friends, There's not a one of my friends that wasn't just completely for it, and totally thrilled."

Not only was the initial support of friends invaluable, but friends provided continuous support when respondents encountered situations which were difficult to handle. This mother recalls how her circle of friends were
instrumental in helping her prepare for an unexpected change of events:

"I preferred a girl... Then at 7 months I had an ultrasound and the doctor said he thought it was a girl. So then I got really set for a girl... girls clothes... pink outfits. And then a week before delivery, he needed to do another ultrasound because he couldn't figure out (the position of the baby) and he said it was a boy. I almost fell off the table. And I said, no, check it again, come on, and I walked out of there and I was upset. I went right to the phone and called those three friends of mine and said you need to meet me, it was 5:00, you need to meet me... now! We have to talk. So they met me... and told me all the reasons why I should be glad it was a boy... And now I can't imagine him being anything but a boy."

Lucky is the respondent who has supportive and encouraging friends. This mother emphasizes the importance of her circle of friends:

"...now I know more women with young kids... who are going through it, and I can say, what do you do for this? ...where do you go for that? I have formed a bond with these women... On a different level, the other night he was sick and vomiting. I needed some tylenol suppositories. And it was 10:00 at night, but I was lucky. I was able to call up friends and say, would you please go out? Of course. In fact, two of my friends said they would go. So I am lucky that I have people to rely upon."

When the reactions of pre-existing friends are negative, women choosing children are disappointed, hurt,
and offended. The rejection of their mothering decision by individually selected friends is a loss that is often grieved for a significant period of time. Upon telling her friends that she was finally intentionally pregnant, this woman was brutally disappointed by the disapproval she encountered:

"I had tried to prepare friends... as much as possible. I don't think any of them believed I would really do it, or they wouldn't accept it. They were all very negative, I had no support group whatsoever. ...The friends kind of got together and said they supposed they should give me a baby shower. And I told them to go to hell. I wasn't going to take it. I said, if they can't be happy for me, I'll be damned if they're going to do what is socially correct. And God, I really missed that shower. I wanted somebody to be happy. I wanted all the trappings of being pregnant. I wanted the booties, the excitement. And there was none."

A lesbian mother-to-be describes her concerns that a male child will become problematic in her primarily lesbian-
feminist, woman-centered friendship network:

"...I'm heavily involved in a martial art. And every year there is a special training, all women martial artists from around the world, and they all come. Of course, you can bring children, and not that more lesbians are having children — and not everybody there is a lesbian, but there is a significant population. And the girl children get treated very different than the boy children. Some of them acted like if it's a boy, that you're going to have to throw it away. That's what it was like. And very obvious that if it was a boy child, that it wouldn't be welcome in their homes. We actually had people who told us that if it was a boy child, that we would no longer be invited to their house, or if we did, that the child would have to stay home. That's how bitter some of their questions got. ...That they would have sacrificed a friendship for this potential child that nobody would have even seen."

This adoptive mother of two teenage daughters recalls the astonishment of her friends when she announced she was adopting another infant:

"Some... will make comments, like why would you want to do such a stupid thing? Why be so crazy? Here you are, 40 years old, and you've got two kids where you don't have to babysit, and you're going back for more diapers? It's sort of a joke, but it does get a little tiring."

Certainly, negative comments were not well received by intentional mothers. And often, these pessimistic views did damage, sometimes permanently, the relationship between the unmarried mother and the friend. The most
common analysis that respondents attached to these skeptical remarks was to ignore the content of the remark as well as the person who made the remark. This new mother succinctly states this new philosophy:

"I don't spend a whole lot of energy worrying about it. I want people to see me in a way that they're supportive and feel loving towards me and my choices. And I think that's the kind of energy I put out... I present it as being very positive. So I'm not impacted, there's not a lot of people that... have negative to say about my choices. That doesn't happen very often, and the few times that it has... I just consider it a flaw in their personality. I never took it personally."

The informal networking of women choosing children can either constrain or provide opportunities for moms without dads, dependant upon the support, or lack of support, that these women gather in negotiating relationships with their family of origin, their workplace, and within their own social networks.

Conclusion

The theory underlying this research emphasizes the importance of examining meso level conditions relevant to women choosing children. McAdam, McCarthy and Zald (1988) believe that the "real action" is neither the macro potential nor the micro dynamics, but the level intermediate to the individual and the broad macro
contexts in which they are embedded. The action of the
gatekeeping institutions of medicine and law, which
portend to control and regulate the access unmarried
women have to mothering, can provide constraints or
opportunities. Women's interactions with women's
movement organizations, as well as the interactions of
lesbians with gay and lesbian civil rights organizations,
provide opportunities for choosing children. And women
choosing children take action as they announce and defend
their decisions in their discussions with friends, work
mates and family.
For some contemporary North American women, marriage is no longer a prerequisite for motherhood. This research has explored the social construction of this phenomenon by carefully examining the experiences of women who become mothers without the financial or social support of a male partner. Notwithstanding this changing social reality, most sociological research examines these choices within a framework of heterosexual commitment, if not marriage. The findings presented here suggest, however, that the body of traditional sociological literature that focuses on "unwed mothers," "out-of-wedlock births," and "illegitimacy" is based upon outmoded constructions that are inadequate for explaining the growing number of adult women purposively electing to parent without a male partner. Specifically,
this research has chronicled the macro, micro, and meso sociological level conditions associated with the emergence of intentionally unmarried motherhood, described the pathways chosen by these mothers, and analyzed the collective organization of various groups of purposive mothers.

**Intentional Mothers**

Sixty-five informants were interviewed. Each of these women sought motherhood by identifying and accessing the various means available: adoption, alternative fertilization, artificial insemination, or heterosexual intercourse. The sexual orientation of the sample was almost evenly divided between heterosexual women and lesbians (both single and coupled). The sample was homogeneous in racial and ethnic background, with the majority of the women identifying as white and North American born.

The majority of these women are late first time mothers, having delayed their childbearing decisions. The mean age of the respondents at the birth or adoption of their first child was 34. Respondents ranged in age from 23 to 53 at the time of the interview. As a group, these women were predominantly employed in professional and managerial fields, financially capable and economically prepared to become independent mothers. For
these women the responsibilities of raising children and maintaining a home also mean making a commitment to career and employment. The income of the respondents varied across a broad range, but most women in the sample are economically privileged. The educational background of these women is particularly significant, almost all have completed undergraduate college degrees, and half have gone beyond on to completed graduate and professional training.

Women choosing children typically select and attempted only one pathway to motherhood, although a small number of women pursued multiple routes concurrently. Almost half of my informants chose to become mothers through artificial insemination and alternative fertilization, deliberately avoiding sexual intercourse as a route to pregnancy. About one quarter of the remaining respondents sought pregnancy through heterosexual intercourse, and the final one quarter utilized the adoption process. About three-fourths of the women were currently mothering, and the remaining quarter were actively engaged in the process of trying to adopt or become pregnant.

