

Single Mothers by Choice *From Here to Maternity*

When our mothers told us the facts of life, they generally created a picture of pregnancy as an intentional act participated in by a married couple who had mutually decided that they wanted to create a baby. In this “ideal-type” situation, the husband provides the sperm and the wife provides the egg, and together they hope for a baby to develop. In this same scenario, both partners are in their twenties or early thirties, and the husband provides emotional support to his wife during her pregnancy and celebrates the baby’s eagerly-awaited arrival.

But we all know that life does not always imitate the “happily ever after” stories we are told in our childhood. What our parents probably *didn’t* tell us was that sometimes young girls get pregnant because they feel pressured into sexual activity to “prove” their love to their boyfriends, that sometimes parents split up and one parent disappears, that some relationships are ugly and violent and dangerous, that some people don’t love or take care of their children, or that sometimes Prince Charming never actually shows up, leaving a woman with the option of marrying a “lesser choice” or not marrying at all. Yet those early fairy tales of “happily ever after” often continue to live in our hearts.

This article focuses on a population of women who, for the most part, grew up with the dream of meeting their prince and starting their families, but arrived at the age of 35 or 40 or 45 without the first part of that equation having been met; i.e., the appropriate marriage partner somehow never found his way into their lives. Thus they chose to proceed with parenthood as single women. Interestingly, despite traditional scripts that claim that parenthood should only take place within the context of marriage (Congregation for the Doctrine of the Faith, 1988; Parsons, 1951), “women have always been able to view marriage and childrearing as somewhat distinct institutions” (Popenoe, 1996: 25). Thus,

in the absence of the former (i.e., the marriage), these women were ready to proceed with the latter (i.e., the childrearing), and saw their task as trying to find a way to access the sperm and achieve motherhood through routes other than traditional marriage.

Recent statistical data indicate that the rate of pregnancy for older white single women has increased (Luker, 1996); in fact, this is the fastest growing population of single mothers at the present time. This paper examines the women's decisions to break old scripts and enter into this new form of single motherhood as well as the factors involved in their decision-making process.

Method

I began this project as a midlife single woman who had long considered single motherhood but had not yet taken any action. For two years, I took on the role of participant observer in two Single Mothers by Choice (SMC) support groups in southern California, and concurrently interviewed a total of 26 women, 16 of whom were members of SMC. The other ten came from snowball sampling; of these, six lived in southern California, two in northern California, one in the Midwest, and another in the Southeast.

All of the interviewees were white and middle- to upper-class. Twenty-four of the 26 identified themselves as heterosexual, one as lesbian, and one as bi-sexual. Twenty-one were over the age of 35 when they became mothers. Almost all were college-educated, and 13 had completed graduate degrees. Their children ranged in age from six months to 23 years, with 73 percent being age five or under. (See Table for more detailed demographic information; pseudonyms are used to ensure confidentiality.)

At the start of each interview, I identified myself not only as a researcher but also as a prospective mother, following Oakley's (1981) guideline that self-disclosure is imperative for trust to develop. Although I entered each home with a written interview guide in hand, the conversations soon evolved into more chat-like than formal dialogues (see Reinharz, 1992). We stopped often to play with the children, have a snack, or interact about current social issues.

Interview questions focused on many issues: decision-making processes, support networks, public reaction, and the positive and negative aspects of parenting alone. I coded and analyzed the themes in the tradition of Strauss and Corbin (1990), which included methodological and theoretical memo writing as well as open, axial, and selective coding procedures as part of the data analysis process.

Findings

According to Chodorow (1978), Dinnerstein (1976), and Rubin (1983), as a result of female socialization girls tend to define themselves through their relationships, their connections, and their attachments to lovers, parents, children, and friends. The desire for closeness with other people is rooted in

TABLE 1		
Pseudonym	Marital Status at Onset of Motherhood	Age at Onset of Motherhood
Rochelle	NM	40
Jackie	M**	45
Alicia*	NM	44
Ellen*	D	45
Martha*	NM	39
Rhonda*	NM	37
Cynthia	D	39
Christine*	NM	35
Carole	NM	41
Lynn*	NM	41
Janet*	NM	42
Linda*	D	41
Deborah	NM	36
Erika*	NM	44
Eliza	NM	35
Ann*	D	36
Emma*	NM	40
Maggie*	NM	32
Catherine	NM	40
Barbara*	NM	28
Sal*	NM	34
Colleen*	NM	34
Gina	NM	38
Pat	NM	28
Diane*	NM	37
Andrea	NM	37

Key: D = Divorced; NM = Never married; M** = Marriage is pro-forma only; child receives legal and medical benefits from both sides of the family, and legitimate status from the broader society.

