MOTHERHOOD?: STORIES OF DECISION

by

TIFFANI MOHAMMED

Diploma, University of the Fraser Valley, 1999
B.F.A., University of Alberta, 2001

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Abstract

Six women participated in this qualitative study investigating how unpartnered women in their early 30’s negotiate the decision of whether or not to pursue motherhood within the context of their life circumstances. Previous research has largely focused on fertility intentions and decision-making processes of married women, and/or those whose ages are within the expected reproduction time frame. This research supports the limited, recent qualitative literature highlighting the experiences of women facing biological pressures, along with influences presented within the circumstances of their lives.

Narrative methodology provided the structure for this study and participants were encouraged to share their parenthood decision-making stories with guidance from open-ended questions when necessary. The in-depth narratives of these participants generated several common thematic threads: Relationships (romantic and otherwise); a sense of personal agency; family and peer influences; career and financial influences; a sense of readiness; biological pressures; research, and community support.

Findings from this research supports that the parenthood decision can be particularly complicated and confusing for women who are unpartnered in their early 30’s, not only due to their relationship status, but because of competing pressures, ambitions and demands. The stories shared by these participants also reflect the non-linear decision-making process and supports that the decision is based on events and experiences encountered throughout their life journeys. Mental health practitioners can invariably learn from this research, especially when assisting women who are negotiating parenthood while in their early 30’s. Further qualitative and quantitative research could substantiate and add to these findings by deepening the identified thematic threads or capturing additional thematic threads identified by diverse groups of women.
Preface

This research was conducted following the approval of the UBC Behavioural Research Ethics Board. The certificate number is H11-01908-A001.
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CHAPTER ONE

Introduction

The lives of women today can be complicated and decision-laden (Benzies, Tough, Tofflemire, Frick, Faber & Newburn-Cook, 2006; Cowan & Cowan, 2000). In particular, women in North American societies who are childless and in their 30’s are faced with important, life defining choices, such as whether to maintain their current childless lifestyle or start a family (Daniluk & Herman, 1984; Hoffman & Manis, 1979; Langdrige, Sheeran & Connolly, 2005). For unpartnered women in this age bracket, several aspects can factor into this parenting decision-making process, including current relationship status (Bumpass, 1990), financial concerns (Zhang, 2009), familial expectations, societal and religious pressures, as well as social support (Benzies et al., 2006; Bock, 2000; Mannis, 1999), maintenance of independence, and personal growth aspirations (Lewis & Moon, 1997). To further complicate this time period, some women experience physical urges to reproduce, often referred to as their “biological clocks”, and these somatic pressures can cause some women added confusion and distress in determining their true lifestyle preference as they plan their futures (Benzies et al, 2006). How women in their early thirties wrestle with and decide whether or not to pursue motherhood while their fertility is still likely viable, was the focus of this study. For the purpose of this research, “fertility decision-making”, “reproduction decision-making”, “motherhood decision-making” and “parenthood decision-making” were used interchangeably. The term “unpartnered” refers to those who identified as not being in a committed relationship.

Research Problem

Many women in their early 30’s experience the physiological phenomenon of their biological clocks racing, urging them to reproduce (Benzies et al., 2006). The term biological
clock refers to the “interconnections and fissures between social and physiological domains regarding women’s bodies and reproduction” (Friese, Becker & Nachtigall, 2006, pg. 1551) and is a consideration particularly for career-oriented women (Armenti, 2004; Ward & Wolf-Wendel, 2004). Typically, it is in the 30-to-40 age range that women are in the throes of pursuing, defining or advancing their careers, as well as the time period the biological clock ticks with increasing intensity (Armenti, 2004; Ward & Wolf-Wendel, 2004). For many women, negotiating these competing demands can be a difficult dilemma and some may feel they must sacrifice motherhood in order to reach career goals. In addition, women have been led astray by media into thinking that reproduction is possible into their 40’s and beyond, when in fact, research supports that women lose up to 80% of their reproductive eggs by age 25 with significant fertility declines after age 35 (Leader, 2006). Women at 35 years of age and older experience increased chances of miscarriage, stillbirth and other pre and postnatal issues, including a 10% delivery rate (Leader). However, the average age for Canadian women to give birth to their first child is currently past the age of 30, with 25% of Canadian women giving birth to their first child at age 34 (Leader). Starting families in their 30’s has become the norm and expectation for many women, especially lesbian women, who tend to become mothers later in life due to the barriers of becoming pregnant and risks associated with raising a child in a heterosexist society (Bos, van Balen & van den Boom, 2003). Although there have been advancements in technology that may help to increase the time within which women can pursue a pregnancy, such as in vitro fertilization (IVF) and donor oocytes, IVF can not fully compensate for age-related declines in fertility and maternal and fetal risks increase significantly for women with advanced age (Friese et al.). Many determined women are conflicted between the physical manifestations of their biological clocks indicating they are ready for reproduction, and
satisfying personal, career and lifestyle ambitions (Benzies et al., 2006; Maher & Saugeres, 2007). So, how do women reconcile their drive/desire to have a child with their personal and career goals, and the realities and circumstances of their lives? Also, how do women experience and negotiate the time limitations of natural reproduction?

Over time, the research regarding how women decide whether or not to pursue pregnancy has changed. Early research illuminated the idea that potential parents made decisions to bear children by weighing the costs and benefits of having children (Hoffman & Manis, 1979), and “viewed children as a source of economic, social, and psychological value” (Langdridge et al., 2005, p.122). Although this thinking continues to be present in western societies, more contemporary studies consider not only the values, but the “attitudes and intentions” (Langdridge et al., p. 122) of potential parents in the motherhood decision-making process (Bos et al., 2003; Riskind & Patterson, 2010 Schoen, Kim, Nathanson, Fields & Astone, 1997). Some researchers added to this research by looking at the attitudes, inclinations and feelings, as well as the overall experiences of women attempting to make a fertility decision (Daniluk & Herman, 1984; Hertz, 2006; Mannis, 1999). Unfortunately, literature reflecting these experiences is dated and limited and may not echo the decision-making realities of the current cohort of women. Although there are fertility decision-making models (Miller & Pasta, 1993) to predict fertility outcomes, there is little literature examining women’s experiences of fertility decision-making and the meanings they ascribe to their decision to pursue or reject motherhood.

In considering the experiences of women who are debating whether to reproduce, the literature reflects a recurring theme for the current generation of women in their thirties – which is the conflict between motherhood and career aspirations (Armenti, 2004; Ward & Wolf-Wendel, 2004). Although women tend to do the majority of the caregiving in many cultures,
“women’s work” is not limited to domestic duties within the home any longer, and has become an antiquated and chauvinistic term to those of today’s generations. In fact, in Western culture in particular, career and educational opportunities for women have steadily increased over the past several decades (Blau, 1998). Stats Canada reports that in 2006, 67% of educated men were married to women with equivalent educational degrees, compared to 38% in 1981 (Martin & Hou, 2010). However, there continues to be a double standard between women and men in terms of job expectations in the paid workforce versus in the home. Women continue to be expected to do the majority of the childrearing within the home, as well as maintaining high standards of performance on the job (Self, 2005; Ward & Wolf-Wendel, 2004). In fact, research shows that lesbian couples who are mothers do not experience the same role conformity as heterosexual couples because they have been socialized into the same gender role and therefore maintain a greater sense of equality (Bos, van Balen & van den Boom, 2004); thus share the work within the home (Bos, et al., 2004). Although the number of men who are willing to remain home on paternity leave has increased within Canada from 3% in 2000 to 20% in 2006 (Marshall, 2008), women continue to be the parent who largely assumes responsibility for the homemaker role. This disparity is to be expected given that men’s wages are typically higher than women’s wages within the same jobs (Self), resulting in parental leave making more financial sense for the lower income earner. However, research supports that regardless of marital status (married, single or divorced), females are more likely to be primary caregivers to children (Self). Although women with children typically earn less than men of the same status, and less than childless women (Self), women who have children later in life earn 6% more than women who have children at a younger age (Drolet, 2002). Some have reasoned that the discrepancy between men/childless women’s wages and the wages of women with children is due to mothers’ “questionable”
commitment to their job, human capital (worth based on knowledge, competencies and personal attributes on the job) and low level of experience due to interruptions in career because of pregnancy and birth leave (Blau; Self; Zhang, 2009). But others hypothesize that these reasons are only “social expectations” and merely offer “explanations” (Self, p. 852) to the discrepancies between mother’s wages and men/childless women. It is no wonder that women who have put years of effort into achieving career goals are hesitant and conflicted in the childbearing decision-making process given the clear costs associated with this life-altering choice.

Current societal pressures can also be a constraint for women as they ponder changing the layout of their lives to include having children (Benzies, et al., 2006; Dion, 1995; Gillespie, 1999). These societal pressures can be exuded through family members and peers, such as expectations to produce a grandchild, continue the family lineage, and pressure to reproduce “on-time” or at the same time as peers (Gillespie). Other internal and external pressures, such as expectations from self and society, complicate the decision-making process (Gillespie; Maher & Saugeres, 2007). Women who delay motherhood may want to be thoughtful and deliberate about choices that affect all aspects of their lives but delaying childbirth has had, and continues to have, societal stigmas, such as the connotation that older mothers have less energy and are somehow “unacceptable” (Benzies et al., p. 629). Interestingly, there are also social stigmas associated with early childbirth, i.e. “that young mothers were robbed…of opportunities for education and the acquisition of material things” or that they are “bad mothers” (Benzies et al., p. 629) based on their lack of life experience. Further societal pressures include her relationship status and/or stability for women considering motherhood. The awareness that current divorce rates are 50% has also been shown to affect the timing of motherhood with women wanting to know that they are bringing a child into a healthy, stable family (Benzies et al.).
Since the second wave feminist revolution, it has become more socially acceptable for women to delay partnering, to be in a relationship with another woman, to have multiple partners over a lifetime, to remain single and to forego motherhood (Bock, 2000; Lewis & Moon, 1997). There seems to be a contradiction between what society deems as acceptable and appropriate, further entangling the motherhood decision-making process. However, there also continues to be a stigma, religious and otherwise, against unpartnered women who elect to become mothers (Bock; Lewis & Moon). This reality serves to further complicate the reproductive decision-making of women in their early thirties, many of whom have yet to find a partner with whom they wish to parent.

Beyond the points already mentioned, this topic is deserving of attention because of the generational changes from the 20th century to the 21st century, which has essentially resulted in a generational change in attitude. Those born in the 70’s, 80’s and 90’s have been referred to as “Generation Me” (Trzesniewski & Donnellan, 2010, p. 58) – a cohort supposedly characterized by increased egotism, self-worth, misery and a multitude of additional negative characteristics. While many of these assumptions appear to be unfounded, research has shown that this cohort has “higher expectations for their educational careers” (Trzesniewski & Donnellan, p. 70) and is more cynical of the usefulness of school and distrusting of governmental institutions, than previous generations. This generation is also unique because they are the first generation exposed to and able to access advanced reproductive technologies, thereby potentially extending their reproductive time frame, as well as instilling the belief that they can control their fertility. This literature suggests that women of “generation me” have a heightened focus on career and advancement, which may account for the delay in partnering and the postponement of motherhood. Regardless of conflicting opinions regarding the increase of narcissism in the
current generations, the attitude toward career may be a fundamental difference between today’s generations and those born prior to the 70’s. Women can be challenged by this shift in thinking because, although fueled by aspirations beyond the maternal realm, unless they are certain they do not want to parent, they typically must continue to negotiate the demands of the world of work with the internal ticking of their biological clocks. This dilemma may be particularly challenging for career-oriented women of differing sexual orientations in their early thirties who are interested in having a family but have not yet found a partner with whom they would consider parenting. Thus, my research question is as follows: How do unpartnered women in their 30’s negotiate the decision of whether or not to become a mother within the context of their current life circumstances?

In investigating this topic, I gained an understanding of the lived experiences of motherhood decision-making for the current generation of unpartnered women in their early 30’s. I was particularly interested in knowing how these women negotiated this challenging, life-altering decision. In elucidating, reflecting and understanding their unique stories, my hope was to help the increasing number of women confronted with this challenge, as well as inform counsellors of the parenthood decision-making dilemmas faced by increasing numbers of women in their 30’s. My under-lying clinical goal was to ultimately assist unpartnered women in their 30’s in feeling validated and empowered with regards to their motherhood decision-making processes and outcomes. In addition, future generations of women may have a road map of what to expect and how to negotiate this unique terrain. Some of the questions that were answered in the stories of the study participants included: How did some women experience desire to reproduce, and did these desires conflict with their life circumstances or preferred lifestyle? What were the influencing aspects that caused these women to, or not to, pursue motherhood?
How did they negotiate any mixed feelings and thoughts? How did they experience internal and external pressures and expectations? What internal and external resources helped these women come through this challenging time regardless of their individual outcomes? How did they experience the process of making this decision?

The in-depth stories and experiences of women in their early 30’s who faced and made this challenging, and time-sensitive decision has added to the existing, if not dated and limited, literature on parenthood decision-making. This research is also a continuance of educating mental health workers of the fertility and childbearing decisions confronting women of this generation. Counsellors who understand the complex lives and decisions facing women may be able to provide more appropriate counseling services to their female clients, ultimately leading women to feel less alone, and more supported, understood and empowered in making this life-defining parenthood decision at this pivotal time.
CHAPTER TWO

Literature Review

Within the past century in North America, there have been gradual, significant shifts in thinking in regards to childbearing decision-making (Langdridge et al., 2005; Mannis, 1999). It is now not uncommon for people to purposefully decide to delay childbirth or remain childless (Bock, 2000; Kemkes-Grottenthaler, 2003; Schoen et al., 1997). In turn, this has increased the demand for further understanding about how people make parenthood decisions. Throughout the first section of this chapter, empirical research findings concerning parenthood decision-making are examined. Delayed parenting is the focus of the second part of this review, and variables relating to delayed parenting are discussed. Finally, literature pertaining to childlessness, and its related correlates, are investigated.

Parenthood Decision-Making

Over the past two centuries, factors relating to how and why childbearing decisions are made have shifted. A women’s urge to become a mother has been understood in the seminal theoretical literature as being the result of positive nurturing (Benedek as cited in Gerson, 1983) and basic trust experienced in childhood (Erikson, 1980), and early research supports that childrearing environment influences character qualities or sex-type as an adult, which leads to predictions in fertility (Alligeier, 1975; Blake, 1969; Davis, 1967; Eagly & Anderson, 1974). Psychological factors, such as perceived costs and benefits of reproducing, were also identified in initial research as playing a large role in how and why a person decides to become a parent (Friedman, Hechter & Kanazawa, 1994; Hoffman & Manis, 1979). However, in exploring more recent literature concerning parenthood decision-making, there are indications that specific personality traits and attitudes affect this decision (Daniluk & Herman, 1984; Miller, Severy &
Pasta, 2004; Pinquart, Stotzka & Silbereisen, 2008). Similarly, it has become evident that an essential piece to understanding how women make parenthood decisions relates to the internally dictated construct of motivation (Gerson; Miller et al.), as well as fertility intentions (Bos et al., 2003; Schoen, Astone, Kim, Nathanson & Fields, 1999). In fact, motivation and intentions appear to be primary factors in prediction of fertility behavior (Bos et al., 2003; Gerson; Miller et al.; Schoen et al., 1999), and so, several models have been designed to measure intentions to reproduce (Ajzen, 1991; Miller & Pasta, 2004, 1994). Qualitative studies report that family support and experiences, peer and community support, as well as religious influence can play a role in parenthood decision-making (Bock, 2000; Hertz, 2006; Mannis 1999). As this array of research findings demonstrates, parenthood decision-making is complex and multi-faceted. In light of my research question, it has been important to examine this dominant literature on parenthood decision-making in order to identify disparities in research findings and gaps in parenthood decision-making literature. This review of literature may also inform our understanding of the parenthood decision-making process of women of current generations, which has been the target population and goal of this research.

Early researchers postulated that the “mother” role is central to a young girl’s idea of what it means to become a woman (Hoffman & Hoffman, 1973), and that the acceptance or rejection of the traditionally feminine, woman role is related to family size, or whether reproduction will occur at all (Blake, 1969; Davis, 1967). Eagly and Anderson (1974) investigated sex-role and family desires amongst 386 US, Caucasian, University students (250 men, 136 females) in their early 20’s. Participants were asked to complete a questionnaire evaluating 20 activities (i.e. caring for a baby, taking out garbage etc.) on a five point scale, as appropriate for females only, males only or for both sexes. Findings revealed that participants
with relatively equal male and female traits desired smaller families than those who embodied mostly male or female traits. The authors of this study were forthcoming about the substantial limitations of this study. Their sample demographic included Caucasian University students only, which limits the applicability of findings to other demographics. Eagly and Anderson (1974) also noted the social pressures existing at the time of the study, which included pressure to control over population by having fewer children; participants may have felt this pressure and adjusted their responses accordingly.