Adoption, alternative fertilization, artificial insemination, and sexual intercourse provoke various social responses invoking social stigmas and sanctions, as well as rewards. As a group, lesbian mothers are less
likely to openly pursue adoption or heterosexual intercourse and are more likely to pursue artificial insemination than alternative fertilization. Heterosexual women who desire a biological child and prefer an asexual mode of reproduction are also more likely to use artificial insemination. Heterosexual women who want to have a biological child and want to select the biological father themselves are willing to engage in sex for the explicit goal of procreation. Heterosexual women who do not want or were not able to birth a child became adoptive mothers.

My informants communicated that they perceive a hierarchy of sanctions evaluating and stigmatizing the choices of women who are intentional mothers. Women who have sex to become pregnant with no intention of raising the child in partnership with his or her biological father, they feel, face the most significant sanctions. Women report that motherhood by adoption is popularly perceived to be the most role appropriate choice for unmarried women and thereby accrues the least social stigma. Adoptive mothers, according to the normative ideal, are altruistic, charitable, and helping to remediate the social problems associated with orphaned and other displaced children. Because adoptive mothers are not biological mothers, no one can accuse them of betraying, misleading, or denying men in their pursuit of
Mothers by artificial insemination, or alternative fertilization, accomplish asexual conception with the consent of the biological father. With both of these pathways there is no deceit of the biological father, which these women perceive as a positive attribute of this route. Anonymous sperm donors secured by the medical system, or donors selected by women pursuing alternative fertilization, give consent in the provision of their semen. Medical donors are paid for their semen, and are informed of the possible uses for that sample. The donor chooses to distribute his semen in a manner he knows he will preclude any knowledge of, or relationship with, potential offspring. Informally arranged donors within alternative fertilization may or may not know the recipient of the semen, but they do know the purpose for which the semen is being collected. Alternative fertilization and artificial insemination are more subject to stigmatization than adoption, because a pregnancy outside of marriage is necessary to create this atypical family type. Still, if a mother chooses to

25. The exception of this policy is The Sperm Bank of Northern California, a sperm bank affiliated with the network of feminist women's health centers across the United States. This sperm banks allows donors the opportunity to indicate that, when the child reaches the age of 18, the sperm bank may release the name and identifying information about the donor. This caveat allows for the potential of an artificial insemination donor to have knowledge of, and potentially a relationship with, his 18 year old biological child.
biologically conceive her own child, this method at least avoids the deception and betrayal of fathers.

The social sanction levied against women choosing children significantly influences the experiences of intentional mothers. Because of this stigma, mothers by sexual intercourse have not collectively organized, unlike mothers by each of the other three routes. Because they have sex with men, these mothers face a different kind of discrimination, and thus, are not motivated to the same extent to mobilize collectively.

It is not surprising that the women most likely to engage in self-organizing are women who do not have sex with men in order to become mothers. Heterosexual mothers by adoption or artificial insemination tend to reject sex with men based upon espoused moral values, rather than as a rejection of institutional heterosexuality. Of all the respondents, lesbian feminist mothers were the most likely to participate in collectively organized self-help groups, and were the women whose ideological rejection of heterosexuality tended to be based upon feminist, political beliefs. For these mothers, the rejection of sex with men as an avenue to pregnancy may reflect moral values, but is certainly rooted in lesbian feminist political ideology. Self-identified radical lesbian feminists are most likely to pursue alternative fertilization, managing a woman
controlled, woman centered conception. When alternative fertilization is not an option, lesbians would still rather tolerate medical intervention for artificial insemination than engage in sexual intercourse with a man.

**Collective Action/Self-Help**

Many women choosing children outside the context of marriage are collectively organized in various self-help, advocacy groups. In the central Ohio area, I described the collective organization of the following groups: Single Adoptive Parents; New Roots; Single Mothers by Choice; the Gay and Lesbian Parents Group; Momazons; the Tryers and New Lesbian Mothers. Each of these groups are forging a collective definition of purposive motherhood outside of marriage. These homogeneous mothering environments engender a sense of collective identity among intentional mothers as members of an unique community of women who negotiate the creation of their families in resistance to normative assumptions about marital status, maternity, sexual orientation and reproduction.

These cooperatively organized groupings function both as an extended form of nonconventional family and as a sharing and support mechanism for women considering and participating in purposive mothering. These women are
invested in developing an environment that supports the normalcy of their decision. Collective affiliations function to provide referrals, role models, children interaction, allies, and opportunities to women considering and choosing children. It is within this supportive mothering environment that many women develop a sense of collective identity as members of an unique community who are defining motherhood in opposition to traditional gender norms.

It is my view that their collective actions are best understood as part of the contemporary women's movement. Women's culture in the 1980's and early 1990's nurtures feminist collective identity as an integral component of movement survival (Taylor and Rupp 1992; Taylor and Whittier forthcoming). Alternative structures guided by women's culture have continued to expand, dominated by the development of feminist self-help networks that challenge and critique patriarchal understandings of such issues as reproductive politics and family.

The collective organization of purposive mothers is a part of this larger contemporary tradition of cultural feminism. The differing self-help groups formed by these mothers are examples of the alternative institutions generated within contemporary feminist culture. Mirroring the structure of initial feminist self-help groups, the collective organization of intentional
mothers is directly connected to the larger feminist movement agenda that focuses on women's health and identity issues (Echols 1989).

Parallel to the larger women's movement community, the collective organization of all intentional mothers, notwithstanding pathway or sexual orientation, is limited by the influence of identity politics (Ryan 1989; Echols 1989). Identity politics refers to the change of many feminists' focus from women's commonalities to women's differences. Collins (1990) names the interlocking systems of class, race, gender, sexuality, and ethnicity oppression as a "matrix of domination." This matrix of differing situations fractionalizes women into allegiances based not only upon their similarities as intentional mothers, but also upon their differences from other intentional mothers. The respondents are organized primarily as heterosexual mothers or lesbian mothers, and by common routes. Lesbians are more likely to organize around sexual orientation, and heterosexual women are more likely to organize by route. The relative segregation of these mothers illustrates the complexity of gender identification. Despite the apparent similarity of their circumstances, their desire to affirm their decision as positive in association with other mothers, and their resistance to and rejection of societal disapproval, identity politics prevent the
The mobilization of these women into one encompassing, self-help network.

The intentional organizing of mothers exhibits characteristics common to the other various kinds of groups that together compose the self-help movement. These groups are characterized by communication between peers, individual commitment, consensus decision making, and the empowerment of members. Members are basically homogeneous. The groups are spontaneously established by local mothers. Professionals occasionally are peripherally involved with these groups as consultants and referral resources.