Method of Becoming Mother	Age of Child at Time of Interview
Chose adoption	7
Insemination. Donor co-parents and shares expenses	5
Adoption—After insemination attempts were unsuccessful	6 mos.
Adoption—After insemination attempts were unsuccessful	7 mos
Insemination	3
Chose adoption	3
Chose adoption	23 mos
Intercourse—father has some involvement.	5
Adoption, after insemination attempts were unsuccessful	5
Adoption. Was equally interested in adoption and insemination, and pursued both concurrently. Adoption worked first.	4
Insemination (pursued adoption first)	4
Insemination	4
Chose adoption	1
Insemination	2
Insemination	2
Adoption; aware in advance that she was infertile.	2
Insemination	1
Insemination with known donor	7
Chose adoption	13 mos
Intercourse—father is absent	9
International adoption, after infertility treatments were unsuccessful	4
Insemination	6 mos.
Insemination— known donor who co-parents	2
Intercourse—biological father is absent Woman is now married to a different man; husband has adopted this child.	14 mos
Intercourse— father is absent	4
International adoption	22 mos

Mother and donor (who serves both as biological and social father) live a few miles apart and co-parent in a similar style to couples who have negotiated a 'Perfect Pals' divorce (see Ahrons and Rodgers, 1987); * = Participant in Single Mothers by Choice organization

the fact that women's "first attachment and identification were with another woman—connections that were left undisturbed as they moved through the developmental stages of early childhood" (Rubin, 1983: 151). The importance of connection, these authors argue, motivates the urge to motherhood.

Approaching midlife as a childless person can be a heartrending experience for women who want that kind of connection. Biology dictates that women have a limited window of time during which they are fertile, and midlife signifies that that window is closing. Female fertility declines considerably after age thirty-five and dramatically after age forty, but fertility drugs and reproductive technologies give women with fertility problems increased odds for successful pregnancies (Mattes, 1994; Noble, 1987; Silber 1991). Because of this new medical technology, the "biological clock," which at one point was believed to stop ticking around age 35, now can tick to age 40, 45, or even longer, depending on which reproductive technology a woman is both morally and financially comfortable using.

Before embarking on single motherhood, however, some women try to meet their maternal needs elsewhere (e.g., working in a childcare center) while others go on a "last hurrah" in an attempt to find a man interested in marriage and family. Respondents stated that they joined singles clubs, searched through personal ads, and even took up country western dancing in a process labeled by one woman as "test driving for Mr. Right." When that led to a dead end, they embarked on the "motherhood trail" on their own.

Giving up on, or at least postponing, the dream of "Mr. Right" is an important first step for many of the women who pursue single motherhood. This is a grief process in and of itself, as it involves leaving behind, temporarily or permanently, the dreams of earlier years. Like the loss of a loved one, this loss is accompanied by feelings of pain and anger as well as sadness. As Janet stated:

I think it's kind of, maybe a sense of loss. A sense of failure. A sense of you didn't quite get what most people get. A sense of being cheated. But if you feel strongly about that, don't do this, because it won't work. Because you'll just envy everyone that has this. I guess what I'm saying is you've gotta come to grips with that.

Yet embarking on the motherhood journey doesn't occur in a vacuum; it often results as the women run across certain triggers that serve as catalysts in their decision-making process.

Triggers

These interviews indicate that there are many factors involved in the shift from the "pondering" stage to actively pursuing one's dreams. In this section I will introduce six triggers that commonly jump-started the journey to motherhood.

Key birthdays

Entering midlife can put a scare into most of us, perhaps particularly if we are concerned whether or not we are developmentally “on course.” According to Gail Sheehy (1976):

To each of us, our own crossing into midlife is the most dramatic. Women come upon the crossroads earlier than men do. The time pinch around 35 sets off a “my last chance” urgency. What a woman feels is her ‘last chance’ to do depends on the pattern she has followed so far. But every woman ... finds unanticipated questions knocking at the back door of her mind around 35, urging her to review those roles and options she has already tried against those she has set aside, and those that aging and biology will close off in the *now foreseeable* future. (pp. 377-378. [Emphasis in original])

Certainly one of the areas that aging and biology closes off is biological motherhood. Therefore, it comes as no surprise that many of the respondents found that reaching a birthday like thirty, thirty-five, or forty was often a key motivator for proceeding with motherhood. Alicia, who was 44 when she adopted her son, stated, “The body clock ... it really is there. It’s tickin’. And to some people, when it ticks, it ticks real loud. For me it ticked real loud.” For others, like Maggie, turning 30 was a key birthday because she did not want to be an old mother. In either case, the particular birthday had enough relevance to move the women from “thinking” to “trying.”