In an effort to gain a better understanding of correlations between sex-types and family size, Allgeier (1975) conducted a quantitative examination of 40 University students using the Bem Sex Role Inventory (BSRI) (Bem, 1974) initially, and followed this with the Allgeier Future Projection Inventory (AFPI) for demographic and socialization purposes. Depending on their score from the BSRI, which determined their sex-type (male sex-type, female sex-type or androgynous (equal male and female traits)), participants (20 men, 20 women) were selected and then divided into four subgroups (sex-typed or androgynous males or females). Half of the participants in the subgroups were interviewed and randomly administered the AFPI. The cross examination of results indicated that androgynous females, compared to sex-typed females, tended to have educated parents, lived in larger communities, had higher educational and career aspirations and desired smaller families. Although the sample size was small and demographic was limited to University students, this research supports the theory that some women may have stronger internal drives to reproduce due to their upbringing and personality traits (Blake; Davis; Pinquart et.al., 2008). Although the results of these sex-typing studies reveal factors contributing to fertility prediction, this research does not explain how the parenthood decision is formulated.
To further understand how this decision is made, we look at a complimentary theory of the time, which are the psychological satisfactions of reproducing.

To understand how women reach a decision on whether to become a mother, researchers have attempted to understand the “value” of children by assessing the needs that reproducing satisfies, and how these needs translate into parenthood choices (Hoffman & Manis, 1979). As part of a cross national investigation, Hoffman and Manis (1979) conducted a mixed methodological study within the United States assessing the value of children, which included examining decision-making processes and costs and benefits, among 1,569 married women (below age 40) and 456 of their husbands; the sample included mostly parents (397 nonparents) and were of varied race (African-Americans: AA, Caucasians: C and Hispanics). In terms of the decision-making process and the benefits of parenting, findings support that female nonparents primarily weigh achievement values (producing a child, child-rearing) (C: 6.7%, AA: 7.1%), children as companionship (C: 21.4%, AA: 28.6%), and children as an expansion of self (reproducing oneself, purpose in life) (C: 7.4%, AA: 7.1%) when considering parenthood. Children as economic utility (C: 4.6%, AA: 0), fun associated with raising children (C: 35.8%, AA: 21.4%) and reasons of morality (becoming a better person) (C: 2.8%, AA: 0) were not significant reasons for the female nonparents in this study to become parents. Complementing the research supporting that girls innately desire motherhood (Hoffman & Hoffman, 1973), as well as the sex-typing literature (Alligeier, 1975; Blake, 1969; Davis, 1967; Eagly & Anderson, 1974), Hoffman and Manis (1979) also discovered that the value of children as social identity was most important for women who held traditional views of sex-roles, which was represented by the contingent of unemployed mothers within the sample. Furthermore, unemployed mothers within the sample tended to want larger families, than those who were employed, for reasons
such as “something useful to do” (p. 588). These findings suggest that women who have found meaning beyond motherhood and are liberated from traditional gender values depend less on their role as “mother” to define their social identity, and therefore, may not have an inherent or obvious desire to become a mother. However, due to female nonparents’ social identity reaching fulfillment beyond the mother role, they may feel more conflicted when considering parenthood because they continue to weigh their desire for companionship, for the achievements mothering affords and for expanding oneself through child-rearing. Although the list of values state some of the considerations made by those deciding to reproduce, the survey format and list of values do not inform how participants experienced the parenthood decision, nor is this research reflective of the current generation.

Friedman et al. (1994) referred to Hoffman and Manis’s (1979) values survey as a “laundry list” (p. 384) and criticized it because the values listed as “benefits of having children” relied on varying value assumptions, whereas, their theory relies on a single value assumption-uncertainty reduction. Friedman et al. were interested in understanding why people choose to procreate when given financial unfeasibility or unstable relationship status. They postulated that those who face greater uncertainties, such as divorce, unstable/lack of relationship or less access to alternative choices in life, are more likely to become parents. The value of children, in this case, is that of creating perceived certainty (eg. family in spite of unstable traditional structures). This theory was questioned for its empirical validity, internal inconsistencies and narrow potential (Lehrer, Grossbard-Shechtman & Leasure, 1996). No empirical research was conducted to support this theory.

Schoen et al. (1997) investigated the question “why Americans want children” from an economic view of costs and benefits and their hypotheses were threefold- 1. Those who value
relationships created by having children (social capital) are more likely to procreate. 2. Those who are unconcerned about the economic cost of children are more likely to procreate. 3. Women who are unconcerned with the impact childbearing may have on their careers are more likely to procreate. Their national study sample (N = 4,358) included Caucasian and African Americans of varying relationship statuses (Married: N= 44.8, cohabitating couples: N= 8.9, single parents: N= 46.3) between the ages of 16-39 (sexual orientation unknown). Questionnaires relating to fertility intentions were administered and, contrary to findings by Hoffman and Manis (1979), results supported that the social capital value of having children is a significant consideration in the parenthood decision-making process. Findings also indicated that career-oriented Caucasian women were less likely to procreate; however, this finding was not confirmed amongst the African American female sample portion of the study. Findings did not support Schoen et al.’s (1997) hypothesis regarding concerns of economic cost and only a small portion of married women who were mothers to two or more children worried about economic costs of having another child. To contextually situate this research, the noted findings, especially those expressing the importance of economic cost, are relevant to North American populations; economic cost has been proven to be a significant factor in the parenthood decision-making process for countries outside North America (Trommsdorff, 2009). This dated research does little to inform the research question in this study because nonparents are not included in the sample.

Other psychological factors in the investigation of parenthood decision-making involve the effect of personality traits in the decision-making process. Daniluk and Herman (1984) studied parenthood decision-making among 20 voluntarily childless, career-oriented women of differing relationship statuses and attempted to assist them to make an informed and personally satisfying parenthood decision. Although the majority of the sample was married women,
divorced and common-law partnered women were also included in the study. Using a group workshop format, pre-test/post-test decision-making questionnaire (Optional Parenthood Questionnaire (Beach, Townes & Campbell, 1978)) and a personality test measurement (Personality Research Form Profile (Jackson, 1974)), study results indicated that personality traits, such as valuing personal freedom and autonomy, could be indicative of whether women are more or less likely to pursue parenthood. Although the intent of this study was not to look at how women make a childbearing decision, following the workshops, 42% of women involved in this study came to a conclusion regarding whether or not to become a parent. This suggests that part of the “how do women make a parenthood decision?” includes adequate support and psycho-educational information about parenthood. Additional findings confirmed that career-oriented women are more likely to delay childbirth, and that “loss of independence” is a primary concern and factor in their decision-making process.

In more recent literature, the association of personality traits and ambivalence to parenthood decision-making has been examined through Pinquart et al. (2008) mixed-methods studies using samples of young, female adults and adolescents of German ancestry. The first study included 459 randomly selected adolescents and young adults (60% women, of which 16% were parents), and the second study sample was comprised randomly from the registry of inhabitants of four German towns and included 366 adolescents and adults (56% women, of which 26% were parents). Findings indicated that participants with higher levels of neuroticism and low levels of agreeableness were more ambivalent in making a parenthood decision. It was postulated that high levels of neuroticism translates into the inability to regulate emotions and people with these high levels are easily frustrated and stressed; low agreeableness is an indicator for high levels of selfishness. This research suggests that young women who are able to self-
identify as neurotic and/or selfish may be less likely to become a parent. How women who embody these traits come to resolution regarding the parenthood decision is not expanded upon in this literature. Although this research focused on the female demographic, a similar study using a nonparent, North American population would better inform the research question presented in this study. Reviews of such research are conducted in the following sections of this chapter.

In furthering our understanding on the reasons behind parenthood decision-making, it is appropriate to review the literature pertaining to fertility intention and motivation (Bos et al., 2003; Dion, 1995; Langridge et al., 2005; Miller et al., 2004; Riskind & Patterson, 2012; Schoen et al, 1999). Although Dion (1995), in her study (N= 114) pertaining to delayed childbirth correlates, revealed findings supporting no difference in parenthood motivation between delayers and non-delayers, others have noted contrary results. It was hypothesized by Schoen et al. (1999) that participants in their longitudinal study (1987-89: Time 1, 1992-94: Time 2), who anticipated parenthood, would realize their reproduction intentions within five years. Their sample of 2,812 Caucasians were taken from the National Survey of Families and Households (NSFH) and were between the ages 16-39. Intentions to reproduce in the future was measured via questionnaire at Time 1 and correlated with responses at Time 2, specifically as to whether they had reproduced within a five year time period. Results showed that respondents who were married, with intentions of reproducing, at Time 1 were more likely to have fulfilled this intention at Time 2; unmarried participants were less likely to realize their intention to have a child. Those who indicated no intentions to reproduce at Time 1 had largely not reproduced at Time 2.
Langdridge and Connolly (2005) built on this research by attempting to clarify reasons behind reproduction intentions, as well as prove the validity of fertility prediction and understand how fertility behaviors can be changed. In their large national survey (N= 874), they asked their married, nonparent (UK) participants to respond to an 11-item questionnaire with the purpose of measuring reasons for and against wanting children. Findings similar to Hoffman and Manis (1979), results indicated that companionship and giving love was paramount in this decision, as well as achievement values (something to strive for and bond with). The most significant reason dividing “intenders” from “non-intenders” was the belief that children will provide fulfillment. Male intender responses indicated that carrying on the family name, having children for the good of the relationship and children as stimulation (fun) are important reasons to have children, whereas “biological drive” was a significant reason indicated by women intenders for reproduction. Significant reasons against reproducing included “interference with career” and “emotional strain”. This research validated findings from various other studies (Hoffman & Manis; Miller et al., 2004; Schoen et al., 1999) relating to reproduction motivation, identified key variables for fertility behaviour intervention, as well as informs the parenthood decision-making process. It also compliments findings in this research, which are that some women who describe their lives as fulfilling do not feel the need to become a parent. However, it is unclear whether these findings are generalizable to populations other than married Caucasians.

Bos et al. (2003), researchers in the Netherlands, recognized the gap in research regarding parenthood intentions in the homosexual community and recruited 100 lesbian families and 100 heterosexual families of similar criteria (e.g. education, relationship length) to investigate the retroflective parenthood motives and intentions of planned lesbian families compared to planned heterosexual families. The mean age of the biological lesbian mothers (opposed to social lesbian
mothers) at time of first child was higher (35) compared to mean age of heterosexual mothers (32). Education level, which was high for both groups, and relationship length (approx. 14.5 years) were similar between homosexual and heterosexual participants. In terms of method, both couples completed a questionnaire on parenthood motivation (The Parenthood Motivation List (van Balen and Trimbos-Kemper, 1995)) that included categories such as happiness (e.g. ‘children make me happy’), motherhood/fatherhood (e.g. ‘parenthood is fulfilling’), well-being (e.g. ‘parenthood makes life complete’), identity (e.g. ‘achieving adulthood’), continuity (e.g. ‘I can continue living through my child’) and social control (e.g. ‘others expect it’). Each participant also answered Likert scale questions on reflection (e.g. ‘how often did you have thoughts about the reasons for having children?’) and strength of desire to become a parent (e.g. ‘what were you willing to give up to have a child?’). Findings revealed that lesbian parents showed a greater desire to have children and spent more time thinking about the reasons for wanting children compared to the heterosexual parents. Both sets of parents shared similar motivations to have children – happiness and motherhood were rated high for parent motivation, whereas social control was rated low for both sets of couples and identity was rated as more important for heterosexual parents. The researchers postulated that lesbian women spend more time contemplating motherhood because of the possible challenges in raising a child in a heterosexist society, as well as the awareness that it is not usually as easy for lesbians to reproduce as for heterosexual couples.

Building on this research, Riskind and Patterson (2010) focused on a subsample from the 2002 US National Survey of Family Growth that included 294 childless lesbian and gay participants and childless heterosexual participants (90 females, 204 males) of African-American, Euro-American and Latino decent. In addition to examining the parenthood intentions
and motivations of homosexual persons, Riskind and Patterson (2012) also investigated participant’s attitudes toward parenting. Participant ages ranged from 15-44 and each homosexual participant was “matched” to a heterosexual equivalent (e.g. same gender, age, education, ethnicity/race) and participants responded through computer-assisted surveys to questions on parenthood intentions, desires and attitudes. Results indicated that the homosexual and heterosexual participants equally value parenthood but, contrary to Bos et al.’s (2003) findings, the lesbian participants were less likely to desire children compared to their heterosexual counterparts. Though, both homosexual and heterosexual women expressed equal intention to pursue motherhood. Although age and sexual orientation were noted as statistically significant in predicting parenting intention for these women, ethnicity/race were not. In regards to “attitude”, the heterosexual participants relayed feeling more distress at the thought of remaining forever childless and again, age and sexual orientation were significant predictors of this distress.

The research and theories of Ajzen (1991) clarified the distinction between “intention” and other fertility prediction language, such as “motivation” and “desire”, developing the theory of planned behavior, which focused on the action of the intention and has assisted directly with fertility behavior prediction (Langdridge & Connolly, 2005; Schoen et al., 1999). His theory of planned behaviour attempts to understand the fundamental beliefs about the behaviour by tracking “the attitudes, subjective norms, and perceived behavioural controls” (Ajzen, p. 206). Miller and Pasta (1995) supported the notion that intentions are antecedent to attitudes and desires, stating that “desires…are psychologically intermediate between motivations, attitudes, and beliefs on the one hand and intentions on the other” (p. 531). The multivariate findings from Miller and Pasta’s (1995) mixed methods, longitudinal study (N= 401 urban, Californian
couples) regarding parenthood motivation and childbearing reinforced the difference between intentions and other psychological constructs, such as motivations, attitudes, beliefs, and desires, as well as confirmed that the parenthood decision-making process involves an intricate interplay of biological, psychological, and social-normative factors. In order to distinguish motivations from intentions, and so on, as well as review a template for decision-making, we look to the model used in their research, the Traits-Desires-Intentions-Behaviour model (TDIB) (Miller, 1994; Miller & Pasta; Miller et al., 2005).

Within this model, “traits” refer to motivational composition, whereas “desires” and “intentions” refer to states (Miller et al., 2005). There are four linear steps to the TDIB psychological progression: (1) formation of traits, (2) commencement of traits into desires, (3) transformation of desires into intentions and (4) realization of intentions in the form of behavior. In their review of models for parenthood decision-making, Miller et al. (2005) stated that “the difference between desires and intentions is akin to the difference between what one would like to do given no situational constraints and what one actually plans to do given the reality within which one ordinarily operates” (p. 194). Furthermore, Miller et al. (2005) noted that three stages of “fertility desire” exist, with varying levels of intention: (1) desires to have children, (2) desires relating to timing of childbearing, and (3) number of children desired. Results of Miller and Pasta’s (1995) aforementioned study indicated that child-timing intentions were most informative in predicting fertility behavior. Although Miller and Pasta (1995) postulated that this theoretical model applies to persons in married and common-law partnerships, it is unknown whether his theory translates to parenthood decision-making by un-partnered individuals or those of differing sexual orientation.
In an effort to understand how unpartnered women navigate the decision of whether to have a child, Mannis (1999) conducted interviews with 10 heterosexual women in the US, five of whom had been married and divorced prior to making the decision to become a single parent and five of whom had never been married. The 10 Caucasian participants all began raising their child on their own with no plan of including a co-parent, were between 30-40 years-old, were financially stable at conception and had made the decision to become a sole support parent in the past five years. For these women the decision to have a child on their own was influenced by early life experiences, a sense of agency, the desire to nurture and receive love, as well as social, community and familial support. Due to the small sample size, these findings are not generalizable to other women, especially those of different ethnicities and sexual orientations, or those under age 30 or with low socioeconomic status.

Similarly, Bock (2000) investigated how some women “legitimize their decisions” (p. 62) to have a child as a sole support parent and part of her in-depth interviews included the process of parenthood decision-making. Of her 26 participants, 16 came from a Single Mother’s by Choice (SMC) group, with the remaining 10 being the result of snowball sampling. Of the 26 Caucasian participants, 24 identified as heterosexual, 1 identified as lesbian and 1 as bi-sexual, while 21 of the participants were older than 35 when they decided to become SMC and almost all were college graduates (13 completed graduate degrees). Consistent with the work of Mannis (1999), findings showed that these participants made their parenthood decision based on support from friends, family and community, as well as felt that they were responsible, emotionally mature and financially capable of being a single mother. In addition, many participants, nearly all of whom identified as Jewish, consulted with their religious leaders when making their decision. In the words of one Jewish participant: “We are really very traditional women. I think a
lot of Jewish women have gone after professions and have waited late in life to focus on
relationships…and because I think we’re brought up very traditionally, the idea of not having
children is not OK.” Participants relayed that Judaism focuses on the legitimacy of the motive to
have a child as an unpartnered woman, and ultimately encourages reproduction, which made the
decision to pursue motherhood as a single woman acceptable for many of these participants.
Four of the women interviewed identified as liberal Protestant and relayed that the church was an
insignificant influence in their decision-making processes, and as one participant stated: “My
church is very nonjudgmental. We don’t sit around dissecting sin; we’re more focused on human
rights issues.” In contrast, participants identified as Roman Catholic shared their awareness that
their religion was unsupportive of the idea of single parent families and one participant relayed
that she prayed to the Virgin Mary to offer support. She said: “‘You were a woman. You had
children. And this is something I want to have, so offer me support.’” Although this participant
was able to continue her relationship with her church, many others felt ostracized and forced to
end their affiliations to their churches due to their decisions to become single mothers. This
research by Bock (2000), although highlighting some influences of the parenthood decision, is
focused on the legitimacy of becoming a sole support parent and not only the decision-making
process.