The organizing of mothers augments and transforms the characteristics of the self-help movement with features of feminist ideology instituted within the women's movement community. Development of these self-help groups to more formalized organizations is improbable with decentralized leadership. These self-help groups function not only as an alternative to the professional systems of legal, medical and social service assistance to women choosing children, but as a resource for subversion of these professional systems. Societal resistance to non-normative definitions of family encourages members to learn and share methods of supplanting institutional gatekeeping intended to deny, restrict, and control unmarried women's access to
mothering. Women's self-help advocacy groups recognize gender as a key organizing principle in the dynamics that influence their negotiations in the process of becoming mothers.

Theoretical Implications

Two analytical traditions have informed this study: theoretical approaches drawn from feminist theory and social movement theory. A feminist critique has led to the construction of gender stratification theory in sociology. Chafetz (1988), argues that theory is feminist if it can be used to challenge, counteract, or change a status quo that disadvantages or devalues women. Feminist theory, reiterated and expanded upon by sociologists, includes the recognition that studying women is important. Feminist theory seeks to understand the gendered nature of virtually all social relations, institutions, and processes (Chafetz 1988). This approach acknowledges that sexism informs scholarly understandings of women's lives, and that gendered relations are problematic. Feminist theory assumes that gender relations are neither natural nor unchanging, advocating that social research address the consequences of gender inequality (Stimpson 1983; Bernard 1987; Chafetz 1988, 1990; Acker 1980; Turner and Killian 1972).
Feminist theorists call for a transformation of the basic conceptual frameworks utilized to understand society and its social processes (Taylor and Whittier, forthcoming; Millman and Kanter 1975; Stacey and Thorne 1985). Feminist theory continues to encourage new research and theory building on women's lives and their collective action to resist oppression. Feminist sociologists critique and re-evaluate existing theories, discover new topics and concepts, make interdisciplinary linkages, and participate in the creation of a new sociological paradigm (Wallace 1989). This research contributes to this tradition.

Early studies of the women's movement led to the second set of theoretical ideas that have informed this study, drawn from contemporary social movement theory. Resource mobilization theory differs from classical collective behavior approaches by focusing on structural factors, especially the organization and relative position of disadvantaged groups in the political structure, dismissing the importance of cultural and expressive strategies (Smelser 1963; Turner and Killian 1987; McCarthy and Zald 1977; Freeman 1979; Jenkins 1983). Yet in the collective action that typifies the contemporary women's movement, feminist ideology and the creation of a distinctive women's culture plays a significant role.
Taylor and Whittier (forthcoming) argue that the resource mobilization perspective is rooted in a gendered view of social protest, concealing the tenacity and transformation of the forms and strategies of the women's movement. The lack of acknowledgement of what is distinctive about the feminist movement limits the usefulness of resource mobilization theory. Until very recently, women have been excluded from the American political process (Tilly and Gurin 1990; Mueller 1991). Women's political participation, therefore, has never been limited to conventional politics. Resource mobilization theory needs to broaden its conventional conception of politics to include women's collective organizing outside of party politics. The collective organization of the women studied here is a component of the larger arena of radical feminist activism.

Resource mobilization theory focuses on the social movement organization as a primary unit of analysis, distinguishing between organizational structures of bureaucratic and collective or centralized and decentralized organizations (McAdam 1982; McCarthy and Zald 1977). These typologies do not however, capture the complexity of the contemporary women's movement (Taylor and Whittier, forthcoming; Boles 1991; Buechler 1990). The collective organization of various groups of intentional mothers illustrate the decentralized
structure of many factions within the women's movement community that by resource mobilization theory has tended to overlook (Taylor and Whittier, forthcoming).

The new social movement approaches diverge from resource mobilization approaches to social movements by seeking an explanation for the growth of social movements in the last two decades by the emergence of new grievances. New social movement theory attempts to explain where new values, new action forms, and constituencies come from (Klandermans 1991). The new social movements approach gives attention to the social psychological and cultural discontent that motivates movements, as the values and needs of participants determine the dynamics of new social movements (Klandermans 1991). The establishment of collective identity is the link connecting individual disquiet with movement participation. New social movements theory contributes an expanded view of politics, positing that political action includes the construction and expression of a collective vision, and the politicization of the self and daily life (Taylor and Whittier, forthcoming).

In combination, these theoretical frameworks outline the analytical parameters of my work. Individually, either approach fails to explain the experiences of intentional mothers. The model that I have set forth,
however, includes elements of both of these approaches.

Opportunities and Constraints: Macro, Micro and Meso

The importance of examining macro, micro and meso level conditions relevant to women choosing children is underscored by this research. At the macro level, changing demographic factors, including women's increased labor force participation, delayed marriage, and reduced fertility patterns, in part create opportunities for women's social and economic independence. Social stigma relative to unmarried mothers has eased, partially as a result of the women's movement, the women's health movement, and the diverse cultural images of mothering and family types recently unveiled by the media. Together, these demographic and cultural conditions positively influence the public acceptance of women choosing children.

Different structural circumstances concurrently function to impede women who contemplate having a child outside the traditional context. First, dominant definitions of femininity function as pivotal constraints to intentionally unmarried motherhood. Unmarried mothers are guided by and yet violate traditional gender norms. Second, the societal ambivalence of the role of children in our culture also operates as a macro level constraint to intentionally unmarried motherhood. These two
factors inhibit unmarried women's opportunities for childbearing and childrearing.

At the micro level individually based motivational accounts of participation in social movements include psychological, attitudinal, and rational choice explanations. Micro structural accounts of activism de-emphasize ideology or motivation, and instead focus on the structural location of participants. This research demonstrates that although micro-structural factors such as prior contact with like minded women and a history of feminist activism are important determinants of women's choice to have children outside of the context of a traditional heterosexual marriage situation, ideas and meanings are significant as well.

Meso level processes occur as women negotiate relationships within institutions, organizations, communities, and networks composed of family, friends, and work mates. The American medical and legal institutions simultaneously provide opportunities and limit access for unmarried women choosing children. I describe how respondents' connections with the women's movement and the women's health movement have increased women's mothering options by reducing the stigma of unmarried motherhood, by expanding the normative definitions of family, and by increasing public awareness about women, including lesbians, choosing children.
Finally, I describe the informal networking of intentionally unmarried mothers within their previously existing social networks, as they prepare these largely unexpecting environments for the arrival of a child. The outcomes of these conversations either constrain or afford opportunities dependant upon the support or lack of support that these women receive.

An examination of the social factors mediating purposive motherhood at the macro, micro and meso levels provides a fuller understanding of the process and experience of intentional motherhood. As individual actors negotiate motherhood within the larger socio-cultural context, they rely on, and in turn, create opportunities at the meso level. The contemporary socio-cultural context provides, then, an unique social opportunity for women to create new forms of families.