Medical conditions

In some cases, the active pursuit of motherhood was driven by medical conditions. The diagnosis of early menopause, endometriosis, or other gynecological concerns raised anxiety for a number of respondents, who then hurried into parenthood because their body would not permit pregnancy much longer. The medical conditions did not have to be gynecological in nature, however. Lynn, for example, adopted a child as soon as she had a clean bill of health after her bladder cancer treatments; coming so close to death (a “life-taking” process) left her hungering for a more meaningful and fulfilling life and re-emphasized her “live-giving” desire for motherhood.

Previous pregnancies

Several of the women reported recent pregnancies that had ended either in miscarriages or abortions. For Erika and others, the experience of pregnancy helped them “get really in touch with wanting a child,” and served as a catalyst for future pregnancy. Several women had had abortions for any number of reasons: medical complications, rejection from family members or boyfriends, or a feeling that the time was not yet right. Even so, the experience of the abortion itself provided them with enough of a taste of motherhood to confirm

that pregnancy was a goal. Comments such as “After I had the abortion, psychologically my desire and my resolve was much greater” or “I guess [the abortion] gave me a chance to fantasize about doing it on my own” indicate the importance of the abortion as a trigger to pursue pregnancy again, even if it meant doing it alone.

Other women’s pregnancies

For many women, the pregnancies of friends triggered them into motherhood. Learning that a friend was pregnant elicited Janet’s tears of jealousy:

Then one of my closest and dearest friends ... got pregnant. And I remember we went out to celebrate her birthday, and she didn’t have a glass of wine, and I said, “Are you pregnant?” She said, “Well, I haven’t had my period in quite a while”... And I remember going home and sitting on the floor in my condo with a glass of wine myself, and just sobbing. I was very happy for her ... and so sad for myself. And I think that was a real turning point for me... it kind of set the wheels in motion.

Soon after that, Janet began insemination procedures, and eventually gave birth to a son.

Influence of others

Many of the women may never have left the “thinking” stage had they not responded to subtle (or not so subtle) pressure from other sources. Both Rhonda and Christine reported that their greatest urging to pursue solo parenthood came from their parents—parents who wanted to be grandparents and did not want to wait any longer. For others, the influence came from other women.

Listening to older women’s voices sometimes gave younger women a “rude awakening” as to what might lie ahead and forced them to re-assess the direction in which their lives were headed. Deborah’s therapist was actually the one who suggested single motherhood to her; after some time spent processing this idea, Deborah proceeded with adoption.

Realization that “the time is right”

Even with the above factors, the primary trigger seemed to be more psychological than concrete. Several women said that they came to a point where they just “knew that the time was right.” To some extent, this feeling came from “having all their ducks in a row,” so to speak, and knowing that they were as ready in their life emotionally, financially, and professionally as they ever could feel themselves to be. Many of the women spent years thinking and preparing before experiencing their epiphany, their sudden “aha,” to let them know they were ready. Gina described her process this way:

I'd been going through all this angst for like the last probably, about ten years. I mean, as my friends can attest. Should I or shouldn't I? And pros and cons. This and that. And I remember one person I talked to.... It was like "When do you know if you're ready to have a kid?" And I remember her answer [was], "Well, after a while there's just no more lists. You just do it." And that really stuck with me.... And I remember about the same day that I found out I got my promotion ... it just all clicked. I said, "This is it. I'm ready. I'm gonna have a kid." And it all, it was like this feeling of peace that just came over me.

For each women, the "aha" seemed to occur at a point where the interest in motherhood intersected with a certain amount of economic, psychological, professional, and maturational preparedness. For some, feeling that such a choice was positively sanctioned by their religious organizations gave them further confidence to move forward (see Bock, 2000). When the puzzle pieces seemed to fit, the women felt at peace about proceeding with their plans.

Choosing the route: adoption or pregnancy?