Expanding the scope of experiences of parenthood decision-making, Hertz (2006) shared
the stories and decision-making processes of 65 single mothers by choice who were over the age
of 20 when they had their first child, and compiled many of these stories in her book, Single by
Chance, Mothers by Choice: How Women are Choosing Parenthood Without Marriage and
Creating the New American Family. Although a diverse ethnic sample was not a criterion in her
study, she made efforts to include participants of differing races/cultures and sexual orientations.
Of her final sample, 46% were transracial or minorities, while seven participants self-identified as homosexual or bi-sexual. Hertz also noted that 65% of participants held graduate degrees, while 22% completed under-graduate degrees and 14% completed high school (with some college) – all of the women identified as middle-class. After conducting interviews from 1994-2004, Hertz unpacked the decision-making processes of the women in her study and identified a “liminal stage” (p. 24) which encapsulates the period of uncertainty where these women were caught between who they are and who they want to be: “between being childless (and determined) and being a single mom” (p. 24). Hertz concluded that the decision-making processes of these single mothers by choice included “Imagining”, “Testing the Secret” (p. 25) and a “Catalytic Event” (p. 29). In the liminal stage, all of the participants imagined having a child in a new context (not the traditional family) and once the context was imagined, it created new possibilities for becoming a parent. Once these women were able to imagine becoming mothers in new contexts and using alternative methods, they began “testing” their thoughts by talking with close family and friends, and eventually other important people in their lives. One woman’s narrative reflects the experience of many others: “My faith is a really big part of my life, and I started really praying about what to do. I thought if I start talking to people about it, and explain that I really care about doing this, then I would have an answer.” Hertz then describes “Catalytic Events” as causing these participants to move out of the liminal stage and into their final decision to become sole support parents. The catalytic events revealed in the stories of Hertz’s participants included break-ups, interruptions (causing one to reprioritize), losing a loved one, medical interventions (learning of disease that might lead to infertility) and cementing a relationship (hope that a child gels the relationship). The illuminating work of Hertz serves as a foundation to further understand how single women negotiate the parenthood
decision. Because the participants in her study ranged in age from 20 and up and became mothers by chance and choice, her research does not necessarily address the particular concerns of unpartnered women in their early 30’s who are negotiating the parenthood decision.

Parenthood decision-making is a multi-faceted process which appears to depend on a complex inter-play of individual character traits, psychological factors, intentions and life contexts. Research investigating fertility prediction has been utilized in understanding how a parenthood decision is made. The array of research findings within dominant literature on the topic has produced conflicting and unclear results. Initial literature supported that women imbued with traditional values in childhood, and who maintained those values into adulthood, are more likely to become mothers, whereas, women who veered away from traditional values tended to embody a balance of male and female traits, and were apt to value career and smaller families. However, psychological motivations were noted to be more indicative of a woman’s ultimate decision to reproduce. Values such as companionship, desire to give love, achievement through parenting, social capital, and career and emotional strains of raising children have shown to be significant factors in the decision-making process (Hoffman & Manis, 1979; Friedman, Hechter & Kanazawa, 1994). Conflicting research reports that economic value is more essential in weighing the parenthood decision (Schoen et al., 1997). This research is largely dated and does not reflect the values, economic situation and opportunities of current generations.

Others (Pinquart et al., 2008) have found that inherent personality traits, such as neuroticism and ambivalence, attribute to indecisiveness in this decision-making process, while valuing of personal freedom and autonomy may indicate whether a woman is more or less likely to reproduce (Daniluk & Herman, 1984). It has also been shown that women who receive familial, peer, community and religious support (Bock, 2000; Mannis, 1999), as well as psycho-
educational support regarding parenting, are better able to make a parenthood decision (Daniluk & Herman). In terms of fertility prediction, empirical research supports that those who have intention and motivation to reproduce will be more likely to become parents (Bos et al., 2003; Riskind & Patterson, 2010; Schoen et al., 1999). Miller and Pasta’s (2004, 1994) Fertility Decision-Making model and Ajzen’s (1991) Theory of Planned Behavior have been used specifically for fertility prediction and have been empirically validated as rigorous and dynamic tools in measuring the motivation for becoming a parent (Miller & Pasta, 2004, 1994), as well as for predicting certain behaviors in specific contexts (Ajzen). Although these models have been used to identify underlying attitudes and beliefs towards behaviour (Ajzen), and understand motivational composition (Miller & Pasta), in order to predict behavioural intentions, they do not illuminate how people form beliefs or attitudes towards becoming a parent or how these psychological constructs affect the parenthood decision-making process.

Very few studies have expressed the voices of unpartnered women in their parenthood decision-making. The narrative approach within my research has allowed space for current generation participants to express how they arrived at their beliefs, attitudes and intentions towards becoming a parent. Available literature regarding parenthood decision-making does not complete the picture of the decision-making process, nor appropriately represent the current North American demographic. Additional, recent qualitative studies would assist in furthering understanding of how this decision is made given the host of factors facing today’s generation of North American women.

**Delayed Motherhood**

There has been a movement towards the delaying of parenthood since the 1960’s (Mathews & Hamilton, 2009; Wilkie, 1981) and factors such as increased effectiveness of
contraception, legalization of abortion and increased delays in first marriages have been noted by early researchers as contributors to this delay (Davis & Blake, 1956). Some study findings suggest that the delay in parenthood is largely related to the change in preferred birth timing, which is influenced by increased educational and career opportunities for women (Vézina & Turcotte, 2009; Wilkie) and earning potential (Miller, 2009). However, other findings support that preferred birth timing correlates with desires for increased personal development, rather than “careerism” (Dion, 1995). For the purpose of this research, “delay” of motherhood refers to postponing motherhood for at least one full year after the predicted age of first birth (Drolet, 2002).

The average age of a woman at first birth can foretell how many children she may have in her life, which “impacts the size, composition and future growth of the population” (Mathews & Hamilton, 2009, p. 1); therefore, researchers have granted this topic much attention. In their theoretical paper discussing their analytic framework for studying the comparative sociology of fertility, Davis and Blake (1956) evaluated fertility variables in an effort to understand future population trends on economic development. They considered populations living in developed and under-developed countries and noted that these two types of societies exhibit opposite values: developed societies “exhibit low fertility-values for those variables involving the early stages of the reproductive process, especially age at marriage, proportion married, and contraception; and they manifest high fertility-values for the variables in the later stages, especially infanticide” (p. 235). The total fertility rate within Canada peaked in 1959, following World War II, to 3.9 children per woman (Vézina & Turcotte, 2009), and during this time period, it was common for women to begin reproducing in their 20’s (Vézina & Turcotte). However, the
increase in the fertility rate of women aged 30 and older has steadily increased since (Mathews & Hamilton, 2009; Statistics Canada, 2005, 2008).

Within Canada specifically, 48.9% of mothers who gave birth in 2005 were 30 years of age or over, more than double the number in 1974 (Statistics Canada, 2005). Using birth data statistics from the National Vital Statistics System (contains all reported live births), Mathews and Hamilton (2009) found that from 1970 to 2006, the average age of first-time mothers within Western societies (United States: US, and Canada : CA) increased dramatically from 21.4 to 25.0 (US) and 23.7 to 28.0 (CA). They explain that the proportion of births to women aged 35 years or older has increased. In 1970, 1 out of 100 women age 35 or older were first time mothers, compared to 1 out of 12 women in 2006. Furthermore, the fertility rate of women aged 40 to 44 has more than doubled from 1988 to 2008, going from 3.6 to 8.4 (per 1,000 women) (Statistics Canada, 2008).

Reasons attributing to delayed childbearing increases have been explained by societal changes, such as greater educational and career opportunities for women (Vézina & Turcotte, 2009; Wilkie, 1981). Using data from the 1986 and 2006 Censuses of Canada, Vézina and Turcotte (2009) studied socio-economic characteristics of mothers and non-mothers aged 40-44. In 2006, the portion of mothers who had their first child after age 35 was a third of the sample (31.9%) and, of this portion, 29.7% had careers requiring a university degree (bachelor degree or higher): 22% of women physicians, dentists or veterinarians, 19.5% of women judges, lawyers and Quebec notaries, 17.5% of engineers and 17.2% of university professors and assistants were likely to have young children (under 4 years of age) in their 40’s. On average, women in their 40’s with young children were found to be better educated and hold jobs that require advanced skills. Statistics Canada reports that the proportion of women who have a university degree has
more than doubled since 1986, from 11.0% to 22.5% in 2006 (Vézina & Turcotte, 2009). These statistics suggest that the number of women who will become first-time mothers in their 30’s and 40’s in the future, depends on the proportion of women attending post-secondary institutes (Vézina & Turcotte, 2009).

Although educated women may opt to delay parenthood because of internal ambitions to fulfill educational and career goals, external career related pressures can contribute to their decision. The biological clock ticks in unison with the tenure clock (Hirakata & Daniluk, 2009; Varner, 2000) and many women in academia ignore and suppress their desires to reproduce given the clear career costs (Armenti, 2004; Self, 2005; Varner; Waldfogel, 1998). Armenti (2004) qualitatively examined how 19 Canadian women professors (aged 30-60), who were either tenured or on the “tenure track” and also pursuing (or wanted to pursue) motherhood, made decisions about integrating their pursuit of tenure with childbearing. The interviews revealed that, despite the implementation and extension of maternity leave policies in Canada throughout the 20th century, both junior and senior participants tended to defer the maternity leave option; their concerns are reflected in one participant’s narrative- “Maybe I was overly cautious. Maybe I could have taken maternity leave and not run into any difficulty. But it didn’t seem like it was a risk worth taking.” (p. 219). It is sentiments such as this which caused participants to conceal pregnancies or hide the fact that they desired children from co-workers, postponing childbearing until post tenure for fear of being perceived as having low commitment to their careers. Participants in Hirakata and Daniluk’s (2009) Canadian, phenomenological study echoed the findings that women on the tenure track lack support and acknowledgment in their professional lives, and are more vulnerable than their male counterparts, particularly when maternity leave is added to the equation. Several of the ten mothers/academics participating in
the study elected to shorten their maternity leave, and one participant chose not to take maternity leave at all, worried about being “perceived by their colleagues as not being fully committed to their academic careers” (p. 287). Participants also expressed a deep sense of isolation because they did not feel their male or childless co-workers could relate to them, or that the mothers with whom they associated understood the pressures of being a professional mother. Although the participants felt overwhelming stress and pressure due to their dual roles, they also reported experiencing satisfaction with how their motherhood role enhanced their careers.

Further to this, Ward and Wolf-Wendel (2004) selected 29 women from top tier research universities in the US and who were on the tenure track, as well as mothers to child (ren) under the age of 5. Following in-depth interviews regarding how the participants managed their careers and motherhood, the findings paralleled the themes identified in Hirakata and Daniluk’s (2009) study, but were expressed as “dark clouds” and “silver linings”. A dark cloud encompassed the stress and guilt felt by academic women who are mothers because of limitations of the tenure clock, day-to-day time constraints, and the all-consuming nature and expectations of work and family; silver linings were reflected in the achievement of both motherhood and career goals and the idea that both are possible, as well as the positive experience of having a baby while on the tenure track. Regardless of the positives and negative aspects, the women in this study experienced “the expectation that they ought to be married to their career” (p. 253). Whether these expectations are internal or external, it is clear that balancing both a demanding career and family life are overwhelming endeavours which require careful consideration.

For some women, financial loss is a significant factor when considering birth timing (Drolet, 2002; Miller, 2009). Meyer (1999) investigated the hypothesis that women are unable to have it all – successful careers and motherhood. Specifically, she studied a cross-section of
10,847 married women with and without diagnosed infertility issues from data taken from the 1995 National Survey of Family Growth (NSFG) to examine the correlation between fertility timing and earnings. Meyer found that 6% of the sample reported having impaired fertility (not due to sterilization). Supporting the work of Vézina and Turcotte (2009), the results confirmed a positive correlation between delayed motherhood and increased wage earnings; however, this positive correlation was not supported when medical diagnoses of infertility were used as instrumental variables for delayed childbirth. This indicates that delayed childbirth does not necessarily mean higher wages, and implies that motivation to advance in education and career is a better indicator of wage earning potential.

Other recent studies (Avellar & Smock, 2003; Drolet, 2002) have explored the correlations between fertility timing and wage earnings, although not focusing on samples comprised of medical diagnoses of infertility. Using data from the 1998 Survey of Labour and Income Dynamics, which includes cross-sectional data on age at first marriage and first birth, hourly wages, and work experience, Drolet (2002) investigated the impact of motherhood status on the wage rates of 6,945 Canadian women (aged 18-64). Analysis of data indicated that the delay of motherhood can lead to a 6% increase in total earnings and that the average hourly wages of women who delay motherhood are 17.1% higher than women who have children “on-time” or earlier. She explains this discrepancy, stating that women who postpone childbirth gain more work experience and spend a larger proportion (77.4%) of years working full-year and full-time, than those who give birth on-time or early (66.4%). Further to this, higher wages for women who delay motherhood may be a result of greater motivation to advance education to obtain higher paying jobs. Drolet (2002) cautioned that drawing conclusions from cross-sectional data may present biased findings since “women may select different…fertility states on the basis
of unmeasured characteristics that are correlated with wages” (p. 13). She noted that longitudinal
data would be more representative of wage earning potentials and declines, as well as identify
women who change career status over time.

Avellar and Smock (2003) conducted a longitudinal investigation of whether the
relationship has changed between motherhood and wages. They drew their sample from the
1975-1985 National Longitudinal Survey of Young Women (cohort 1, N= 3,032), which was
comprised of women who were aged 21-33 in 1975, and the 1986-1998 National Longitudinal
Survey of Youth (cohort 2), which included 5,213 men and women (aged 21-29) who were
interviewed yearly since 1979. Results paralleled Drolet’s (2002) findings, showing that in both
cohorts, women without children experience more advantages in terms of wages, education, and
work experience. Avellar and Smock (2003) also controlled for unobserved heterogeneity and
human capital variables and reported that each additional child “depressed the wages of women
in the early cohort by about 1.6% and about 1% for women in the more recent cohort” (p. 603).

According to other researchers (Benzies et al., 2005; Dion, 1995), education, career and
earning potential are not the only determinants relating to birth timing. Dion (1995) interviewed
and administered questionnaires to 114 Canadian women for the purpose of identifying
correlates of delayed childbirth. The sample was drawn from hospital and community based
prenatal classes, included women in the last trimester of their pregnancies and was divided
almost equally between women in their 20’s (N= 55) and women aged 30 and older (N= 59).
Although findings confirmed previously mentioned research stating the correlation between
delayed childbirth and higher educated and career success, the women in Dion’s (1995) sample
conceptualized the importance of these determinants as personal development factors. For
instance, responses reflected the importance of establishing career for financial freedom benefits,
achieving education/career goals in order to gain personal growth and freedom and to focus on self or family. Feeling psychologically prepared for parenthood was the most frequently given response to the advantages of delayed parenthood. Pre-pregnancy questionnaires or responses from women not expecting a child may have informed this study further in terms of the psychological involvement in work prior to the transition to parenthood.

Benzies et al. (2005) built on Dion’s (1995) research by initiating a qualitative focus group study involving mostly married women with and without children (45 Canadian women aged 20-48 years) of various educational backgrounds (high school to graduate degrees), for the purpose of identifying factors influencing the timing of motherhood. The findings support that the women who elected to have children later in life valued their independence, which was achieved through education, financial stability and secure employment, and weighed this factor against other variables when considering motherhood timing. As well, older mothers reported that meeting personal goals (readiness) prior to motherhood was important; however, younger women in the study identified with readiness as it related to personal values and beliefs about motherhood and value, rather than age. Other factors, such as biological clock and stability of relationship, were significant variables for older women considering parenthood; most women in the study were aware of fertility limitations and were concerned about bringing a child into an unstable family setting. Societal factors (i.e. social acceptability of delayed childbearing, divorce rates, maternity policies) were also reflected in findings as variables of childbirth timing. Although this study reported interesting findings, the narrow sample study creates a challenge in generalizing results to other groups of women. However, consistent with previously noted empirical findings, it is clear that, depending on individual situations, numerous considerations are taken into account when making a decision about birth timing.
Women are electing to postpone motherhood in increasing numbers (Mathews & Hamilton, 2009; Statistics Canada, 2005, 2008). They are tending to spend more time attending post-secondary institutes, are entrenched in the labour market in greater numbers, and are more likely to have jobs that require advanced skills (Vézina & Turcotte, 2009). Individual variables, such as independence, personal growth and financial freedom, as well as psychological readiness and relationship stability, have also been indicated in previous literature as determinants of birth timing. However, even though women are deciding to delay parenthood, they are, in a sense, forced to make this decision if they want to fulfill personal and career aspirations (Kemkes-Grottenthaler, 2003). Although the lifestyles of current generations of women have led to decisions to delay motherhood, this is not always the preference; due to life circumstances, fertility misconceptions and miseducation, women who intend to only delay motherhood may inescapably remain childless (Kemkes-Grottenthaler). Implications of delayed parenting studies (Benzies et al., 2005; Mathews & Hamilton; Vézina & Turcotte) relay the importance of conducting further research in this area to advance knowledge on the impact of delayed motherhood, in terms of population growth (Mathews & Hamilton) and policy decisions (Benzies et al.; Gillespie, 1999), and to increase awareness and understanding of why women decide to forego childbearing until a later age (Gillespie; Letherby, 2002).