Directions for Future Research

There are many possible directions for further research in the area of intentional motherhood. The longitudinal and statistical documentation of intentional mothers would indicate whether this phenomenon will continue to expand at its present rate or will be merely a passing demographic trend. Additional research by sociologists with better access to mothering networks within communities of women of color would also determine
whether the under-representation of women of color in this project is a function of inadequate sampling or an accurate representation of the homogeneousness of participants. A considerable body of research exists on black motherhood and black families (DuBois 1969; Frazier 1948; Moynihan 1965; Myers 1988; Collins 1990). Though the themes of the black matriarchy and the stereotypic role of mammy have been studied extensively, researchers have routinely discussed black single parenting without regard to the purposiveness of women's choices about motherhood. Further research that focuses on questions of intentionality will provide important insight into the lack of representation of black intentional mothers.

Quantitative analytical opportunities would greatly expand if it were possible to calculate the rate of unintended births using existing data sources. The current tabulations of most data on births does not deal with the issue of intent (Public Health Macroview 1989). The United States vital registration system considers a child to be "legitimate" if it was conceived or born while the mother was legally married (Jones et al., 1985). This factor is difficult to document because a number of states, including California, Ohio, and New York, do not obtain legitimacy information on birth certificate forms. Most of the non-reporting states have developed methods for inferring legitimacy from
information that is given on the certificates (Berkov and Sklar, 1975). Consequently, the method used to measure or infer illegitimacy by any particular state, in part, determines the accuracy of estimates of illegitimate births. None of these statistics, inferred or calculated, document the circumstance of an unmarried pregnancy. If national methods of tabulating illegitimate births were reformed to include intentional mothers, quantitative documentation would be possible.

Additional questions for further study focus on the consequences of purposive motherhood for childhood socialization. Possible research topics include an examination of children's establishment of sexual orientation and sexual identity, the myriad of consequences of having no identifiable father; and the documentation of the life experiences of children reared by lesbian mothers.

**Conclusion**

Motherhood is an institution that performs a unique function in transmitting values to children. The relationships that develop between mothers and their children are the private dominion in which cultures of resistance and knowledge about every day forms of resistance are learned (Collins 1991). Intentional mothers, having developed a collective identity counter
to dominant perceptions of unmarried mothers, teach their children to value and trust their own self-definitions. The ideas and strategies transmitted by intentional mothers offers their children effective strategies for resisting oppression and empowering themselves. This mother shares the future she envisions for her son:

"I think that children parented by women like myself will be special. I think that these children, by the time they are adults, will be uniquely prepared to live in the world of the future. My son is going to understand that there are a lot of different choices he can make in this world, and that diversity is not something for him to be scared of. My son can be whoever he wants to be, as long as he's not hurting himself or other people, regardless of what that means."
DATE:

TIME:

INTERVIEW #:

The purpose of this research is to learn more about the experiences of women who choose to become mothers without the financial or social support of a male partner.

The interview should last approximately two hours. Your responses will be tape recorded but are absolutely confidential. You will never be identified in any way when the research results are published.

If there is any question with which you are not comfortable, feel free not to answer or to ask me to turn the tape recorder off. Do you have any questions before we start?

I'll begin by asking you some general demographic questions about yourself and your life. From there, this interview will ask about your decision to become a mother, the process by which you became a mother, and how things are going now. The interview will conclude with some general questions about both the future as you see it, and about mothering in general.
DEMOGRAPHIC INFORMATION:

Are you CURRENTLY EMPLOYED?
(full time at home? part time at work?
full time at work? on temporary
leave/hiatus?)

If you work outside the home, what TYPE OF JOB?

What is your EDUCATIONAL LEVEL?

What is your RACE?

Do you currently SELF-IDENTIFY as:
heterosexual? lesbian? or?

What people comprise your IMMEDIATE FAMILY?
adults? children? (names and ages)

Which child(ren) were BORN OUTSIDE OF MARRIAGE?

HOW MANY PEOPLE contribute to your YEARLY HOUSEHOLD INCOME?

What is your ANNUAL HOUSEHOLD INCOME?
  a. less than $5,000
  b. $5,000 - 9,999
  c. $10,000 - 14,999
  d. $15,000 - 19,999
  e. $20,000 - 24,999
  f. $25,000 - 29,999
  g. $30,000 - 39,999
  h. $40,000 - 49,999
  i. $50,000 - 74,999
  j. $75,000 or more

Were you RAISED with a RELIGIOUS/SPiritual affiliation?

What is your RELIGION NOW?

HOW COMMITTED would you say you are to your RELIGION?

What YEAR WERE YOU BORN?

Have you EVER BEEN MARRIED?

How many BROTHERS AND/OR SISTERS do you have?
(sex ordering and birth ordering)

The next set of questions asks you to think about your family history and your personal relationship history.
FAMILY HISTORY/RELATIONSHIP HISTORY

How would you DESCRIBE the HOUSEHOLD OR FAMILY SITUATION you were RAISED IN? (membership, roles, change and stability)

DESCRIBE the COMMUNITY you were RAISED IN? (rural/urban, small/large)

Was your CHILDHOOD HAPPY?

Do you think that your UPBRINGING INFLUENCED your decision? (decision to become a mother? did you plan on being a mother?)

Do you have CLOSE TIES WITH your FAMILY now?

How would you DESCRIBE your INVOLVEMENT IN personal RELATIONSHIPS prior to having a child?

Did you CONSIDER having, or have, ANY CHILDREN in the context of these previous relationships?

Are you INVOLVED IN A RELATIONSHIP currently?

(Move to set of questions on deciding to mother.)
The next set of questions asks you to think about the decision you made to mother, and asks about the contributing factors in making such a decision.

**DECIDING TO MOTHER:**

**BEFORE** you made the decision to become a mother, how would you **DESCRIBE YOUR LIFE?**
- (desire for children?
  - desire for marriage?
  - social network/social support?
  - work and outside activities?
  - economic concerns?)

**WHY** did you want to **BECOME A MOTHER?**
- (WHY did you want a CHILD?)

**WHY** did you decide to pursue this **NON-TRADITIONAL ROUTE** to mothering?

When you were **THINKING ABOUT** this decision, did you **DISCUSS YOUR THOUGHTS** with others?

**HOW LONG** (time) did you spend in this **DECISION-MAKING stage**?

After having made the decision you wanted to be a mother, **HOW DID YOU go about DECIDING** on **HOW to get this child?**
- (what different "methods" considered, explore...)

(The answer to this question determines the consequent direction of the interview. If the respondent adopted/is adopting, move to questions on adoption. If respondent used A.I, move to questions on artificial insemination. If respondent chose heterosexual intercourse, move to those questions.)
The next set of questions asks you to think about the adoption process you went through, and asks you to think about how that system dealt with your somewhat unique situation/request.

THE ADOPTION PROCESS:

WHY did you end up pursuing ADOPTION in order to become a mother/get your child? 
(explore other options specifically)

Where did you GAIN INFORMATION ABOUT ADOPTION? 
(generally, your options specifically...)

How did you feel about BEGINNING THE ADOPTION PROCESS, given your role as an elective unmarried mother?