Most of the women had a vision of the child they wanted and chose their routes accordingly. Some were particular in their desire for a child with a certain ethnic, religious, or intellectual background. Adoptive mothers screened agency dossiers or personal ads to get a picture of the child's background and attributes. Mothers who chose pregnancy pored over sperm bank profiles or chose partners who seemed like "good father material." Generally the choice to pursue either adoption or pregnancy was quite intentional; however, many mothers who had initially opted for pregnancy switched to adoption after they experienced infertility problems.

Choosing Adoption

Women choose adoption for any number of reasons. Mattes lists several:

When you adopt you can choose the sex and the age of your child. You may not want to go through a pregnancy alone or perhaps you might have a physical condition that would be adversely affected by a pregnancy. You may not want to have to deal with the negative reactions or disapproval you may encounter from some people if you are single and pregnant. You may feel that you don't want to bring another child into the already overpopulated world in which we live, and you may instead want to provide a home for a child already born who needs one. (1994: 63)

Indeed, each one of these scenarios presented itself in the interviews and support groups. What the list does not indicate, however, is the fact that

coming to the decision to adopt is often a process in and of itself. For some women, adoption is a first choice; for others it is a final option, if indeed it is an option at all. Some embrace it readily; others have to go through a lengthy process to sort out their thoughts and feelings first. Some have an easy time pairing up with an available child; others find themselves dealing either with local con artists or international cheats who promise them children who do not exist, or with discriminatory agencies who refuse to place a child with a single or older woman.

Probably the most heartrending story was from Ellen, whose journey to motherhood lasted several years; she went from one biological procedure to another before deciding on adoption. She spoke very clearly about her transitions:

The first ... adjustment I had to make was...from insemination to embryo transfer, so that meant no genetic child. That was hard to take, but nothing like "That's the end of biological motherhood," because that was plan B. I always knew that it was gonna be A-B. B was gonna be embryo, and C was gonna be adoption. And that was a hard one to take, because, for some reason, being pregnant, going through that experience, has always been really important for me ... When I realized that I would now have to go into option C, that was the hardest grief period that I had to go through ... It took a couple of months to get through it.

Going through this kind of grief, which is difficult in its own right, is complicated by the fact that one is grieving a child who never existed. It is an ambiguous loss in that one is mourning a child who is psychologically present but physically absent (Boss, 1988). Ellen reported that she found a "wonderful therapist" to help her through her grief process, and that this helped her in her shift from pregnancy to adoption.

Choosing pregnancy

All but a few of the respondents stated that they wanted to have the experience of pregnancy. Some spoke of intense curiosity about "how my biological child [would] look and act and be and grow." Some who appreciated the looks, talents, and history of their lineage wanted to biologically pass part of their heritage on to their children. They were also concerned about the genetic inheritance of adoptive children; e.g., that the available children might be fetal-alcohol babies or infants with other disorders. Some considered the cost of adoption, as they knew that an uneventful pregnancy would be very inexpensive in comparison to a private adoption. Others were concerned that the child "look" like them, and were aware that same-race adoptions were difficult.

Once the choice to pursue pregnancy was made, the question focused on "how?" The two routes to pregnancy are intercourse and insemination; the

decision between those two options presented its own dilemmas.

Choosing insemination

Donor insemination is a common choice for single women who want to pursue motherhood. Anderson *et al.* explain:

Although it is far from easy, this technique gives women the greatest amount of control. It allows a woman the experience of bearing and raising her own biological child without the potential complications involved in asking a man to whom she is not married to be the father. Not all women know men whom they would want to father their child and who would agree to such a plan; even if they do, such arrangements pose a risk of complex emotional entanglements and possible future custody disputes. Choosing artificial insemination also has the advantage of bypassing all the bureaucratic obstacles single women encounter in an adoption culture that can be deeply prejudiced against them. For these reasons, many women are deciding to tolerate all of the very real problems posed by artificial insemination in order to become mothers. (1994: 230-231)

An additional advantage that insemination holds over intercourse is that the sperm in sperm banks is routinely screened for HIV and other sexually transmitted diseases. Overall, then, the advantages of insemination are that: (a) there is less risk of contracting an illness than there is with intercourse, since “unhealthy” sperm are screened out; (b) insemination feels like a “cleaner” and more honest approach than intercourse in that it does not involve “using” a man for sex in order to acquire sperm; (c) it provides safety from anyone who might wish to seek a custody battle at any point in the future; and (d) if there are no medical complications, its costs are much lower than the costs of adoption.