**Childlessness**

Since the beginning of time, motherhood has been viewed as ubiquitous with womanhood, as central to the idea of femininity and female identity (Gillespie, 1999). The assumption has been that “mothering” is what women do, which implies that if motherhood is not achieved, then complete womanhood is not earned (Gillespie). However, a shift occurred during the latter half of the twentieth century (Gillespie); women were less likely to be asked...
“How many children do you have?”, and more commonly posed the question, “Do you have children?” (Ebanks, 1981; Grindstaff, Balakrishnan & Letherby, 1994). The belief that women living in Western societies are mothers or desire motherhood is an antiquated idea formulated from various societal, cultural and personal assumptions (Letherby). Many women are now choosing to remain childless (Kemkes-Grottenthaler, 2003; Letherby, 1994, 2002). Advanced education and employment opportunities are overlapping correlates between delayed motherhood and voluntary childlessness; however, several additional reasons have been identified as to why women are remaining childless in greater numbers, including more effective contraception (Grindstaff, et al., 1981; Tolnay & Guest, 1982), relationship stability (Heaton, Jacobson & Holland, 1999), marital status (Rindfuss & Parnell, 1989; Tolnay & Guest), lifestyle preferences (Kemkes-Grottenthaler, 2003), and partner attitude towards parenting (Kemkes-Grottenthaler).

In the early to mid-1900’s, researchers hypothesized that childlessness occurred due to the Depression, poor health and nutrition, and to some extent, this may be true (Tolnay & Guest, 1982). However, approaching the turn of the twentieth century in North America, many women, particularly Caucasian women, were beginning to assert their rights within their households through the use of birth control and abortion (Smith, 1973), as well as becoming more involved with political, cultural and social groups with other women (Tolnay & Guest, 1982). The effects of these assertive actions, beyond leading to a feminist revolution, were smaller family sizes (Tolnay & Guest). Many women wanted to spend more time outside their childrearing roles and, although childlessness was not common during this time period, some women were choosing to remain childfree for this reason (Jensen, 1973). It was not typical for women to be employed in the workforce in the early 1900’s, but those that were, such as Caucasian female educators, were
more commonly found to be voluntarily childless (Jensen). Tolnay and Guest (1982) investigated the extent and correlates of voluntary childlessness among various communities in North America using data from the 1900’s census manuscripts. Their 750 representative household sample consisted of reports from married women over the age of 45. Findings show that rural and urban North Eastern communities had the highest childlessness rates (13.39%) and high conscious reproductive control, while Southern populations (farm women) reported the lowest percentage (3.76%) and lowest conscious control. Upon further analysis, researchers found that higher percentages of childlessness correlated with late marrying women who exhibited “modern demographic behavior” (p. 217).

Complementing these findings is the research of Grindstaff et al. (1981), who examined childlessness correlates using data from the 1971 Canadian census, which was a sample composed of 46,376 women from all across Canada who were aged 15 or older and childless in 1971; all were ever-married or currently married and voluntary or involuntary childlessness was not indicated. Results showed that high rates of childlessness correlate with age when married and marriage duration- 90% of those who married while under age 25 had children; 95% of women who married after age 25 had children; 80% of women who married after age 30 had children. Higher levels of education, involvement in the labour force, residing in large urban areas and higher levels of income were also indicators of childlessness in this study. However, if women were over age 30 but had been married for over ten years, findings show that advanced education is no longer a correlational variable to childlessness. This led Grindstaff et al. to believe that the correlation between some variables (education, income) and childlessness may be more of a timing factor and not a “permanent condition” (p. 342). Additional sample
information, such as births post-study and involuntary versus voluntary childlessness, would be helpful in validating these studies findings.

Recognizing the need for longitudinal studies to verify childlessness intentions and correlations, Heaton et al. (1999) administered surveys to two groups (Wave I: 1988; Wave II: 1994) of US citizens, which included 1,172 African American and non-Hispanic Caucasian respondents, who were married or cohabitating, and between the ages of 19-39 at Wave I. They collected data relating to personal history, marital status, fertility and family intentions and attitudes at Wave I, and birth outcomes and subsequent birthing plans and expectations at Wave II. They found that intentions to remain childless changed over time; of 281 participants who indicated their intentions to remain childless at Wave I, 174 changed their minds at Wave II. In examining the relationship between variables, Heaton et al. (1999) confirmed that higher levels of education positively correlate with maintaining childlessness intentions, whereas, higher levels of income and married status correspond with fulfilled intentions of reproducing. Contrary to other empirical findings, correlates between career and childlessness were not statistically significant. Additional relevant results from this study support that those who worry about the impact of children on their social and leisure activities, and those who have unstable marriages, are less likely to desire children and less likely to change their minds over time. In terms of race, Africans Americans have been noted to bear children earlier than their Caucasian counterparts (Heaton & Jacobson, 1994; Rindfuss & Parnell, 1989), which correlates with findings that the Caucasian portion of the sample indicated higher degrees of postponement and childlessness, and a lower tendency to change their decision over time. The results of this longitudinal investigation imply that findings from short-term studies regarding correlates of childlessness should be considered tentative, unless longitudinal data is utilized.
In widening the scope and understanding correlates of childlessness worldwide, Koropeckyj-Cox and Call (2007) conducted a National, retrospective inquiry of childlessness correlates utilizing data from nationally representative surveys in five countries (Australia, Finland, the Netherlands, Japan and the US), as well as regional surveys from Berlin (Germany), Melbourne (Australia), Liverpool (UK) and Tokyo (Japan). Respondents were aged 65 or older and included men and women who were parents and nonparents. Results of analysis indicated that, with the exception of Japan, similar correlates of childlessness existed across countries: childless women were more likely to be living alone than women with children, and never married; childless women had significantly higher educational levels and high status occupations than married women. Contrary to Grindstaff et al.’s (1981) findings, income correlated with marriage (combining of two incomes= increased economic worth) but had little impact on childlessness.

Although the number of women who choose to remain childless has increased significantly, social acceptance of this choice remains questionable. Gillespie (1999) noted, “motherhood is still constructed as normal, natural and desirable for women, while voluntary childlessness is interpreted as failure, missed opportunity and deviance” (p. 45). In an effort to enhance understanding and inspire further research regarding women’s decisions to remain childless, and to identify the meanings and significance of childlessness in women’s lives, Gillespie (1999) conducted an in-depth, qualitative inquiry within a large, urban city in 1996 within the UK. The researcher approached a family planning group, which was largely comprised of women confronting their reproductive choices. Of these 266 members, 33 indicated they were childless and 25 were willing to participate in the interviews. All participants were Caucasian women between the ages of 18-50; those who identified as voluntarily childless (N=
23), 51% were married or cohabitating. Differences were evident between participants who actively chose to remain childless and those who were passive in their decision-making (5 participants had desired motherhood, 5 were unsure). The results from the interviews indicated that the choice to remain childless can be an ongoing process, often based on competing life circumstances, such as career pursuits, personal endeavours, and lifestyle preference. Some participants demonstrated ownership in their decision-making, stating they had known from an early age that they did not want children, while others noted specific circumstances, such as mental illness, that deterred them from wanting to take on the role of mother. Several participants indicated that the opportunity to become a mother just did not materialize due to factors, such as the absence of a healthy, stable relationship.

Building on this research is the work of Kemkes-Grottenthaler (2003) who attempted to differentiate between women who meant to postpone motherhood but ended up childless and those who planned to remain childless. The German, academic participants (N= 196: mothers= 64; childless= 127; involuntary childless= 5) received surveys measuring basic demographic characteristics (i.e. age, marital status, employment), as well as questionnaires addressing attitude towards children, career and career progress. Of the 127 participants, only 14.2% actively chose to forego motherhood, and 71.6% felt that postponement was necessary due to personal and career factors. Although career preferences were the primary reasons given by participants to remain childless, partner attitude towards parenting was also a factor. In addition, this study confirmed that childless women are not a homogenous group; Kemkes-Grottenthaler (2003) differentiated childless women into four sub-groups: 1. Women who forego motherhood. 2. Women postponing motherhood due to personal/career issues. 3. Undecided women. 4. Women
past their reproductive years. She concluded that the majority of women in her study desired motherhood but felt constrained by life circumstances, postponing until it was too late.

On a smaller, phenomenological scale, Shaw (2011) interviewed three childless women from the UK in order to gain perspective on the experience of journeying into childlessness. From this, she identified three themes: Owning the choice to be childless, social expectations, and models of mothering. One participant expressed a desire to remain childfree because of beliefs about equality and independence, not wanting to succumb to “gender fate”. She also noted childhood struggles, which included a tenuous relationship with her mother. Another echoed this sentiment of “trying to not be my mother” (p. 158); however, she described her childfree state as, ultimately, a result of life circumstance, stating that she “never sort of got round to it” (p. 154). “Part of me is still annoyed that it’s partly been taken out of my hands” (p. 155) was a comment made by the final participant; her and her partner could not have children and made the decision not to adopt. She reported feeling like “a freak” and believed others saw her that way “because you’re the odd one out” (p. 157). Although each participant expressed mixed feelings about their childfree state, they all identified as voluntarily childless women.

The vast amount of literature relating to childlessness reinforces the complexity of this topic. Correlates of childlessness vary depending on each woman’s situation. It also appears that decisions about childbearing are largely unpredictable and can change over time (Heaton et al., 1999). However, it is clear that certain variables, such as career status, education, age when married and marriage length are consistent correlates to childlessness. Lifestyle preferences, such as independence and maintenance of social and recreational activities, as well as marital state and partner readiness have been shown to correspond with those who are childless.
To date, investigations on parenthood decision-making have primarily focused on heterosexual couples and married women, using quantitative measures to elucidate various factors salient to participants’ parenthood decision-making. Upon reviewing the existing literature regarding how unpartnered women negotiate the parenthood decision about whether or not to have children, it is clear that a gap exists in regards to the parenthood decision-making of the current cohort of unpartnered women in their 30’s. The insightful, qualitative research of some, such as Mannis (1999), Bock (2000) and Hertz (2006), has begun to fill the gaps in the literature by examining the parenthood decision-making processes of unpartnered women through a closer and more personal lens by way of qualitative studies. However, Mannis’s sample of affluent, heterosexual, Caucasian, participants limits the generalizability of her findings. Bock’s primary focus was primarily on the legitimacy of single motherhood with decision-making being only a secondary focus. Hertz, whose larger sample provides better understanding of the parenthood decision making process, included women in their 20’s who were not yet faced with the imperative of the biological clock. The current study is focused specifically on unpartnered women in their 30’s who negotiated the decision of whether or not to have a child. The findings will help us better understand the experience of parenthood decision-making for unpartnered women in their 30’s who must negotiate this decision against the backdrop of the biological clock and age-related fertility declines.
CHAPTER THREE

Methodology

…but on that fast-darkening winter afternoon, I was urged to let each patient be a teacher: hearing themselves teach you, through their narration, the patients will learn the lessons a good instructor learns only when he becomes a willing student, eager to be taught (Coles cited in Connelly & Clandinin, p.4)

Approach to the Question

The purpose of this study was to identify commonalities in the stories of unpartnered women in their thirties who feel they have grappled with the decision of whether or not to become a mother given their age and the circumstances of their lives. The relaying of such an experience can be complex and impacted by a host of factors, including others involved, the context of life situations, and timing. These factors are reminiscent to that of creating a story in a script or novel, the necessary ingredients being characters, scene, place, time and plot (Ollerenshaw & Creswell, 2002). The question that guided this study was: How do unpartnered women in their 30’s negotiate the decision of whether or not to become a mother within the context of their current life circumstances?

Being a process-focused question, the methodology I selected is narrative inquiry. One of the purposes of narrative inquiry is to construct stories for educational research purposes. Additionally, narrative methodology gives heightened focus to “the self” in a non-judgmental, exploratory manner (Crossley, 2002; Reissman, 1993). This narrative methodology set the scene for the women who participated in this study to turn inward to extract and share their inner most thoughts and feelings regarding their decision-making process of becoming, or not becoming, a mother.

Narrative research is a qualitative methodology within a constructivist-interpretive paradigm. Within this worldview, there is an assumption that people search for meaning through
understanding the world in which they live (Bruner, 2004; Creswell, 2009). A multitude of meanings and realities emerge when seeking understanding and interpreting experiences (Creswell) and this paradigm supports that people connect certain events together and disregard other connections to make sense of their lives (Truscott, 2010). This is to say that social constructivists see no “truth” but acknowledge all experiences as individually constructed. This is reflected in the narrative inquiry process by the open-ended nature of questions posed to participants, allowing dialogue to capture as much as possible, the entirety of the individual story, which may reflect different meanings from the subjective reality of another (Creswell). Although the intent in narrative inquiry is to honor each individual experience, constructivists assume that the researcher’s personal history, culture and experiences will inevitably color the researcher’s interpretation of each participant’s story. This is congruent with how constructivists see the world- through social interactions, and with the inductive nature of narrative research (Creswell).

There is no “right” way of conducting narrative research; its use is highly subjective to the researcher’s creativity and personal style (Braun & Clarke, 2006; Josselson, Lieblich & McAdams, 2003). During the execution and analysis of narrative inquiry, methods used are not restricted to one form of process or analysis and may be amalgamated into new ways of working with narrative (Reissman, 1993). “Restorying” is one process that narrative researchers use to gather the information needed to create a chronologically sequenced account of an individual’s experience, with the ultimate goal of providing a concise version of the story, noting “causal link (s) among ideas” (Ollerenshaw & Creswell, 2002, p. 332). It is the “chronology of narrative research with an emphasis on sequence” (Ollerenshaw & Creswell, p. 332) that individualizes it from other forms of research. The life events and experiences in my participant’s lives led to
other events and experiences that culminated in a decision of whether or not to pursue a pregnancy while in their 30’s. Therefore, the chronology of events and experiences is important in illuminating how the women participating in this study decided whether or not to have a child, given their current life circumstances.

The role of the narrative researcher is to “describe lives, collect and tell stories of them, and write narratives of experience” (Connelly & Clandinin, 1990, p. 2). Although data collected is not generalizable to the general population, narrative methodology is a vehicle for sharing stories of individual’s lives- of parsing and finding common themes, patterns and meaning. Within the narrative framework, the participants are often referred to as “co-researchers” because they are thought to be working collaboratively with the researcher to construct their story. The participants are the expert on the content of the story because they lived the experience they are now revealing to the researcher. Participants may gain a better understanding of self through this story telling process (e.g. an increased awareness of self through better understanding their reactions, feelings and actions). This process may ultimately result in the participant also gaining a better understanding of others. It is important to note that narrative research also invites the researcher to be affected by the process. The researcher and participants are able to gain insight and a sense of self-knowing through the narrative process. This methodology is congruent with the human condition: human beings are storytellers by nature. Human’s speak, see and feel through storytelling; a human life can be thought to be one long story that can be compartmentalized in order to follow how a person journeys from one instance in their life to another.

Narrative methodology was well suited to learning more about the experience of what it is like to be a woman in her 30’s and making the life-defining decision of whether to pursue a
pregnancy while her fertility is still likely viable. It helped this researcher understand the process by which the women in this study negotiated this important life decision and the factors they identified as important in this decision-making process and outcome.

**Bracketing Assumptions**

Narrative inquiry requires the researcher to take a close look at his/her judgments and assumptions about the subject matter, and put them aside (bracketing), so as not to unduly influence research findings. The researcher must, as much as possible, adopt a neutral attitude and can do so by participating in an interview prior to conducting their research (deMarrais, 2004), as well as by keeping a reflective journal and being cognizant of her thoughts, feelings, reactions, beliefs or biases that may emerge during each stage of the research process. In this way, researchers’ anticipation of outcomes or interpretations are side-lined, as much as possible, to make room for what actually exists for participants (deMarrais). This technique was important when conducting my research because my aim was to acknowledge each participant’s experience in their decision-making process - to see it as she sees it, feel it as she feels it - in order to accurately reconstruct and tell her story.