How did you PRESENT YOURSELF/EXPLAIN YOUR STATUS?

DESCRIBE the ADOPTION PROCESS. 
(Choosing method/agency, home reviews and evals, institutional heterosexism in agency, how was this process influenced by your 'single' status?)

Were ECONOMIC ISSUES a consideration in this process?

Were LEGAL ISSUES a consideration in this process?

Did you/could you DEMONSTRATE PREFERENCES ABOUT THE CHILD? 
(sex, age, race, ability, health, etc.)

Did you discuss/SHARE your FEELINGS ABOUT the ADOPTION PROCESS with people in your SUPPORT SYSTEM/SOCIAL NETWORK? (who, why, responses, influences?)

Did you have DOUBTS/FEARS during the process about your decision?

Did OTHERS express DOUBTS/FEARS during the process about your decision?

What can you tell me about the ADOPTION PROCESS which you EXPERIENCED AS UNIQUE because of your particular situation/request?

(Move to questions on adopting your child.)
The next set of questions asks you about the conclusion of the adoption process.

ADOPTING YOUR CHILD:

How much TIME ELAPSED between the beginning of the adoption process and the child being placed in your home?

How did you GET THE NEWS that the child was about to be placed in your home?

How did you PREPARE for your child's ARRIVAL?

TELL me ABOUT YOUR CHILD. (age, sex, health, race, ability, etc.?)

What were the RESPONSES of people around you? (work-maternity leave? family, friends, others... social support/social network)

Did you experience any POSTPARTUM DEPRESSION?

Were there any LEGAL ISSUES to resolve?

Did you experience a BABY SHOWER or other such rituals of celebration?

Do you think that an UNMARRIED ADOPTIVE MOTHER is PERCEIVED DIFFERENTLY than an UNMARRIED MOTHER whose child is a result of her biological pregnancy? (how? perceived differently by whom? consequences?)

Being an unmarried adoptive mother is a pretty UNIQUE SITUATION. Is there anything else about the adoptive process which was influenced by your status the I DIDN'T ASK you about?

(Move to questions on living as an unmarried mother.)
The next set of questions asks you about the process of choosing and using artificial insemination.

**ARTIFICIAL INSEMINATION**

**WHY** did you end up pursuing ARTIFICIAL INSEMINATION in order to become a mother/get your child? (explore specifically the options not chosen)

Where did you GAIN INFORMATION ABOUT ARTIFICIAL INSEMINATION? (generally, your options specifically...)

Did you decide to use FORMAL OR INFORMAL ACCESS to A.I? (health care system vs informal, lay network, describe medical visits/consultations, presentation of self)

Did you decide to use a KNOWN OR UNKNOWN DONOR?  
known: unknown:  
how? how?  
why? why?  
benefits? benefits?  
drawbacks? drawbacks?

What LEGAL ISSUES were consideration in this process? (as an elective mother)

What ECONOMIC ISSUES were considerations in this process? (as an elective mother)

How did the MEDICAL ESTABLISHMENT RESPOND to your ELECTIVE MOTHER STATUS? (doctors, nurses, midwives, technicians, clerical)

Were you interested in any particular DONOR INHERITABLE CHARACTERISTICS?

Did you make any efforts to PREDETERMINE THE BABY'S SEX? (explore sex preference, methods and results)

Tell me about the actual INSEMINATION PROCESS. (# of tries, feelings, change over time, etc.)

When in this process did you TALK TO OTHER PEOPLE about your plans/experiences?  
(who? why? responses? experiences?)

(Move to set of questions about being pregnant.)
The next set of questions asks you about the experience of being both pregnant and unattached to a male partner.

BEING PREGNANT:

Tell me about FINDING OUT that YOU WERE PREGNANT. (your reaction, telling others, when? who? responses?)

What kind of PROFESSIONAL CARE did you CHOOSE and WHY? (type of birth preferred, caregiver preferred, pleased with care? RESPONSE TO NON-TRAD STATUS?)

How was your HEALTH DURING your PREGNANCY?

What were your FEELINGS about BEING PREGNANT? (bodily changes, reactions of others, attitude changes?)

Who provided HELP and SUPPORT? WHAT WAS helpful and SUPPORTIVE? (social network/social support)

How did NOT HAVING A HUSBAND INFLUENCE your EXPERIENCE of BEING PREGNANT? (LaMaze classes, places where partners are expected?)

When you had QUESTIONS ABOUT PREGNANCY and motherhood, WHO did you ASK?

HOW did PEOPLE AROUND YOU RESPOND to your pregnancy? (family, friends, work, strangers, neighbors, etc.)

While pregnant, did you have DOUBTS/FEARS ABOUT your DECISION?

Did you have an AMNIOCENTESIS? Did you KNOW THE SEX before birth? Did you have any PREDICTIONS OF SEX?

What FINANCIAL/ECONOMIC CONCERNS did you have?  
  job security 
  maternity leave 
  health insurance 
  child care

What PLANS did you make for the ARRIVAL of the baby?

Did you experience a BABY SHOWER or other such rituals of celebration?

What did you EXPECT CHILDBIRTH to be like? (both physically and socially)
The next set of questions asks you to talk briefly about the childbirth experience.

CHILDBIRTH

DESCRIBE your CHILDBIRTH experience.
- hospital/birthing room/home birth
- positive or negative experience
- interactions with caregivers
- any unique situations as an elective mother

How did you FEEL ABOUT the BIRTH EXPERIENCE?
- physically, emotionally
- length of stay

DESCRIBE your BABY'S HEALTH.

Did you decide to NURSE OR BOTTLE FEED?
(did partner affect this decision)

Did you experience any POSTPARTUM DEPRESSION?

WHAT did you do about the FATHER'S NAME on the BIRTH CERTIFICATE?

How did your SUPPORT NETWORK RESPOND?

How did your FAMILY RESPOND?

(Move to set of questions about life after baby.)
This set of questions asks you about your experience of being an elective mother.

BEING A MOM WITHOUT A DAD:

Did ANYONE HELP YOU with everything when you first RETURNED HOME with your child?

How has the BABY CHANGED YOUR LIFE?
   social network/social support system
   job/finances
   family/home life/housework

How has BEING A MOTHER CHANGED ATTITUDES/treatment of others toward you?
(explore unique position and influence on treatment)

Has MOTHERHOOD fit your EXPECTATIONS?
Has the DECISION been as REWARDING as you expected it to be?

Do you have ADEQUATE TIME to SPEND WITH YOUR CHILD?

DESCRIBE a TYPICAL DAY.

How do you handle the ISSUE of the ABSENT FATHER?
(with child, family, school, friends, strangers)

Do you feel a need for a MALE ROLE MODEL for your child?

What people make up your SUPPORT NETWORK NOW?

What are the most NEGATIVE/DIFFICULT aspects of being a mom without a dad? (explore both internal and external)

What are the most POSITIVE ASPECTS of being a mom without a dad?