Much of the conversation about insemination focused on the issues of “control” or “ownership.” Carole, for example, stated:

I don't want anyone else to have a say in what happens to that child. If a child is born and somebody else has fifty percent ownership, as it were, I didn't want that. I wanted a hundred percent.

Similarly, Linda explained: “[You hear] the stories that go on about the fellow that doesn't really want to be the involved father, and then three or four years into it and you got a neat kid, he says that he wants joint custody....[so that's why] it just seemed like [insemination] was the cleanest way to go.”

The down side to anonymous donor insemination is that there is no story to tell about the father; this was of concern to several women. As a result, they chose to inseminate with known donors. Jackie stated that “I did not want my child not to know his father at all.” Choosing a donor gave promise that the

child could develop a father-child contact or relationship. Additionally, as the women in the support group joked, they would never have to make statements like “your father was a petri dish.” Three of the women chose to inseminate rather than have intercourse with known donors because they were afraid that, since the men were friends rather than lovers or potential marriage partners, sex would complicate their friendships. As Jackie explained, “We had decided that it would just be more comfortable for both of us since we did not have that kind of relationship.”

Choosing intercourse

There are many reasons to choose intercourse as the route to motherhood. For one thing, it is what some respondents call the “good old-fashioned” route to motherhood. Second, it costs no money at all to conceive a child in this way, and thus circumvents the thousands of dollars of expenditures that come with reproductive technology and adoption. Third, the birthfather is known, and is therefore someone who can be described to the child in terms of appearance and personality.

Despite these advantages, only four of the respondents pursued intercourse as their route to motherhood. Three of the four expressed the importance they attached to the idea of a known biological father: they wanted their children to have access to him at some point in the future if they desired contact, and they wanted to be able to tell stories about him so that the children could get a sense of what kind of person he was. As Diane stated:

I really wanted there to be a person. [My son] will meet his father someday... I just think that there really ought to be a person ... I think in the end [insemination] is really hurtful to the child ... I feel ... to be able to show, “This is your daddy” and “Here’s a picture” has been consoling to him. And the fact that he may have a relationship with him someday, I like that idea ... And that I can tell him things. I took him into this dance place actually where I met him ... And I said, “Oh, this is where your daddy and I used to come dancing” ... It just seems a bit more normal to me.

Deciding to become a parent is, for many people, a difficult decision in and of itself. Deciding to become a single parent is an even more weighty decision: there is more responsibility, more stigma, and more juggling to coordinate work, school or daycare, and home schedules. Additionally, the financial burden falls on one person rather than two, and fears about losing one’s job or of having a difficult pregnancy carry even more weight than they would if one were in a partner relationship.

Discussion

The women of this project were all very committed to the idea of themselves as mothers, and pursued that end despite the risks involved. In no

case was the decision made lightly; indeed, the respondents made their choices very deliberately. Figure 1 illustrates their decision-making process:

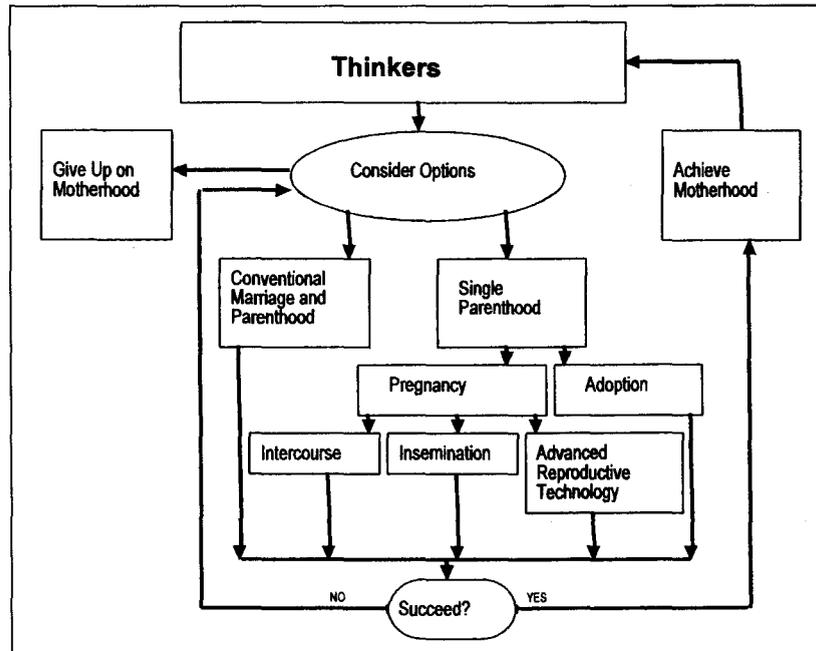


Figure 1

The first step in moving from the thinking to the trying stage involves coming to terms with singlehood. If a woman is interested in motherhood only in the context of conventional marriage, then single motherhood will not be a viable choice. In such a case, she may go on a dating spree in search of “Mr. Right,” and may even settle for “Mr. So-So” in an attempt to realize her dream. If she is successful in becoming married, she may then proceed to achieve motherhood in that context. If she is not successful in finding a partner, then she will have to decide whether to forego motherhood altogether or make the shift to single parenthood.

Those preparing for single parenthood then have other thoughts to ponder: “Is it important for me to have a biological child?” “How do I feel about adoption?” “What can I afford?” “Do I want to know the donor or not?” “How much do I want my doctor to be involved in my plans?” “Should I go to therapy to talk this through further?” “How well can I handle stigmatizing comments that come my way (or my child’s way)?” “Which route is most comfortable for me when it comes time to explain to my child how we became a family?” “How will this affect my life at work?” “Do I want to co-parent this child with a friend?” “How will I manage day care?” “How do I feel about raising a child of a different race?” “What option best suits my value system?” Each woman, as

a unique person with her own background, her own job site, and her own value system comes up with her own answers to these questions; every woman's story is different.

A few lucky women only have to go through the cycle once: they become pregnant on their first try or are successful in their first adoption attempt. The majority, however, go through the cycle more than once, and some make many, many rounds. With each return to the "Consider Options" circle, the questions become much more demanding, shifting away from concerns about "Does this fit my value system?" to "Do I have the financial, physical, and emotional reserves to go through this process again?" The trips around the flow chart represent more than a series of attempts at motherhood; they represent a cycle of grief, as each clockwise trip back to the top of the chart represents a child lost at the bottom of the chart on a previous trip. Some women, like Ellen, go around the cycle again and again, determined never to stop until they have their child. Others stop when the process becomes emotionally or financially too difficult to handle any longer.

A reflection on economic justifications

This article has focused primarily on the psychological processes single mothers by choice go through as they make their decision to mother. It is important to note, however, that *this* type of single mother is generally white, educated, and financially secure, which empowers her to view the option of single and volitional parenthood as a true "choice." These mothers argue that because of their economic and educational advantages, they can handle both the instrumental and emotional aspects of parenting (see Parsons, 1951) and can therefore provide a healthy family home for their children. In a circular argument, their ability to make "good sense" decisions is facilitated by having choices and options; having options, in turn, is highly facilitated by having money. As a result, socioeconomic status emerges as a primary ingredient in their ability even to think seriously about pursuing single motherhood in the first place: the ability to provide housing, education, clothing, medical care, supervision, and enrichment opportunities for children facilitates the opportunity to be viewed as a "competent" parent, which in turn legitimizes a good portion of the decision to parent alone (for more on this discussion, see Bock 2000).

A key element in the decision to parent alone has to do with the ability to answer the question, "How will I explain my decision to others?" Thus the justification process is a very real part of these women's everyday worlds. Part of their management strategy is to tap into other cultural values (e.g., earning a living, being responsible, getting a good education, creating a family) that demonstrate their good citizenship. Certainly the term *single mothers by choice* itself suggests collusion with the national ethos on responsible decision making by people with decent jobs. This then brings a very classist element to the discourse. Buried underneath the justifications is another message: "We're not

like those ‘other’ single mothers” (i.e., teen mothers, welfare mothers, single mothers by accident), mothers who supposedly do not enter motherhood in such a “responsible” fashion. This process normalizes the respondents’ single-parent status and serves as an important force in validating their decisions as rational, moral, and responsible.

Despite whatever economic advantages they have, however, the decision to parent alone is not easy. Making the decision to proceed with single parenthood involves coming to grips with a multitude of issues including age, fertility, morality, stigma, relationships with past/current partners, life course, support networks, economics, grief, time flexibility, family scripts, and health. Those who proceed are those for whom the importance of the dream outweighs the impact of the obstacles. The goal is *motherhood*; for these women, nothing short of that is acceptable.

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