Due to the collaborative and transparent nature of my methodology, it was relevant to note my own views and experiences relating to this subject matter. Bracketing is an essential tool in the qualitative research process and asks me, as the researcher, to put aside my own knowledge of the topic to objectively hear the experiences of another. Bracketing was an important technique when conducting the largely unstructured interviews with my participants, and assisted me in remaining as neutral as possible. Although it is impossible to disregard one’s own experiences, the acknowledgment of my experiences and expectations, lessened the possibility of interference with the participant’s story-telling and interpretations. My self-
awareness as a human and as a counsellor served me with regards to emotional and cognitive indicators that my own biases and assumptions were intruding. I knew whether my biases were intruding because I shared my first transcribed interview with my thesis supervisor who questioned the intention of specific responses to my participant. This led to a conversation with my supervisor regarding agenda and a reemphasis on the importance of allowing the participant to share her story completely. This early consultation with my supervisor helped me to re-focus my outlook and proceed with subsequent interviews in, as much as possible, an unbiased manner. I continued to consult with my supervisor throughout my data collection.

It was relevant for me to state my assumptions and biases by giving a brief history of my relationship to this subject matter: I am a Canadian born, multi-ethnic, educated woman with a diploma in theatre and a degree in acting. I pursued stage acting as a career for several years and saw its parallels within the psychology realm. As a part of my motherhood decision-making process, I decided to abandon my acting career and pursue the seemingly stable vocation of counseling psychology. My extensive acting training was the beginning of my self-awareness journey, which continues to serve me in my counsellor role. As a woman in my late 20’s and early 30’s, I struggled with deciding whether to bear a child and become a mother because many factors, such as career stability, financial freedom, stable romantic partnership, decreased independence and fewer traveling opportunities concerned me. Although my current lifestyle was not congruent with becoming a mother, my body biologically and physiologically urged me to consider the possibility.

Although I am now in a committed partnership, when I was in my late 20’s and early 30’s, I was a very independent, single woman. I fluctuated in my desire to be a mother, but also struggled with the issue of reproductive timing. I have strong feminist views on equality,
especially in relation to duties previously regarded as “women’s work”. There have been some expectations by my family to reproduce – expectations that to some extent I share – so like many other women of my generation I have been exposed to internal and external pressures to bear a child and become a mother. However, a large contingent of my peers were then, and remain still, unpartnered and childless into their mid-30’s, so peer pressure has been relatively insignificant. In fact, due to the relationship status of most of my peers, I have felt more pressure to remain single and childless. As my career path stabilized and my relationship with my partner became established as long-term, I began questioning my previous “decision” to remain childfree. In fact, I have now decided to pursue pregnancy but reproductive timing continues to be a challenge due to personal and professional aspirations. Based on my experience, and the experiences reflected in the literature, I suspected that participants in this study might have experienced a change of heart and mind in terms of becoming a mother when they experienced a change in their life circumstances – a change that was conducive to bearing a child. This also led me to believe that the decision-making process is fluid and constant, instead of limited to a certain time period or final. I did not expect my personal decision or experiences regarding this matter to conflict with my research, nor did I expect to be triggered by the participant’s stories in a way that affected my data. I did, however, expect to be moved and personally touched by their individual stories. Ultimately, their stories validated my parenthood decision-making experience and supported my personal parenthood decision.

The women who participated in this study did so voluntarily; thus, I assumed that they acknowledged this time period (30’s) as generally confusing and often difficult due to conflicting aspirations, personal and professional goals. I assumed that women in North America are more commonly faced with reconciling their desires to become a mother with the relatively expansive
opportunities available, compared to that of women of previous generations and those living in countries wherein the only acceptable role for adult women is motherhood. I anticipated that the women who volunteered to tell me their motherhood decision-making stories struggled with some or all of the issues I have confronted. I also anticipated that the stories would vary from one another because of differing contextual, cultural, environmental, biological and psychological factors. In terms of their individual outcomes, I assumed that by volunteering for this research study, some of the participants would have reached different conclusions regarding the decision to pursue a pregnancy. In this same regard, I anticipated that the various current motherhood statuses of participants would involve both positive and/or negative feelings and that some would feel the need to tell their story in an attempt to reconcile or celebrate the “decision” or “non-decision”.

Criteria for Participant Selection

The nature of narrative inquiry demands that participants be capable of describing detailed accounts of the topic under study, which in this case is deciding whether to pursue motherhood within the contexts of their life circumstances as an unpartnered woman. The women selected anticipated becoming a mother and, while in their 30’s, found themselves struggling with their reproductive desires and the biological imperative of their fertility, with the current realities of their lives (having no partner with whom to reproduce and parent; possible economic, career, and educational issues; family and peer pressures, etc.). By agreeing to participate, it was assumed that these previously unpartnered women experienced strong, conflicted feelings and thoughts in their early 30’s in regards to becoming a mother. Current relationship status was not a criterion for inclusion in this study. However, fluency with the English language was essential to the researcher’s understanding of participants’ stories, and
ultimately, of themes and meanings. Participants involved in this study were unpartnered women (identified as being a person not in a committed relationship) in their early 30’s, which was when they were negotiating whether or not to pursue parenthood.

Although the decision-making process appears to be constant, participants were selected partially because they identified as having come to some resolution regarding becoming a mother. Participants were also selected because they identified as being within five years of coming to a motherhood decision, the purpose being to allow adequate reflection and insight time (Kvale, 1996). This criterion also ensured that the expressed narratives were as rich and clear as possible in the memories of the participants. These parameters put the participant’s age range between 35-44. Beyond the language requirement, no cultural factors restricted participant involvement. Inclusion was not restricted based on sexual orientation.

The first six women who contacted the researcher and who met the inclusion criteria received an invitation to be interviewed. The final number of participants was dependant on the depth and richness of the first six interviews, as well as the saturation on themes. The final number of participants was six.

**Selection Procedure**

Potential participants were informed of this study through ‘word of mouth’, as well as via advertisements located at cafes, yoga studios, community centres, day cares and fitness centres in Vancouver (Appendix A). Advertisements were also posted through local newspaper web-listings for Vancouver and communities in the Fraser Valley (Langley, Surrey, Delta, Tri-Cities, Burnaby), as well on the BC Counsellors website. The first six women who contacted me by phone and who met the inclusion criteria were invited to participate in the study. At the time of first contact, I confirmed that each participant met the criteria by conducting a concise screening
interview (Appendix B). The potential participants were given information about the purpose and goals of the study. They were briefed on some of the potential risks and benefits of engaging in the study, such as re-experiencing emotions relating to their previous experiences or feelings of satisfaction at telling “their story”. I noted at this time that the study may or may not feel therapeutic, but is not meant to be therapy. I informed the potential participants of voice recording protocol, mentioning that all tape recorded interviews will be used solely for transcribing purposes, that they will be destroyed at the culmination of the study and that no identifying information, such as names, will be used. At this time, the potential participants had the opportunity to ask questions about the research project and process. Upon agreeing to participate in the study, a time, date and private location comfortable to both the researcher and participant was determined (e.g. the participant’s office, a private room within the home of the participant, the researcher’s office). I emailed a copy of the informed consent form to the participants at least 7 days in advance for their perusal prior to meeting.

Data Collection Interviews

I conducted one, tape-recorded interview of a maximum 90 minutes, as well as discussed the participants individual narratives and thematic threads in a brief follow-up validation meeting. Rapport building between myself and the participants began when I spoke over the phone with the potential participants to respond to their inquiry regarding the study. This rapport building continued as we met at the agreed upon location to begin the interview and was essential to the “success” of the study. Part of this initial phase of the interview included further discussion regarding informed consent (Appendix C), audio-taping, as well as the assurance that participants were able to withdraw from the study at any time. Risks and benefits of participating in the study was again addressed. A list of relevant resources (i.e. counseling services, Appendix
D) was available to the participants if, during the interview, issues came up for them that they feel they would like to explore further with a mental health professional. None of the participants felt it necessary to access the list of resources. The participants had an opportunity to ask questions about the study before the tape recorder was turned on and the interview began.

To begin the interview, I read the orienting statement (Appendix E) and pose the open-ended research question: **How did you, as an unpartnered women in your 30’s, decide whether or not to become a mother within the context of your life circumstances.** The open-ended nature of this question was meant to encourage each participant, who has “long been silenced in the research relationship” to be “given the time and space to tell her…story so that it too gains the authority and validity that the research story has long had” (Connelly & Clandinin, 1990, p. 4). Three of the six participants raised issues that benefited from more in-depth exploration, so I turned to a list of guiding questions to assist them in more fully telling their stories (Appendix F). The guiding questions were developed through a mock interview with a close friend who was open to discussing her own decision-making process regarding becoming a mother. She provided honest and open feedback to various questions posed and the appended guiding questions were selected because they seemed to elicit the most in-depth responses.

Throughout the story-telling processes, silence, active listening and non-verbal signs of attunement were my companions. In the narrative process, it is important to give participants control and empowerment through telling, and ultimately owning, their stories (Connelly & Clandinin, 1990). Additional counseling skills, such as immediacy, empathy, unconditional positive regard, reflective statements, paraphrasing and summarizing were used to assist me in urging the participants to feel heard and understood in order to further elucidate their stories. Allowing the participants to tell, and hear reflections of, their stories, may have helped them to
interpret and extract their own themes and meanings. However, I also slowly and sensitively collaborated with participants by “checking out” their hunches and clarifying participant’s stated or implied feelings and/or thoughts (Connelly & Clandinin), and used guiding questions as necessary to help deepen their exploration of salient issues and to facilitate a rich telling of their stories. In this way, each participant co-constructed their story with me.

The interviews were audio-recorded and stored in a lock box within my home. The audiotapes were transcribed and, afterwards, erased. Validation meetings were held through email, over the phone and in person once the data was analyzed so participants had an opportunity to verify or question the findings. I recorded my reflections in a journal before and following interviews, as well as throughout the study process, in order to track my thinking, note observations and remain cognizant of my own biases. My journal reflections were not used in the analysis of data, but may be noted in a separate results section should they seem pertinent to the overall findings. This is in keeping with the holistic approach of narrative research (Creswell, 2003).

Analysis

Just as rapport building begins with first contact with the participants, so does analysis (Kvale, 1996). In keeping with narrative analysis theory, vocal intonations, use of pauses, tone and physicality can all be used as grist for the researcher’s mill (Reissman, 1993). However, formal analysis began following the transcription of the audiotapes. The audiotapes in this study were transcribed verbatim by me and read repeatedly, and I noted additional nuances in vocal qualities and transitions in feeling, mood and thought. Thematic analysis is a flexible analytic method that involves identifying thematic threads, then analyzing and reporting patterns within the data (Braun & Clarke, 2006). It is not tied to any theoretical framework, thus complements
many forms of analysis, such as narrative analysis (Braun & Clarke). Thematic and narrative analysis involved numerous readings of the transcripts to identify possible patterns, themes or processes that seemed significant (Braun & Clarke). Throughout this process, the timeline, plot, characters and setting were identified and illuminated within each story. I then wrote condensed linear narratives, incorporating the main facts and identified themes, as well as expanded on each thematic thread separately as it was experienced by each participant. Common thematic threads, such as the common influences or experiences that seemed to initiate a definite transition to making a decision regarding the question of motherhood, across most or all participants were then identified and compiled in a common narrative.

**Trustworthiness**

Historically, qualitative research has been criticized for its lack of reliability and rigor. However, within the past several decades, qualitative research has begun to be acknowledged as a widely used, successful methodological approach (Guba & Lincoln, 1982). It is especially effective when considering small numbers of participants, in order to gain closer perspectives on human experiences. Some researchers have postulated that credibility, confirmability, dependability and transferability are qualitative answers to quantitative internal validity, objectivity, reliability and external validity (Lincoln & Guba; Kvale, 1996).

Ensuring credibility in my qualitative research required that the participants corroborate the “analysis, formulation, and interpretations [are] credible (believable)” (Guba & Lincoln, 1982, p. 246) and accurate. By remaining in contact with the participants throughout the analysis process, I was able to gain feedback and insight through “member checks” (Guba and Lincoln, p. 247) on the accuracy of details within the linear narratives and thematic threads. This ongoing contact also allowed for some “prolonged engagement” and “persistent observations” (p. 247),
both considered important in the process of ensuring credibility for the purpose of testing biases (the latter) and increase understanding (the former) (Guba & Lincoln, 1982).

Validation interviews also serve important purposes in ensuring credibility, especially in qualitative research; including ensuring the trustworthiness of the findings and encouraging further collaboration with participants. Since I was in constant contact with the participants via email and over the phone throughout the analysis process, the validation interviews were short and concise. I emailed copies of each participant’s condensed narrative to the corresponding participant and they had several weeks to review their narrative and identified thematic threads prior to talking or corresponding with me to offer feedback. Most of the participants offered corrections regarding minor errors in their linear stories or family characteristics/details. Once the corrections were made, I again emailed the corrected narratives to the corresponding participant for further validation. At the end of the process, all participants had confirmed the findings as accurately reflecting their experience of motherhood decision-making as unpartnered women in their 30’s. Alexandra’s comment regarding her narrative was, “You were right on target”, while Valerie noted of her narrative, “your analysis is good.” Lin commented, “It reflects my story,”, and Fay stated, “You represented my story well.” The participants also had the opportunity to review the common narrative and offer feedback regarding the authenticity of their part within the narrative.

Further to this, the condensed narratives were discussed with my thesis supervisor for additional discussion of possible themes and meanings and these discussions occurred prior to and following the validation interviews. To ensure further credibility, my close confidant, who also negotiated the decision of whether or not to pursue parenthood as an unpartnered woman but who did not participate in the study, offered “peer debriefing” (Guba & Lincoln, 1982, p. 247).
She read the common narrative and reported that the identified thematic threads within the common narrative were also themes within her own motherhood decision-making process.

Akin to the quantitative notion of objectivity is confirmability, and as suggested by Guba and Lincoln (1982), I “practiced reflexivity” (p. 248) by bracketing my personal biases and assumptions regarding my own history with this subject matter. To unpack these biases and assumptions, my close confidant interviewed me regarding my own story of deciding whether or not to pursue motherhood prior to beginning my data collection. In addition, I used journaling as a means to address implicit biases, observations and impressions throughout the data collection and analysis process.

The qualitative answer to reliability is dependability, and “reliability is a matter of replicability; a study ought to be repeatable under the same circumstances in another place and time” (Guba & Lincoln, 1982, p. 247). In an effort to make this research repeatable, given any necessary (“rational and logical” (Guba & Lincoln, p. 247)) changes, I have given a full account of my methodological approach.

Lastly, transferability refers to the external validity or generalizability of findings to other groups of individuals. However, the nature of qualitative research is not to generalize but to capture the individual experiences of participants to gain an increased depth of understanding of the topic, rather than breadth (Guba & Lincoln, 1982). Readers of this research can deduce whether the stories and themes presented in this research are transferable by comparing the contextual and demographic “thick descriptions” (Guba & Lincoln, p. 248) given within each narrative to the stories of others.
Ethical Concerns

Qualitative research presents unique ethical considerations compared to those of quantitative research, including how the researcher accesses potential participants, as well as how participants are affected by the research process (Orb, Eisenhauer & Wynaden, 2000). In terms of this study, participants were asked to reflect on their decision-making process towards becoming a mother within the contexts of their lives during their early 30’s. Although each participant shared her satisfaction with her final choice to, or not to, become a mother, at the time of interviews I did not know if the life they were living was their ideal outcome. I was prepared to encounter participants’ challenging emotions that may have been triggered throughout this process, and react in an ethical manner; hence the support resources available to participants. I was prepared to remind participants throughout the data collection process that they could withdraw from the study at any time, but this was not necessary. I was also prepared to offer the possible benefits from participating in this study, such as having one’s voice heard, feelings of acknowledgement, empowerment and self-awareness (Hutchinson, Wilson & Wilson, 1994). Furthermore, I worked with the participants in a collaborative manner to not only allow the participants to own their stories, but also resist imposing my power as the researcher, over their stories and experiences.
CHAPTER FOUR

Results

Presented in this chapter are the six narratives and thematic threads of each participant’s decision-making process. They are presented in the order of which they were interviewed. Each narrative begins with a description of the participant including relevant demographic and background information, as well as a synopsis of her decision-making process. The chapter concludes with the presentation of the common narrative and common thematic threads and is presented in no particular order.

Narratives and Decision-Making Thematic Threads

Maddi’s Narrative

Maddi is a 38 year-old Caucasian woman who described her childhood as being positive despite her parents divorcing when she was two years-old. She grew up alongside her brother who is two years older than her, and lived primarily with her mother and step-father. Maddi’s father also remarried and had another son. Her parents had some college education and her mother worked as a secretary, her father as a millwright and her step-father as an x-ray technician. Maddi reported that both sets of her parents did not start to earn a good living until Maddi was a teenager. Maddi stated that she is close to each of her family members despite the separation that occurred early on in her life.