What has been the MOST HELPFUL in adjusting to life as a mother in this non-traditional situation?

(If respondent has indicated she is a lesbian, move to questions about lesbian mothers. If respondent has indicated she is a co-parent, move to questions on co-parenting. If respondent indicates she is a non-biological mother, move to questions for non-biological mothers. If respondent indicates she is none of the above, conclude interview with general questions.)
The next set of questions asks about the experience of being an elective, lesbian mother.

LESBIAN MOTHERS:

Do you think that because you are a lesbian, you MUST BE A BETTER THAN AVERAGE MOTHER in order to be considered at least a good mother?

Can you think of any situations in which you ENCOUNTERED DISCRIMINATION as a part of people's response to you? (which we haven't already discussed?) (doctors, lawyers, hospitals, adoption agencies, etc.?)

Did you COME OUT or keep your LESBIAN IDENTITY HIDDEN?

How did you go about getting LEGAL PROTECTION? (who, what documents, cost?)
WHAT POTENTIAL PROBLEMS were you concerned about?

How did you handle PERSONAL AND/OR OFFENSIVE QUESTIONS which were asked by others around you? (who, "too hard for child" "needs father" etc.)

How has your FAMILY RESPONDED to dealing with you as a LESBIAN MOTHER?

Are you OUT AT WORK? (their responses?)

Has becoming a mother AFFECTED YOUR IDENTITY AS A LESBIAN? (heterosexual priv?) Has it AFFECTED YOUR RELATIONSHIP to the LESBIAN COMMUNITY?

Can you be a LESBIAN MOTHER and be POLITICALLY ACTIVE? (Is BEING a LESBIAN MOTHER a FORM OF POLITICAL ACTIVISM?)

Are you PARENTING ALONE?

(If respondent is parenting alone, move to concluding general questions. If respondent is co-mothering, move to set of questions about co-mothering.)
The next set of questions discusses your experiences with co-mothering.

CO-MOTHERING:

Would you characterize your CO-PARENTING RELATIONSHIP as 50/50, or?

How do your PARENTING STRENGTHS AND WEAKNESSES influence your DIFFERENT RESPONSIBILITIES in caring for your child? (other factors influencing?)

Does a BIOLOGICAL MOTHER HAVE MORE CONNECTION to the child than a non-biological (adoptive) mother?

How do you DEAL WITH THE ISSUES OF:
  - bonding
  - jealousy
  - possessiveness

How do you answer the question WHO IS THE REAL MOTHER?

How do you handle POTENTIAL PROBLEM AREAS AROUND PARENTING, when you and your partner have different ideas about:
  - how "out" to be
  - discipline
  - cleanliness

Do you have any LEGAL AGREEMENTS with your partner pertaining to co-parenting?

How do you RELATE TO your IN-LAWS? (and them to you...)

Do you see your co-parenting relationship as a PERMANENT COMMITMENT?

(Move to concluding set of general questions.)
The next set of questions refer to the non-biological mothering, and would not be asked of the biological or adoptive mother.

BEING A NON-BIOLOGICAL MOM:

Have you been a CO-PARENT SINCE THE PLANNING of this pregnancy, or did you decide to co-parent an existing child of a partner/potential partner?

What does the CHILD CALL YOU? Your partner?

What LABEL do you use to DESCRIBE YOUR ROLE in the child's life to other people?

What are the DIFFICULTIES/NEGATIVE ASPECTS of this role?

What are the JOYS/POSITIVE ASPECTS of this role?

What are your EXPECTATIONS OF YOURSELF AS A MOTHER?

What are the EXPECTATIONS OF OTHERS AS YOU TAKE ON THIS ROLE?

How do you DESCRIBE YOUR FAMILIAL RELATIONSHIP to outsiders?

Do you perceive yourself as having equal status to your partner? (power asymmetry?)

Do people PERCEIVE YOUR ROLE in any way AS that of a FATHER?

Does the LESBIAN COMMUNITY ACKNOWLEDGE YOUR RELATIONSHIP to the child?

Does being a NON-BIOLOGICAL MOTHER INFLUENCE YOUR RELATIONSHIP with the child?

Do you have any LEGALLY BINDING RELATIONSHIP to the child?

How did you EXPLAIN the CHILD to you FAMILY OF ORIGIN? How have they responded?

Move to concluding set of general questions.
The next set of questions is the final set of questions for this interview. These questions are general questions about the situation and experiences of moms without dads, and your ideas about what the future holds.

GENERAL QUESTIONS - CONCLUSION:

Are you looking for/ANTICIPATING INVOLVEMENT IN A RELATIONSHIP of marriage at this point? In the future?

What ADVICE would you GIVE ANOTHER WOMAN who was considering becoming a mom without a dad?

Would you DO IT OVER? (with any CHANGES?)
Would you DO IT AGAIN?

Do you think that NON-TRADITIONAL MOTHERING will have an IMPACT/INFLUENCE on the LARGER SOCIETY? how?

Do you CONSIDER YOURSELF as GOOD of a mother AS a MARRIED WOMAN?

How do you feel about CHILD CARE?
(explore use, cost, etc.)

Are you the PERSON BEST EQUIPPED TO RAISE your own child?
(What involvement does support system/community parenting have in the raising of your child?

Do you EXPERIENCE A CONFLICT between trying to care for your child's happiness and trying to care for your own happiness?

Do you consider yourself a FEMINIST?

Do you consider yourself politically LIBERAL? CONSERVATIVE?

Has having this child INFLUENCES YOUR RELATIONSHIP with your MOTHER? your FAMILY?

Do you perceive the WOMEN'S MOVEMENT as having INFLUENCED YOUR ABILITY to be a mom without a dad?

(move to concluding comments, next page)
To conclude, is there anything you can think of that I didn't ask you about that you feel affects the situation or experience of mother like yourself?

Thank you very much for all of your help in answering these questions. May I call you in the future if I have any brief follow-up questions?

YES__________ NO__________

Thank you again.
APPENDIX B

ADDITIONAL SAMPLE CHARACTERISTICS
### ADDITIONAL SAMPLE CHARACTERISTICS

#### Table B.1: Birth Order of respondents

<table>
<thead>
<tr>
<th>Birth Order</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. oldest or only child</td>
<td>23</td>
<td>15</td>
</tr>
<tr>
<td>b. between oldest and youngest</td>
<td>47</td>
<td>30</td>
</tr>
<tr>
<td>c. youngest</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>d. declined/no response</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>

#### Table B.2: Number of siblings of respondents

<table>
<thead>
<tr>
<th>Number of Siblings</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. no siblings</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>b. one sibling</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>c. two siblings</td>
<td>31</td>
<td>21</td>
</tr>
<tr>
<td>d. three siblings</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>e. four siblings</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>f. five siblings</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>g. six siblings</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>h. seven siblings</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>i. eight siblings</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>j. nine siblings</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>k. declined/no response</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>

#### Table B.3: Prior marriage of respondents

<table>
<thead>
<tr>
<th>Marriage Status</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. previously married</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>b. never married</td>
<td>83</td>
<td>54</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>
Table B.4: Previous abortion

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. no previous abortion</td>
<td>77</td>
<td>50</td>
</tr>
<tr>
<td>b. prior abortion</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>c. declined/ no response</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>

Table B.5: Previous miscarriage

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. no previous miscarriage</td>
<td>83</td>
<td>54</td>
</tr>
<tr>
<td>b. prior miscarriage</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>c. declined/ no response</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>

Table B.6: Number of children mothered by respondents

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. in process, or pregnant</td>
<td>25</td>
<td>16</td>
</tr>
<tr>
<td>b. one child</td>
<td>60</td>
<td>39</td>
</tr>
<tr>
<td>c. two children</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>d. three children</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>e. four or more children</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>
Table B.7: Number of respondents also mothering non-elective children

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. intentional children only</td>
<td>92</td>
<td>60</td>
</tr>
<tr>
<td>b. both intentional and non-elective children</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>

Table B.8: Age range of respondents' children at time of interview

<table>
<thead>
<tr>
<th>Age Range</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. in process, or pregnant</td>
<td>25</td>
<td>16</td>
</tr>
<tr>
<td>b. one year or younger</td>
<td>19</td>
<td>12</td>
</tr>
<tr>
<td>c. two years</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>d. three years</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>e. four years</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>f. five years</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>g. six years</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>h. seven years</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>i. eight years</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>j. nine years</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>k. ten to fifteen years</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>l. sixteen and above</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>

Table B.9: Sex of respondents' children

<table>
<thead>
<tr>
<th>Gender</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. male children</td>
<td>49</td>
<td>32</td>
</tr>
<tr>
<td>b. female children</td>
<td>51</td>
<td>33</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>
Table B.10: Multi-racial/multi-ethnic families

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. homogeneous family members</td>
<td>60</td>
<td>39</td>
</tr>
<tr>
<td>b. multi-racial or multi-ethnic</td>
<td>22</td>
<td>14</td>
</tr>
<tr>
<td>c. in process, outcome unknown</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>65</td>
</tr>
</tbody>
</table>
APPENDIX C

CONSENT MATERIALS
Dear Potential Research Participant,

Thank you for agreeing to consider participating in the study "Moms Without Dads: Women Choosing Children." Enclosed you will find a copy of two different consent forms. The first form is a requirement of the Human Subjects Review Committee, a group which oversees all Social and Behavioral Sciences research projects on The Ohio State University Campus. The second consent form summarizing oral instructions is for my records, and explains the research project in more detail. A copy of this second form will be given to you at the time of the interview.

If you continue to remain interested in participating, what I would like to do next is to schedule an interview. We can schedule the interview to take place in your own home, if that would be most convenient. To schedule the interview, please call me at home, at 267-0193, or I will contact you within the next week or so. The best time to reach me is early evening. Give some thought as to the time(s) that would be most convenient for you. The interview takes around 2 hours, and under optimal conditions we would be interrupted as little as possible. (I do recognize, however, that optimal conditions can be difficult to come by!)

If you live a considerable distance away from Columbus, I would like to interview you over the telephone. I have access to the technology which will allow me to tape record our conversation. The phone bill, of course, would be mine. Due to long distance phone rates, if you choose this option, let’s try for evenings after 5 pm EST or Saturday all day, or Sunday until 5 pm EST. Or, if you sometimes visit the Columbus area, we can schedule the interview at your convenience, in my home or office.

Give some thought to whatever option you think will work best for you, and to what time(s) would be the most convenient. I've enclosed my business card, if you want to contact me before I contact you. Please keep the two consent forms until the interview takes place. Thank you again for your time and efforts.

Sincerely,

Kelly A. McCormick
Graduate Teaching Associate, Center for Women's Studies
Ph.D. Candidate, Department of Sociology
CONSENT FOR PARTICIPATION IN
SOCIAL AND BEHAVIORAL RESEARCH

I consent to participating in research entitled:

MOMS WITHOUT DADS: WOMEN CHOOSING CHILDREN

__Verta Taylor__ or her authorized representative has (Principal Investigator)
explained the purpose of the study, the procedures to be followed, and the expected duration of my participation. Possible benefits of the study have been described as have alternative procedures, if such procedures are applicable and available.

I acknowledge that I have had the opportunity to obtain additional information regarding the study and that any questions I have raised have been answered to my full satisfaction. Further, I understand that I am free to withdraw consent at any time and to discontinue participation in the study without prejudice to me.

Finally, I acknowledge that I have read and fully understand the consent form. I sign it freely and voluntarily. A copy has been given to me.

Date: ____________________ Signed: ____________________
(Participant)

Signed: ____________________ Signed: ____________________
(Principal Investigator or his/her Authorized Representative) (Person Authorized to Consent for Participant - If Required)

Witness: ____________________

HS-027 (Rev. 3/87) — (To be used only in connection with social and behavioral research.)
K. McCormick  
Moms Without Dads: Women Choosing Children  

SUMMARY OF ORAL INSTRUCTIONS TO SUBJECTS:

The purpose of this research is to learn more about our understanding of mothering by interviewing women who choose to become mothers without the financial or social support of a male partner. At present, most of the sociological research examining the decision to parent and the experience of mothering examines those choices with an assumption of heterosexual commitment, if not marriage. Traditional understandings of "unwed mothers," "out-of-wedlock births," and "illegitimacy," are no longer adequate in explaining the growing numbers of women purposively electing to parent without a male partner.

This project involves gathering data from women who are either single, heterosexual, elective mothers; or who are single, non-heterosexual, elective mothers, or who are coupled, non-heterosexual elective mothers. All of the interviews are being tape-recorded. Any information obtained is strictly confidential and will not be shared with anyone not directly working on the project. Your name will be removed from the taped interview and no names will be used in the final report.

Information gathered for this project will be used as dissertation research by Kelly McCormick. This dissertation is being completed as the last requirement of Ph.D. candidacy for the Department of Sociology at The Ohio State University. The advisor for this project is Dr. Verta Taylor, Associate Professor. Due to the regulations and guidelines of the Human Subjects Review Committee at Ohio State, Dr. Taylor is listed as the Principal Investigator of this study. However, all research and analysis will be conducted by Kelly McCormick.

This research will describe the general patterns and processes associated with purposively becoming a mother, so that the details of one individual's life are important mainly insofar as they help to determine the similarities and differences in women's experiences. The interview should take about two hours and does contain questions which may be perceived as personal or sensitive. Of course, if there are specific questions that you wish not to answer, or if you wish not to respond to some questions on tape, I will be glad to turn off the tape recorder.