Maddi reported that she always instinctively felt that she would become a mother at some point in her life. At age 21, she married and her urge to have a child grew stronger. However, she and her husband struggled throughout their relationship due to different views on how to lead their life together. Maddi stated that they had differing ideas of how to use their finances and
where to live. Maddi wanted to live closer to her family but her husband did not. They grew apart and divorced when Maddi was 30 years-old.

When Maddi was 34 years-old she met Philip. Early in their relationship, Maddi and Philip moved in together and she reported that because they were in their mid-30’s, she felt sure this relationship would end in marriage and children. However, Philip was resistant to the idea of having children. He told Maddi that he wanted to be more established financially and in his career before starting a family. When Maddi turned 35, she reported that she could not wait for Philip to be ready and began thinking about having a child on her own.

Maddi shared that she started to talk with two close friends, both of whom had children, about possibly becoming a sole support parent. Her friends supported her in the idea and provided encouragement. As a few years passed, Maddi became more established in her career in a management position in a government job. She felt confident that she could support her child financially as a sole support parent. However, she stated that it was important to her to own her own home prior to having a child. With the help of a mortgage broker and a friend in real estate, Maddi found and bought a condominium without involving Philip, who she said wasn’t interested in being involved. Soon after, when Maddi was 37 years-old, this relationship ended. After spending a few months settling into her new home on her own, Maddi starting thinking more seriously about how she was going to become a mother. During this time period, she also decided to give herself a break from intimate relationships.

After researching her options to become pregnant as a single woman, at the age of 38 and against the advice of her older, female family physician, Maddi arranged to be seen at a fertility clinic. She enlisted the assistance and support of her mother and step-father in selecting a sperm donor. Her brother, who is married and has two children, took some time to warm to the idea of
Maddi intentionally becoming a single mother. Maddi’s very traditional father has not spoken with her about her decision.

After selecting a sperm donor, Maddi underwent three unsuccessful rounds of intra-uterine inseminations (IUI). This was followed by a cycle of ovulation induction that unfortunately resulted in a painful condition called hyper-ovarian stimulation. Following a subsequent failed round of ovulation induction followed by IUI, Maddi was diagnosed with uterine fibroids which her specialist believes are impairing her fertility.

Maddi is now awaiting myomectomy surgery, which will give her a 50% chance of conceiving through in-vitro fertilization (IVF). Maddi is aware that she cannot afford multiple rounds of IVF, so she is currently researching adoption and gestational surrogacy. Although she has not yet gathered all the information she feels she needs to make an informed decision, she is leaning towards using a surrogate to have a child as a sole support parent.

**Maddi’s Decision-Making Thematic Threads**

Several thematic threads were salient in Maddi’s parenthood decision-making process. These included: intimate relationships; family and peer influences; a sense of personal agency; the pressure of the biological clock; a sense of readiness. Each of these thematic threads are described in detail below, with Maddi’s words being used to highlight her experiences.

**Relationships.**

The role of romantic relationships was a significant thematic thread throughout Maddi’s parenthood decision-making process. According to Maddi, she always had a strong sense that she would eventually get married and have children. She said: “I guess at no point in my life did I feel I wasn’t going to have children or I wasn’t going to meet someone and have a family, that was just sort of a given.” She was married at age 21 and, although she continued to feel strongly
about starting a family, she realized that she and her husband needed to take time to learn how to live together happily. She reported that “we were married young and we grew apart.” Her marriage ended when she was 30 years-old.

Maddi stated that her negotiation of parenthood timing accelerated when she was 34 years-old and in a relationship with Philip. She reported that early in this relationship she believed they would have a child together. In Maddi’s words:

…When Philip and I met, I just assumed that when we were together that it would end in marriage and we would start a family because I just felt that we were in our 30’s and that would happen.

However, early in their relationship Maddi discovered that Philip’s views on marriage and parenthood timing differed from her own, causing significant conflict. She reported feeling frustrated with Philip’s insistence on delaying parenthood. Reflecting on Philip’s ideas about becoming a parent, Maddi stated:

…Early on in our relationship it became a conflict because he actually didn’t want to have children or didn’t see himself having children at that particular time and so he would sort of go back and forth with me around, “okay we’ll have kids but we’ll have kids when we do this, this and this.” I used to say that he held it like a carrot…it was always “let’s have this conversation 6 months from now”, which was very frustrating for me.

As Maddi relayed her parenthood decision-making story, she stated that she realized that her frustration with Philip’s indifference instigated her thoughts of becoming a sole support parent – it was initially an act of rebellion against Philip. In Maddi’s words:
…now that I’m talking about it, it was almost like making the decision in anger because I was angry that he didn’t want to have a family with me, or that he didn’t see family in the same way that I did, so in a way it was a response to that.

In the hope that he would change his mind and want to settle down and have a family together Maddi continued her relationship with Philip. Maddi stated that she actively began setting the stage for having a family and considered Philip when making these plans:

…I had this plan that I would buy a home and Philip and I would still live where we were if our relationship was good and I would rent it out…and magically whenever I had a child, I would have a place to live.

However, once she achieved her goal of becoming a home owner – a purchase Philip was not interested in being part of – their relationship “really began to unravel”. In Maddi’s words:

…I didn’t involve Philip in the process of purchasing my home at all, and he actually didn’t want to be involved…he was very upset by the idea that I was going off to buy a home on my own and so the relationship at that point really rapidly started to come apart.

Then literally, like, the day that I put in the offer and it was accepted was the day that our relationship ended.

Maddi concluded that she and Philip diverged on issues that were ultimately too important to her, such as having a family, and made peace with the fact that their relationship was not going to work out. As she stated:

…there was that financial part of it that he didn’t agree with and I was like, “well, we obviously have a lot of different opinions about finances, we have a lot of different opinions about family, so what’s the point?”…I felt like I was making all of these
excuses and making a lot of contingency plans – you shouldn’t really have to make that many contingency plans when you’re in a relationship.

Following a difficult break-up with Philip, Maddi stated that she moved into her new home and experienced a sense of calmness and peace that allowed her to “decompress” and feel confident in her decision to become a sole support parent:

…I think maybe the more drama there was between Philip and I, the easier it was for me to look forward to the future…I started to really enjoy the fact that it was now calm and I could really make this decision in calmness rather than chaos, because I think I had been making the decision up until that point in some emotional distress.

Although Maddi initially believed that a relationship would pave the way to having a child, she now views it as a potential obstacle and has chosen to refrain from pursuing a partner to focus on having a child. In Maddi’s words:

…it’s hard to start a relationship in your late 30’s, it’s hard to meet guys that are also single because I think most people tend to be kind of partnered up at my age…at the end of the day I was very happy to get out my last relationship and I’m very happy to have my time that is not full of relationship drama at this point.

Maddi also relayed that romantic relationships have let her down in the past, so she did not want to base her parenthood decision on someone or something that was not a sure thing. As she shared:

…say I meet someone now and I fall in love and they don’t want kids, and then our relationship ends 10 years from now and then I’ll be like, “Oh my god, I gave up my opportunity to have a child for this relationship and it didn’t last forever”…maybe I’m a bit cynical but relationships don’t always last forever, it’s actually really hard for
relationships to last forever, most of them don’t and I feel like my opportunity to have a child is closing but my opportunity to have a relationship with a man is going to last my entire life.

In regards to using a sperm donor to have a child, Maddi shared that she has “twinges of ‘Oh my god, what am I doing??’” However, she also relayed that she has “had some very good relationships in my past. I’ve been in love and I’ve fallen out of love and I think I’m open to meeting someone new but I’m enjoying being single at the moment.”

**Family and Peer Influences.**

Maddi’s family and peer experiences are a significant thematic thread in her parenthood decision-making process. Maddi reported that she values the everlasting bond family members share and considered this when weighing motherhood against her romantic relationship at the time of her decision. She said, “I’ve been married before and I thought that was going to be forever and it wasn’t, so I think the only thing that’s forever is your family.” Even though Maddi relayed experiencing positive relationships with her family members, she reported that she felt protective of her notion to become a sole support parent using a donor and did not want to be swayed. Therefore, she stated that she did not share her plans of becoming a sole support parent with her family until she was about to have her first intra-uterine insemination.

Although she felt that her mother and step-father would respond positively to the idea, she was unsure how her brother and father would react. Maddi stated that her brother “was not very supportive at first” but that his negativity toward it seemed to make her all the more determined to go ahead with her plans. At the time of this interview, Maddi reported that she still hadn’t “technically broken it to my dad because my dad’s just a different personality and he’s a
little bit more closed-minded. He knows something’s happening but my dad won’t talk to me about it.”

The idea of the traditional family also entered into Maddi’s parenthood decision-making, especially in terms of what her choice means to her potential child. In Maddi’s words:

…I’ve started to think about if I have a donor child, how am I going to tell the child that they don’t have a dad, or how am I going to raise them without a dad – I have thought about those things. But I haven’t thought about the other options of you know, the adoption, like what if I end up with a toddler and I have to explain to them that I’ve brought them from another country and I’m single and they don’t have a traditional family?

In addition to her family support, Maddi relayed that when she initially began contemplating the idea of becoming a sole support parent, she looked to her closest friends for advice and guidance. She said:

…I started having these conversations with my best friend, just sort of kicking around the idea of like, “hey, what do you think if I got a sperm donor, or if I continue to date Philip but went and got pregnant through a fertility clinic?” I said, “Philip doesn’t want to have kids, but maybe it’s ok if I have a kid.”

The responses of Maddi’s two closest friends, both of whom were new mothers, were very positive and encouraged her to look at single parenthood with a fresh and optimistic perspective. …it was interesting actually because when I started saying, “Well, what do you think if I was a single mom?” Both of them said, “Well, actually, I’m a single mom regardless of having a partner.” Both of them felt very strongly about the fact that their partners were not helpful and in fact took away from the experience sometimes.
In addition, Maddi witnessed her friends’ struggles with co-parenting which also increased her assurance and inclination towards becoming a parent on her own. As she stated:

…one of the big issues for my best friend and her husband is that they have to negotiate with one another around raising their child – they both have very strong thoughts about how they want to raise their child and they don’t always match and so she said they spend so much energy in having these discussions or debates around how their baby is raised…so my friends were very supportive to say the least, they both thought it was great and they were like, “wow, that’s great- I wish I was a single mom!” because they wouldn’t have these other arguments, they would just be dealing with their child.

According to Maddi, her friends also felt that another benefit to becoming a sole support parent would be that she would receive more support from friends and family than if she were in a partnership. In her words:

…they both felt that if I was a single mother that I would probably have more support than they did…they thought that because I have a close knit group of friends that I would have more people stepping up to the plate than somebody who had a partner.

Because her friends “felt very strongly that it was completely doable,” Maddi came to believe it was doable, and began pursuing motherhood as a single woman with increased fervour by researching her options and preparing herself financially to support a family. Maddi relayed that the support she experienced from her friends and family throughout her parenthood decision-making process bolstered her confidence to become a parent on her own.

**Sense of Personal Agency.**

Maddi’s sense of personal agency is a salient thematic thread within her parenthood decision-making narrative. Maddi reported that she first began to experience and become aware
of her sense of personal agency to have a child when Philip expressed his resistance to having a
family. She said: “Once that became a definite issue within the relationship I started to think
about, ‘well, would I be a single mom? Do I really need this person to have a child?’” Maddi
experienced a solid sense of what she wanted in her life and what she was willing to do to get it.
She stated that she began actively asserting herself at that time to fulfill her dreams:

…I was starting to become a little bit more assertive with Philip as well, so when he
would sort of say things like, “We’re not having this conversation now,” I was starting to
say, “well, actually, I don’t need you to have a child.” So my attitude towards the
decision started to change from – “I really need you to be on board with this,” to “well
actually, I don’t need you to be on board with this, this is my decision.”

Maddi reported that there was about six months where she grew into her assertiveness and came
to realize, “oh wow I can do this by myself!” She also relayed that experiencing this positive
shift in confidence “started to make the decision easier” because she was more sure of herself
and her decision.

Maddi reported that the act of purchasing her own home was also a significant moment
and essentially represented her sense of empowerment and agency in her life. In Maddi’s words:

…when I purchased my house, it was like it all came together at that point. It was really
like, thinking, thinking, thinking and then I purchased my house and that became a
turning point for me…I felt very empowered by it because I was like, “oh my god, I can
have my own home and that means that I can also have my own child…I don’t need a
partner to do that”…so I think that was probably a defining moment for me.

In addition, Maddi experienced personal agency when negotiating within the medical
system to gain more information about the fertility treatment process. When her own family
doctor attempted to deter her from becoming a sole support parent, Maddi chose to take matters into her own hands:

...I went to my family doctor who I’ve been seeing since I was a child and I said, “I want to have a baby and I don’t have a partner,” and then she said, “Well Maddi, you can have children now into your 40’s,” and I was like, “but I don’t want to have a child into my 40’s”...I have not gone back to her since because this actually really annoyed me.

Maddi’s sense of that appointment was that her doctor, who was an older woman, was basically trying to tell her “don’t do it.” However, this had the opposite effect and empowered Maddi to make an appointment at a local fertility clinic.

Once Maddi began intra-uterine inseminations, it was soon discovered that she would require “super ovulation” treatment to increase the number of eggs she produces to increase her chances of getting pregnant. She said:

...I was over responding to the hormones and so they made me very sick...things started to get really haywire so my doctor tried me out on these hormones but they didn’t work – well, they were working but they were over-stimulating my ovaries so I ended up with ovarian hyper-stimulation syndrome which was really super painful.

Throughout this very difficult process of trying to get pregnant, Maddi reported that she has relied on her sense of personal agency: “There’s definitely been a ton of obstacles, including my own body, and so I feel like I have to be really determined about it.” Maddi shared that she continues to feel determined to become a mother despite the fact that she has learned that she is infertile. She relayed that she is preparing for the next steps toward becoming a parent should she not become pregnant through IVF. She has begun investigating alternate options to become a mother through on-line research and making plans to meet with an adoption agency:
…While I wait for my myomectomy surgery, I’m kind of looking at what my other options are at this point cause I think it’s really 50/50 of whether I’m going to get pregnant unfortunately, so I’m now thinking whether plan B is surrogacy or plan B is adoption.

Maddi has demonstrated her commitment to having a child this past year and stated that it has been challenging to remain optimistic.

…It’s been a process. It’s pretty much all that I have been doing all year, I’m waiting for my next IUI or different hormones or doctor’s appointments. It really is all consuming. All this last year all I’ve been doing is working and doing fertility treatments, there’s not that much room for much else…I definitely am feeling at this stage that I feel a little bit hopeless about it.

For Maddi, it is clear that her determination and sense of personal agency has played a key role in her negotiation of her decision-making and path to becoming a parent. In hindsight, Maddi wishes that she “had made the decision sooner” but is prepared to do all she can to have a child now that she is approaching her 40’s, so she can live without regrets.

**Biological Pressures.**

Maddi’s heightened awareness of her biological clock and its limitations informed her parenthood decision-making and was an important thematic thread within her narrative. Maddi recalled always wanting to have children while she was still young so she would have an abundance of energy to parent and live long enough to see her children grow up. Maddi expressed some sadness regarding her fertility problems, because she will now be unable to fulfill her dreams of being a youthful mother. As she stated:
It is kind of heartbreaking because I was only 37 when I started the journey to pursue motherhood, but I am going to be over 40 by the time I have a child…I didn’t want to be over 40 when I had a child, so I have a bit of an issue with that. I always wanted to be a young mom, but I just…it is what it is, I didn’t get to be a young mom. What do you do? I just have to eat really healthy so I can live a really long life.

Maddi reported being very logical in her decision-making due to the finite realities of her biology: “Some women’s’ egg quality just goes downhill after like 34, so you don’t know how your body is going to maintain its fertility.” Once Maddi reached her late 30’s she stated that she really began to think more about her priorities and determined that, based on her physiological realities, children are a definite priority for her at that point in her life. In Maddi’s words:

…the window is closing but my opportunity to have a relationship with a man is going to last my entire life – maybe I won’t fall in love again for 10 years…maybe I’ll be 50 and I’ll meet somebody and I’ll fall in love, but so what? I’ll be 50, I’ll fall in love and things will be great. But I can’t be 50 and have a baby, so I can only be now and have a baby.

Maddi reported that she first really experienced a heightened awareness of her narrowing reproductive window when she was negotiating her relationship with Philip and her fertility limitations were a substantial consideration in regards to her decision to end their relationship:

…I started to feel that the more we delayed the conversation about having a child, the more time was taken from me being a mother cause at that point I was 35, so I was like, “hey, I actually have the conversation now.”

Essentially, these biological realities caused her to end her relationship with Philip, after which Maddi said that she took some time and space to settle into her new home, but felt motivated by her awareness of the limitations of her biological clock to begin trying to become pregnant as
soon as possible: “I was very aware at that point that I was about to turn 38, so I then went to my family doctor on my own and talked to her about it.” Maddi acknowledged that her doctor’s negative reaction to her desire to pursue motherhood as a single woman disappointed and frustrated her, especially since gaining access to a fertility clinic through a doctor’s referral would have been quicker than doing it on her own:

…my doctor actually said she wouldn’t give me a referral to a fertility clinic and so I called myself but they don’t refer you right away, so it took a couple of months, I had to wait 3 months for the appointment…so I was really annoyed by that.

Maddi reported that it was important to her to try as much as possible to have a child during her viable years to avoid regret. She said, “you don’t have your whole life to do this so I just don’t want to turn 45 and I may or may not have a child – at least I’ll know I did everything I could do in order to have a child.”

**Sense of Readiness.**

Maddi’s sense of readiness has been an important theme in her parenthood decision-making process, including feeling financially prepared and emotionally ready to handle the demands of being a parent. Although Maddi stated that she always had a sense that she would become a mother, she did not actively seek out motherhood until her mid-30’s. She recalled feeling unsettled both financially and in her relationships and unprepared to take on the added stress and responsibilities of parenthood. Her shift into feeling a sense of readiness occurred gradually, but began with organizing her finances and preparing for her future. As she recalled:

…I think I grew up thinking that I couldn’t own a home and I couldn’t have things that were sort of family-ish unless I had a partner, and somehow I think the finances got involved in that and I just thought, “well, I need two incomes to do that.”
Once Maddi had the “revelation” that she could afford to own her own home and get a mortgage on her own, she also realized she could be a sole support parent – for Maddi, home ownership was a requirement of becoming a sole support parent. She thought, “if I’m going to be a single mom then I need to own my own home.” She acknowledged that in hindsight she cannot make sense of her logic. In Maddi’s words:

…I’m sure in the grand scheme of things that doesn’t really matter but, for me, that seemed to be important. I thought, “I can’t be a single mom and rent” – I don’t know why I thought that. But, I actually started to make steps toward buying a home, which was actually really part of my decision of being a single mom.

Maddi reported that she is a very “planned person” and “very organized,” and part of her sense of readiness involved feeling ready for the future. In purchasing her own home, she stated she felt more secure in knowing that she “would always have that as an investment” and could “have that as a fall back plan.” Once her relationship with Philip had ended and she had moved into her home, Maddi recalled needing to take a few months to find calmness before committing entirely to her decision to become a mother on her own. She said, “there was definitely some time where I had to spend on my own, really deciding whether that was what I was going to do and I still came up with, ‘No, this is what I’m going to do.’”

Although Maddi lamented the fact that she was not ready to become a parent earlier in her life, she recognizes that readiness cannot be rushed. In Maddi’s words:

…I wish that I had made the decision sooner, I was in my early 30’s when I made the decision – but I don’t know if I had the financial means when I was in my early 30’s. I think that’s kind of where the balance is – as an older woman you get more advanced in your career, you have more money and you’re able to do more things.
Now that Maddi is negotiating whether to pursue adoption or use a surrogate to have a child, she reported also needing to explore her sense of readiness for what those options might involve:

…I’ve done a little bit of internet research about what adoption looks like and you can only adopt from the US or Bulgaria. If you adopt from Bulgaria, often you’re going to get a child that’s 12 to 24 months old, and chances are you’re going to adopt a toddler that’s been in an orphanage that hasn’t been touched and has all sorts of emotional issues because they’ve been sitting in a crib for a year with no interaction with the other kids, they haven’t played with toys, that kind of thing…so that’s really a huge deal. You can adopt an infant from the US, but you won’t know whether the infant has fetal alcohol syndrome, or if they do, how severe it is. I’m a single person and to take something like that on…that wasn’t really part of my plan…I don’t know if I’m ready for that.

Maddi shared that her sense of internal readiness continues to be unwavering, although her pursuit of motherhood through fertility treatments is somewhat circumscribed by her financial circumstances:

…I had a discussion with my doctor around how many times we were going to try super ovulation, and how much money to spend because it really comes down to that. I said to him, “Look, you know I’m single, I can’t spend $10,000 before we do IVF. If you think I’m only going to get pregnant through IVF, then we need to just move toward that because I can’t afford to do super ovulations month after month.”

Experiencing a sense of readiness was an essential influence for Maddi as she negotiated the decision of whether or not to become a mother. Internally, Maddi reported requiring a feeling of confidence within herself that she could manage the role of being a sole support parent.
Externally, financial stability and home ownership were important factors in Maddi being ready – albeit later than she had planned – to pursue her goals and dreams of becoming a mother.

Amy’s Narrative

Amy is a 40 year-old Caucasian woman who grew up in what she described as being a difficult childhood. She reported that her mother experienced anxiety disorder and bipolar disorder and was frequently suicidal from the time she was 10 years-old. Amy stated that she provided care to her mother from a young age and that her father was also devoted in taking care of her. Amy shared that she and her brother were provided for by her father but that their emotional needs were not often met. Amy’s mother killed herself when she was 21 years-old.

Amy shared that her paternal and maternal grandfathers died when she was a toddler. Her paternal grandmother died when she was 37 and her maternal grandmother is still living, though not in Canada. Amy stated that her extended family were not involved much in her childhood or adult life. Amy’s relationship with her father was strained and there were periods of estrangement. He remarried soon after her mother’s death.

Amy reported that her mother did not complete high school and worked in office jobs throughout her life. Her mother frequently left jobs when she found it impossible to manage her mental health in conjunction with her job responsibilities. Amy’s father was a machine repairman at a factory until he retired. Although he was laid-off several times from the factory, he always returned there when work was available. In between being laid-off, he was able to provide for the family by doing a variety of other jobs. Amy grew up with low-middle socio-economic status.

Amy reported that she knew her “whole life” that she wanted to become a mother. When she was 12 years-old, she said she declared at the dinner table that she was never going to get
married and was going to be a single mother. Amy reported that her parents were upset by this statement because it “disrespected everything they had” in their own relationship.

As an adolescent, Amy was enrolled in classes for gifted students. Amy was career driven from a young age and when she was in high school she planned to become a teacher or a lawyer in the future. By the end of high school, she was determined to attend University in the field of education. She completed her degree, went travelling for a period of time and began teaching in her late 20’s.

Amy became romantically involved with Cedric in her early 20’s and was in the relationship “on and off” for approximately ten years. Cedric was unhappy with aspects of his job and appeared to Amy to experience depression throughout the duration of their relationship. When she and Cedric were “off,” she dated other men, but no one turned out to be a suitable partner. When she was 29 years-old, she became pregnant “by accident” with Cedric’s child and chose to have an abortion, despite her desire to become a mother. She stated that she had just started a new job and felt she did not have job security or financial stability, nor did she feel she could depend on Cedric as a co-parent.

Amy struggled with the idea of having an abortion. She worked on healing herself through meditation and was eventually able to come to a place of calm with her decision to terminate the pregnancy. She remained in her relationship with Cedric until she was 32, at which point she ended their relationship. When she was 33 years-old Amy spent an evening talking with Cedric, who was now just a friend, and following this talk Amy experienced a vision of a “baby being on the horizon”. She stated that from this vision it suddenly dawned on her that she could have a child on her own. Amy went to work the following day and declared to her co-workers that she planned to have a child.
At 34 years-old, Amy began the insemination and on her second attempt, became pregnant. She experienced a miscarriage at twelve weeks of her first pregnancy through insemination and took some time to heal before trying again. During this time, Amy also realized that she was no longer as inspired by teaching, and also needed a distraction from her attempts to become pregnant. She decided to apply for her Masters in Counselling. After two more insemination attempts, one of which resulted in a chemical pregnancy, Amy was accepted into a counselling program and began classes. After a hiatus (several months) from the fertility clinic, Amy became pregnant with her daughter on insemination attempt number seven.

Although she was anxious during the first trimester, Amy’s pregnancy was uneventful and she thoroughly enjoyed being pregnant. She practiced yoga and meditation throughout her pregnancy and began writing a journal to her unborn child during her second trimester. She also continued to attend her University courses throughout her pregnancy. Her daughter’s homebirth was without complications.

Within the first few years of her daughter Grace’s life, Amy completed her graduate degree and began working as a counsellor. When she returned to work from maternity leave, she hired a nanny to be with Grace. Amy also started a business with a friend, who also used a donor to become a sole support parent. The counselling/consulting business assists women who are struggling with the question of whether and when to have a child.

Amy also shared that she developed a much closer relationship with her father during her adult life and he is very involved and close to Grace. They visit each other several times a year. Grace is now 6 years-old and Amy reported that her daughter is very similar to her in many ways. Amy feels she in now ready to date but would like to be with someone who shares her concept of the ideal relationship, which includes a mate who is independent and inspiring.
However, Amy said she is also satisfied in developing her own identity, which has evolved over the years since becoming a “mom.”

**Amy’s Decision-Making Thematic Threads**

Throughout Amy’s parenthood decision-making process, four significant thematic threads were identified: the importance of romantic relationships; family and peer influences; a sense of personal agency; a sense of readiness. As much as possible Amy’s words are used to highlight her experiences in the following descriptions of each of these thematic threads.

**Relationships.**

Amy’s romantic relationships were a significant thematic thread throughout her parenthood decision-making narrative. Amy relayed that during her 20’s she was “in and out of a long-term relationship with Cedric.” Although they were compatible in some ways, she reported that Cedric was non-committal and suffered from what she described as a depression. She stated that she spent most of her 20’s either in a relationship with Cedric, or with other short-term boyfriends who also seemed to suffer from depression. In Amy’s words:

…I had this on and off again relationship for 10 years, and when we were off I would always have another boyfriend, and they were always the antithesis to Cedric who was unavailable but completely adventurous and fun and treated me like crap most of the time. But then I’d meet these guys who were totally in love with me and be so super nice and then always had an underbelly of depression. And so it would never work and then I would be back with Cedric like in two seconds.

Amy reported that all of her relationships, including the one with Cedric, “felt so empty.” She said she lived in a state of anxiety because of the combination of these empty relationships and her awareness of her desire to become a parent. As she approached 30, she experienced a dual
state of yearning to have a child, and yet knowing she did not want to have a child until Cedric
was in a better place with himself and they were in a better place within their relationship.

At 29 when Amy became pregnant unexpectedly with Cedric’s child, she struggled with
the decision of whether or not to have this child, and ultimately decided to have an abortion. Her
decision to have an abortion was in part based on the instability of her relationship with Cedric
and her perception that they would not be together long-term. As Amy stated:

…I didn’t have a partner to count on…it wasn’t like I wanted my child to have a secure
father or something like that, it was that I couldn’t see myself linked to him for the rest of
our lives just because we had a child together. It was a really bad reason to have a child.

Amy also noted that she didn’t “consciously want to have a partner just to get married.”

Looking back now, Amy makes sense of her decision to remain in an unstable relationship with
Cedric based on the lack of other desirable options: “I guess I still didn’t really have a lot of
other options in the world that were shown to me.” She stated that it then “took a couple of years
before that relationship got to a point of complete resolution” because she held out hope that
Cedric would fulfill the potential she saw in him. She said having the abortion helped her resolve
her relationship with Cedric because she “had to come face-to-face with this guy and know that
he was never going to be any different.” In Amy’s words:

…I guess in my early 30’s I really struggled with the fact that I was in love and out of
love with the same man…always in love but in and out of good times with this partner
that I had. I guess part of me still believed that he was going to get it together, so that I
would then want to do it again with him. And at that point it never occurred to me not to
do it with him…I just assumed he would sort of get it together.
Once she ended her relationship with Cedric, Amy continued to date in hopes of meeting a suitable partner with whom to start a life and have a family. She reported that during this period of her life her urge to become a parent was likely clouding her ability to be open to the dating process. As Amy described:

…when I was dating I realized I was looking for more of a prospective parent than a partner and realized that what I was looking for in a partner was very different from what I was looking for in a father for a child…but what I wanted in a partner never changed and what I wanted for a father changed all the time…and I thought it was really weird to date someone thinking about whether they would be a good father, so I kind of lost interest in the whole dating process.

Shortly after her decision to take a hiatus from dating, and in conjunction with her meditation practice, she stated that she was able to come to a place of self-knowing and inner peace that allowed her to move past the idea of having and needing a partner with whom to have a child. It was only then that she was able to open herself fully to the idea of becoming a sole support parent.

**Sense of Personal Agency.**

Amy’s sense of agency played an essential role throughout her parenthood decision-making process. From a young age, Amy expressed a strong sense of agency regarding her commitment to become a mother. She recalled being 12 years-old and stating to her parents that she did not plan to be married but intended to become a single mother when she was older. In her 20’s she was enmeshed in a dysfunctional relationship but she still had a sense of her life trajectory, which always included motherhood. So when she became pregnant by “accident” at the age of 29, she felt strongly about creating her own destiny. As Amy reported:
...It was difficult because I was killing my own dream...but it wasn’t something that I had chosen, I mean, it was an accident. I just didn’t want that...and I guess I kind of have this idea that kids shouldn’t be accidents.

Although having an abortion was difficult, Amy stated that it helped her clarify what she wanted. It encouraged her to be proactive in attaining her personal goals. She chose to begin self-healing and self-awareness work, which was mostly focused in meditation. As she stated:

...over that time I learned how to create my circumstances versus have them happen to me and then have to react. And so I think I took back my sort of place in the world...I get to make the decisions, I get to be the one to call the shots and I can make this happen, instead of waiting for someone to find me so I can have a baby...and it was the same in other aspects of my life as well – it’s up to me every day.

Amy recognized that this sense of personal agency had existed throughout her life, but her abortion experience brought that awareness to the surface. Later, when she experienced a “vision” of having a child her own sense of awareness became even clearer. She said it “suddenly dawned on me that I could do it myself.” According to Amy, “when I wanted to get a Masters, I went and got it, when I wanted to go travel, I went and did it, and when I wanted a job, I went and got one. You want a baby? Go get one!”

She stated that her new-found sense of agency “allowed the freedom of a vision.” In her words:

...it was like I was in this dream but I was awake and I saw this huge ancient book, it was like a wizard’s book, it just closed and there was all this dust and then it moved out of the way and there was this baby and there was an aura of light around this baby and I was like, “of course, that’s what I’m going to do next.”
From Amy’s perspective her choice to have a child on her own was an “opportunity” instead of a “concession.” In her words: “It wasn’t like I had made a conscious choice, ‘Oh, I’m just going to do this alone’, it was, ‘I can do it alone, because this is really what I want’.”

Amy acknowledged that she experienced her sense of agency differently in her 20’s than in her 30’s. The shift in her 30’s was significant and she described it in the following passage:

…In my 20’s I was either running away or trying to force something to happen with what was already there as opposed to sit back and create it myself…whether that was a relationship or a baby, or a job, or whatever. It was only in my 30’s that I really came to understand that I was the force behind me.

This new self-understanding opened her to a new way of experiencing the world and created a solid sense of trust in herself, and her life evolution. In Amy’s words:

…I don’t like rules and doctrines of any sort, but I believe in a personal spirituality. I really found what I believe in and I do believe in sort of a benevolent universe of energy…how can there be a malevolent force in the universe? So I started to really come to terms with that in terms of my own life. What is this for me? What do I know about this? And I returned to my intuition, not what other people were thinking and doing but what I knew was right.

Amy relayed that “bringing it back to herself” has guided her through her parenthood decision-making process and beyond. It is how she lives her life and interacts with others on a day-to-day basis. She stated that this perspective has helped her know who she is as well, which was also very significant during her parenthood decision-making process.
Sense of Readiness.

A sense of readiness was essential for Amy in her parenthood decision-making process and is a salient thematic thread throughout her narrative. Amy shared that when she became pregnant by accident when she was 29, she considered several factors in her decision-making, all of which related to her sense of readiness. As Amy reported:

…basically the desire to be a mom was always there and then when I got pregnant by accident, I was propelled forward and made me really question whether I wanted it or not and whether I wanted it then or not. So at that point because of the circumstances that I was in with the partner that I was with, and the fact that I was just starting a masters and had just started a new job and I was relatively new to this city, I decided that I couldn’t do it the way I wanted to do it at that point and I had an abortion.

At the time she was considering whether or not to have an abortion, Amy relayed that she had a sense of how she wanted to parent and who she wanted to be as a parent. She felt she could not meet her own standards of being a good mother at that time. As she stated:

…the biggest reason I decided to have the abortion was that I knew that I couldn’t be the parent I wanted to be. I knew that it would be based on survival and hecticness…that is a big responsibility to take on.

Although she acknowledged that parenthood was always in the back of her mind, she said it “only came straight into my face when I was 29 by getting pregnant, but then it was always there, it didn’t leave after that.” Amy reported that experiencing a full sense of readiness to become a mother happened approximately five years following her abortion when she was 34 years-old. During the process of trying to become pregnant, Amy transformed her career and
very purposefully set out to achieve financial stability. Having these pieces in place were necessary for Amy to experience a sense of readiness to become a mother. In Amy’s words:

… I wasn’t happy with teaching and I was no longer getting as much out of it as I was before so I wanted to change careers and I knew I wouldn’t be able to do that if I was a single mom…once I switched careers I saw how much time I had and how much more money I had and how much more settled I was.