If you agree to participate in the study, please sign the Human Subjects consent form and this written summary indicating the purpose of this research project has been explained to you and that you are willing to participate in the project. I will leave a copy of this form with you. Of course, you can choose to withdraw from the study at any time, even if you sign these forms. Thank you very much for agreeing to be involved in this project. If you would like a copy of the most significant results, they will be shared with you when the project is complete. Please indicate if you would like a copy of these results by checking here. Yes: ______  No: ______

Signature of Interviewee  
Signature of Interviewer  
Date
APPENDIX D

FOLLOW UP LETTER
Thank you for allowing me to interview you for my dissertation project "MoMs Without Dads: Women Choosing Children." Your words, along with the experiences of the approximately 50 other women being interviewed, will become a valuable resource about the experience of choosing motherhood without the social or financial support of a male partner.

Several women I have met with have expressed interest in meeting other women whose situation is similar to their own. In order to help facilitate this process, please indicate on the attached form if you would like to meet other women in your situation, as well as indicating that it is alright for me to release your name and phone number to other women interested in meeting you.

Additionally, I may have mentioned to you that I would also like to prepare a slide show incorporating images which speak to the experiences of women choosing to become MoMs Without Dads. I would like to gather from you any photographs or other momentos which I could have made into slides for the purposes of public presentations. (For example, birth announcements, pictures of your child or your family, sonograms, letters to or from family members about the decision to become a parent, donor lists, adoption agency fee agreements, doctor bills, journal entries - anything which speaks to the unique situation of being a MoM Without a Dad.)

Keep in mind that these momentos will be made into slides, and will be used for PUBLIC presentation. If you are a person who wants your identity to remain confidential, do not send anything which would allow others to recognize you. I prefer that you send me items which are not extremely valuable or irreplaceable to you, as I will try to return all items received, but I cannot absolutely guarantee their return... however, I will do my best! Please fill out the attached release form for any momentos which you are sending to me.

Again, thank you for your participation in this project.

Sincerely,
APPENDIX E

CODING CATEGORIES AND DEFINITIONS
ADOPT FEEL - feelings the woman had during the adoption process

ADOPT PREF - preferences woman had about characteristics of the child to be adopted

AGE - information about woman’s age

ADJUST - description of period following entry of new child into home

ADOPT - NEEDS TO BE CHANGED TO TRYING/AD. was referring to references woman made about adoption.

ADVICE - what advice she would give another woman considering choosing children

AGAIN - would she consider having any more children

AI - CHANGE TO TRYING/AI. was referring to references that woman made about artificial insemination.

AIDS - referring to references about AIDS

AD VS AI - referring to the comparison of 3 methods, adoption, artificial insemination, and sex, in terms of selecting which option to use, and opinions about each option in comparison to the others

B CERT - references made to handling the issue of the birth certificate

B FEED - referring to the decision made between nursing and bottle feeding, and the experience of such

B HEALTH - referring to health of baby or child at initial contact

BEF PG - CHANGE TO THINKING - refers to life before getting pregnant

BIRTH PA - refers to information adoptive mother has about biological parents of adopted child

COPARENT - refers to issues of two women sharing in the parenting tasks

CHILD CARE - refers to decisions made about the issue of childcare

COMP MARR - refers to how the mother compares herself to the
environment of a married household

CONFLICT - refers to conflicts between meeting needs of mother and child(ren)

COME OUT - references made to the coming out process by lesbians

DIFF - discussions of what has been most difficult or hardest about the parenting process

DOCTOR - refers to any contact with the medical system, and responses received

DONOR - references to a sperm donor for the process of artificial insemination

DONOR CHAR - refers to the characteristics of a sperm donor

EXP HUSB - refers to experiences where society expected mother to have a husband

EXPECT - refers to labor and delivery expectations

EXPLAIN - refers to the explanation a mother gives about the origins of her child(ren)

FAM NOW - refers to the people who she now considers her family, often answered as the people who share her household.

FAM BACK - refers to her family background, of the family she was raised in

FATHER - refers to biological father of child born as a result of sexual intercourse

FEM - refers to whether or not woman identifies as a feminist

FIND OUT - refers to finding out about pregnancy or child for adoption

HLTH INS - refers to woman's accessibility to insurance and coverage

HOW - NEEDS TO BE CHANGED TO TRYING/AD OR TRYING/AI OR SEX-referred to by what method the woman became a mother

IMP KIDS - refers to discussions of how being raised in non-traditional household may influence child(ren)

IMPACT - refers to discussions of whether non traditional families will change society in any manner

JOB - NEEDS TO BE CHANGED TO WORK -
KNOW SEX - NEEDS TO BE CHANGED TO SEX PREF

L AND D - refers to labor and delivery experience

LABEL - refers to what kind of socio-political label a woman would give herself

LAMAZE - refers to discussions about participation in Lamaze

LOTTERY - if money was no option, would you work or stay home or?

LES MO - refers to discussions of issues particular to the lesbian mother

M HEALTH - refers to mother’s health during pregnancy

MALE ROLE - discussions about whether children without fathers need male role models

MAT LV - time off from work for pregnancy, labor and delivery, or for adoption

MONEY - and all discussion of financial issues

NEG RESP - negative responses encountered by woman becoming mother, or as mother

PREPARE - preparations made for arrival of new child

PG FEEL - refers to feelings about decision during pregnancy

PLAN ON - refers to whether woman planned on being a mother as a young girl

POS - refers to the most positive part of the mothering experience

PPD - references made to post partum depression

RACE - any mention made of racial issues

REL FUT - speculations made about personal relationships in the future

REL HIST - discussion of past relationship history before child

REL NOW - discussion of relationship woman may be in now

RELIGION - any reference made to religious issues

REPRO HIST - references made to woman’s past reproductive history

SCHED - typical daily schedule on a work day
SELF DESCR - personality characteristics, how the woman describes herself

SEX - references made to the process of getting pregnant thru sex, or the choice not to use this option

SEX PREF - statements made about sex preference and sex knowledge and reactions to such

SUPPORT - refers to the types of support the woman received

TELL OTH - refers to the telling of people about the event, does not include the telling of family

TELL FAM - refers to the telling of family about the event

THINKING - refers to thinking about the decision, and life before decision was made

TIME MNGMT - refers to the scheduling of time by the mother

TRYING - NEEDS TO BE CHANGED TO TRYING/AD OR TRYING/AI -

TRYING/AD - refers to the involvement in the adoption process

TRYING/AI - refers to the involvement in the artificial insemination process

UPBRING - refers to discussions of whether the woman's upbringing influenced her decision to mother

W MVMT - refers to discussion of whether women's movement had an impact on the choices these mothers have made

WHY - refers to why the woman wanted a child, why the woman wanted to be a mother

WHY HOW - NEEDS TO BE CHANGED TO AD VS AI - referred to why the woman chose the option she chose to get a child, and why the other options were less favorable

WORL - refers to employment
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