Amy stated that after the abortion she also felt a strong desire to engage in meditation to help her come to a place of peace with this decision. Through this work, she stated that she reached a stillness that allowed her to be more settled within herself. As she described:

…I also did a lot of really profound healing work and I just found this stillness – I think that’s what happened, like I was so steady in myself. I was so happy with who I was and that really seemed like a much better launching pad to have a baby.

Once Amy spent time making peace with her decision and gaining more awareness about her own identity – engaging with herself “with complete honesty,” she stated that she found herself in a clear place of knowing what she wanted in her life:

…I would definitely say that the only way you can get to a really good decision is if you’re prepared to be really, really real with yourself…I was definitely five years of being in that process…my mind swims if I think of all the permutations I’ve gone through…by the time I was 34, it was the perfect timing. I was ready.

**Family and Peer Influences.**

Family and peer influences were important thematic threads within Amy’s decision-making process. According to Amy, she did not “dream big” as a child or adolescent because she grew up with a “sick mom”. Her mother was diagnosed with anxiety and bi-polar disorder when
Amy was young. Amy stated that her mother was suicidal from the age Amy was 10 and she reported feeling like being on “suicide watch” and taking care of her mother left little time and energy to focus on conjuring grandiose future plans. She said: “when you’re living with someone who is sick, people don’t dream big because there’s no real room for it.” Amy knew she wanted to travel, become a teacher and eventually become a mother and once she had fulfilled her dreams of travelling, attending university and becoming a teacher, she felt the only dream left was that of becoming a mom.

In addition to the influence of being with a sick parent growing up, Amy also became conscious of the type of environment in which she would want to raise a child based on her own unmet needs as a child. As she moved toward attaining this goal of becoming a parent, Amy said that she spent time “unpacking childhood fantasies” in order to know “what it would look like, what it could look like and what you’re open to it not looking like.” She stated that she felt really knowing what her expectations were based on her childhood fantasies and experiences were an essential part of parenthood preparedness.

Amy also spoke about the influence of her friends and co-workers, especially when they became parents. She recalled the longing she experienced when holding their babies or seeing them with their children. In Amy’s words:

…even before the abortion I would see friends and I thought, ‘that’s gonna be me, I’m gonna have a baby.’ My friends all had had babies before me and so I would hold them and my whole uterus would just like ache.

Not surprisingly, following her abortion, Amy reported that her yearnings to become a mother increased, as did the intensity of her loss. As she stated:
…every time someone announced they were pregnant at work, every time someone else had another baby, it was devastating – I felt the loss of the abortion, I felt the loss of – is this ever going to happen [for me]?

Amy reported that although she was surrounded by peers who were using various methods to have a child, she said it didn’t occur to her earlier on to have a child on her own because her friend’s situations were very different from hers. She shared:

…there were several lesbian women who were partnered who used sperm donors to conceive and there was a woman who had gone off to China and adopted on her own, but I don’t think it ever occurred to me up to that point to do it on my own because I didn’t really have a lot of models…they were lesbians but they were partnered so I never looked at them as any different from my heterosexual friends who were married…it was just, “well, that’s just how you have to do it.”

However, once Amy’s relationship and personal circumstances were different, and she made the decision to become a sole support parent, she reported that the peer support she received from her friends and peers solidified her confidence in having a child on her own. In Amy’s words:

…nobody had a negative reaction. No one said, “oh my god, do you have enough money?” No one said, “Where will you live?” No one said, like, “what are you gonna do on your own?” No one said that to me. And I think that’s a measure of how ready I was and how steady I was. I think if you approach people and you’re nervous, they pick up on that and they feed it back to you. So I think that it just made sense to the people who knew me well, that I would do this.
Although Amy expressed gratitude for her peer support throughout her pregnancies and journey through parenthood, she stated that she initially felt a desire to be completely self-sufficient. She said: “I think my coping mechanisms were very much around not having to rely on other people.” However, in preparing for motherhood, Amy relayed that she always knew that her friends would be emotionally supportive. Amy stated that her sense of community through peer relationships has been, and continues to be, a significant support for her as a sole support parent.

**Alexandra’s Narrative**

Alexandra is a 44 year-old woman who grew up in what she describes as an atheist, middle class family. Her mother, first a school teacher and later a University professor, received her PhD, while her father also attended University, but decided to become an electrician. They both worked full-time when Alexandra and her younger brother, who is two and a half years younger, were growing up. Alexandra was close to her family as a child and into her adult life. She reported that her parents never put pressure on her to get married or have a family.

Her mother, whose ancestors hail from Ireland and Scotland, and her German-born father, were divorced when Alexandra was in her first year of University. Alexandra reported that when growing up, her parents engaged in disagreements of which she and her brother were privy. Despite this exposure, Alexandra stated that she bought into the romantic fantasies of the loving two-parent, nuclear family portrayed in books and the media. She said she never thought she would end up as a single mother by choice.

Alexandra describes herself as always being outgoing; however, she reports being timid in terms of initiating romantic relationships until later in life. She dated infrequently and put her energy into pursuing her education and career. When she was in her early 20’s and doing her
undergraduate degree, she spoke with roommates about the possibility of parenthood but stated that she did not feel she was ready to pursue becoming a mother at that time.

Alexandra entered a graduate program in her mid-20’s and was starting to feel urges to have a child but was still unsure if she was ready. She recalled casually speaking to one of her male friends about the possibility of becoming a sole support parent if she got to a “certain age” and still hadn’t found a mate. However, she recalled still feeling confident at that time that she would eventually be part of a two-parent family.

Alexandra completed her graduate education when she was 29 years-old and debated whether she wanted to pursue a career in research. She stated that she witnessed the seemingly unfulfilled lives of research professors and ultimately decided to forgo a research career because of the sacrifice to her desired quality of life.

She began working on her post-doc, and during this time, found herself thinking about the idea of finding a suitable partner with whom to eventually start a family. Alexandra reported that she joined an activity-based club that would facilitate meeting a potential boyfriend and forming a support network through a common interest. When she was 32, she began a relationship with a man who required what she referred to as “mothering” due to his over-consumption of alcohol. Although Alexandra had thought casually about the idea of becoming a parent in the past, she stated that it was this experience that caused her to realize that she had a significant maternal side that was as yet unmet. She spent the next seven years dating periodically but did not find a suitable partner with whom she felt she could start a life and a family.

When she was 39, Alexandra entered into a serious relationship with a man who had a daughter from a previous relationship. Although this partner stated that he did not want any more
children, Alexandra’s interaction with his daughter reinforced her decision to have a child. She ended her relationship with this man when she was 40 years-old because he did not want to have children. Soon after, she spoke with her brother who suggested she become a sole support parent. Her other family members also showed support for this decision. Alexandra researched various methods for becoming a single parent, and read books to help her prepare. She became aware of the Single Mothers by Choice group, and became a member.

Alexandra decided to become a single mother by choice and began fertility treatments when she was 41. She became pregnant when she was 42 years-old and had her daughter at the age of 43. Alexandra’s labour was uneventful and her daughter was born healthy. Alexandra’s mother supported her for the first two months following her daughter’s birth. Alexandra’s daughter is now almost one-years-old and is “thriving.” Although Alexandra has no regrets in becoming a sole support parent, she contended that she anticipates challenges when she returns to her job and has to juggle the demands of full-time work with caring for her daughter.

Alexandra’s Decision-Making Thematic Threads

Alexandra’s narrative revealed several thematic threads throughout her motherhood decision-making process: the influence of relationships; the importance of family and peers; career influences; and a sense of personal agency. Each of these thematic threads are described in detail below, with Alexandra’s words being used as much as possible to highlight her experiences.

Relationships.

Relationships were a particularly significant thematic thread in Alexandra’s parenthood decision-making process. Alexandra stated that she initially visited the question of parenthood when she was in her early 20’s and thought, “I’m gonna have to revisit this decision when there’s
a partner in the picture.” Alexandra reported that she did not pursue romantic relationships early in her life and feels some regret in regards to missing potential opportunities for partnership and co-parenthood. She relayed that she dated infrequently but now feels that if she met the right partner, she may have pursued parenthood sooner than she did. In Alexandra’s words:

…if I had been in graduate school and there had been a partner, even though my career wouldn’t be sorted out – if there had been a really strong candidate, I think that [parenthood] would have happened earlier.

Alexandra relayed that she had a strong sense that she wanted to have children early on in her life, but this was not confirmed until she was in a relationship that fostered her maternal side. As she stated:

…when I was 32, I was involved with a guy who was kind of crazy, very irresponsible and that’s when I knew that I wanted to have children...the guy got so drunk and needed looking after. I saw how strongly my maternal instinct came out looking after him and then it just became completely clear to me – Yes, I want to be a mother.

After this relationship experience Alexandra knew for sure she wanted to have a child it was just a matter of finding the right partner. When she was 39, she relayed that she thought she found the right person (Jack) with whom to start a life and family. She reported that she and Jack were very suitable for one another in many ways. He had a daughter from a previous relationship and seemed to be a good father. According to Alexandra, he “hemmed and hawed” over the idea of having another child because he feared going through another divorce – “he just felt he got shredded in his soul by having to argue custody for his daughter and he didn’t think he could survive it again.” However, in considering the stresses parenthood puts on a relationship, she acknowledged that “it worked out for the best.” As she shared:
...Jack said that he didn’t want to do it and then we broke up. I wasn’t actually in love with him. We were very, very compatible, but I think that with the strains of how hard it is to be a parent it would have made the strains in the relationship even worse, or it would have probably fractured it.

Alexandra reported that similar to her previous experience when she was in her early 30’s, this relationship experience helped to cement her desire to become a mother: “It really helped to have Jack arrive on the scene when I was 39 because it just crystalized everything.” When this relationship ended, Alexandra was 40 years-old. She felt she had given the relationships and the idea of having a child in a two parent situation a chance and that it was time to move forward on her own.

In addition, Alexandra experienced a bond in her relationship with Jack’s daughter, which reinforced her passion and confidence in becoming a parent. As Alexandra expressed:

…I also had interactions with his daughter and there were some crucial things that she was going through at the time as a teenager that I was involved and lending a hand with – and I could do it, and I actually did well at it!

Once she and Jack ended their relationship, and in combination with the confidence gained from her interactions with his daughter, Alexandra realized that she was finally able to fully commit to the idea of having a child as a single woman: “Once I was in the relationship with Jack and saw what family life was like, we got along well but I could also see that ‘you know what? I don’t have to have a partner to do this’.”

**Family and Peer Influences.**

The influences of family members and peers were also critical thematic threads in Alexandra’s parenthood decision-making process. Alexandra expressed her gratitude for her
parents never placing expectations on her regarding marriage and reproduction. Regardless of this, she recalled that from a young age she enjoyed fairy tales that reflected idealized romance. However, as she grew up, she stated that her opinion of marriage and family changed after witnessing the “less idealistic” form of marriage demonstrated by her parents particularly given that they split up when she was in her first year of University. As Alexandra stated:

…my parents splitting up certainly had a large impact on me. I read about a study once that said people whose parents split up when they were older were less likely to want to get married and start families because they experienced life with two parents who had their problems. I can see this.

Although she may have experienced resistance to marriage when in her late teens and early 20’s, Alexandra reported that in University she casually discussed the idea of parenthood with her peers. It was at this time she gave thought to the notion of becoming a sole support parent:

…I’d actually considered it when I was in graduate school, that I might have to do this [single parenthood] – I just thought it was a funny little thought experiment back in my 20’s…I never actually considered that I would do it.

This “thought experiment” included talking with a male friend about insemination using a peer’s donated sperm. However, Alexandra was quick to discard this as an option, based on her friend’s negative reaction to the idea.

Several years later, when Alexandra determined that she was not going to have a child in a two-parent family – that she was indeed going to have to pursue having a child on her own – she talked openly with family and friends about different parenthood options. She reported that her brother’s affirmation of her decision to become a sole support parent was important in her
acting on this choice: “I had a good conversation with my brother and he was like, ‘do it yourself’, and I’m like, ‘yeah, I’ve thought about that before’. ” And although Alexandra stated that she had to mourn “the loss of the traditional ideal,” that “it had to have its little death”, she said the support of her family was “the thing that made it ok.” In Alexandra’s words:

…I visited my grandmother and she was 90, and that was probably one of the first times I actually said, “this is what I want to do, I’m gonna do this by myself.” And she said, “I think you should.” And then I told my mother what my grandmother said and my mother said, “Oh, she did??! She said that? If you told her 20 years ago that she would say that now, she probably wouldn’t have believed you – that’s amazing! Way to go!” And so, the fact that people in my family were very supportive, it’s a compensation for, “ok I don’t have a romantic partner but I have a family that supports this decision completely.”

Once she had made her decision to pursue parenthood as a sole support mother, Alexandra stated that she was very open about her choice to use an anonymous donor. She became a part of a group of women who were single mothers by choice and reported that she found this group to be supportive. Also, she stated that many of her female friends and gay male friends were curious about her decision and insemination process, as they were also considering the option of using donors to pursue parenthood. Alexandra shared her sense of validation in having those around her normalize her choice to use donor sperm and become a sole support parent.

**Career Influences.**

Alexandra’s career goals and aspirations were also important thematic threads in her motherhood timing and decision-making. Alexandra relayed feeling committed to completing her education and establishing her career through her 20’s, which did not leave much room or
time to think seriously about pursuing parenthood. Throughout her undergraduate and graduate
degrees she stated that parenthood “wasn’t on my radar.” However, she stated that during her
post-doctoral work she started to think about the possibility of having a family. Through her
observations of professors in her department, she became aware of the all-consuming nature of a
career in research and began second guessing this career move based on her urge to have a
family. She felt torn between pursuing a career in research – a career that would leave little time
for romantic and family endeavors – and choosing a career that would be less demanding and
allow more opportunity for parenting. In Alexandra’s words:

…the job was demanding but I was actually just even making choices in my career
knowing that I wanted to be able to have a full life. I saw the research professors around
just have no life whatsoever and I decided then I don’t want to be a research professor. I
won’t be able to have a life, not much of one. Part of it was that I wanted to be able to
have a family but still be able to travel too, to just be able to enjoy my life.

Alexandra also discussed her awareness of her internal drive and high expectations of
herself in terms of career advancement. She said: “I think females that go into a professional
career, we really hold ourselves to a very, very high standard, very high.” She reported that the
amount of time she had been spending at work was a catalyst for pursuing parenthood. In her
words:

…I spent so much time on my work before this and that was actually one of the things
that my last boyfriend said, he’s like, “you can’t have kids, the amount that you work,
there’s just no way”, and I said, “no, no, that’s the point, I don’t want to be able to spend
all my time working. I want to change this up, I want to spend more time with my family
– that’s the point!”… I had the luxury to spend all that time at work but I didn’t actually
want to. I knew that instead of spending 12 hours writing a lecture, that I could spend 3 and it probably would only make a 3% or 4% difference in the quality – if not even making it better because I could instead be at home and be recharging my creative energies in a different way.

In hindsight, Alexandra acknowledged that she may have done things differently if given the opportunity, in terms of putting less emphasis on her career and more on finding a relationship with someone with whom she could create a family. As she stated:

…if I could go back, I’d probably be more willing to pursue things in my personal life at a younger age, so this [parenthood] may not have happened this way. I might have put more thrust into my personal life and worked less hard on things towards my career.

Despite always feeling a sense of confidence in her professional life, Alexandra relayed other concerns that also played into her career decision to forgo a research career, such as unpublished papers. Ultimately, as much as she enjoyed research, she decided by age 30 that she wanted a career that would leave room for family life. This decision was reinforced through her interactions with students in her classes. As reported by Alexandra:

…students would come to me with various personal problems and the reason they did it is because they spent so much time in my class so I got to know them really well. I found myself expelling all this energy to try and help them deal with their situations and, not to be hard hearted about it, but it would be an investment that would be gone – at the end of the semester they would move on, and I was like, “no, I want a long lasting investment.” Besides her experience of feeling that she “was using up maternal energy and it was just getting burned out,” Alexandra relayed that witnessing some of her female colleagues doing the same
strengthened her resolve to forgo a career in research so that she could have more room to fulfill her desire to have a child.

**Sense of Personal Agency.**

Alexandra relied on her sense of personal agency throughout her parenthood decision-making process and it was a particularly salient thematic thread throughout her narrative. Alexandra’s sense of personal agency was evident as she recalled thinking about parenthood in graduate school. She said: “I remember thinking, “if I get to a certain age and I don’t have a partner, what would I do?” Her answer at this time was to take the matter into her own hands. In Alexandra’s words:

…maybe I would choose three of my male friends who all have somewhat similar physical characteristics, get sperm from all of them, mix it together so they don’t need to know for sure who the dad is…I thought that was what I might do.

Although she abandoned this idea after discussing it with a friend, she acknowledged that the idea of single parenthood was always in the back of her mind and that she was confident in her ability to take on the challenges of this role on her own..

In her early 30’s, Alexandra stated that she felt she was “finished parenting” herself, and subsequently felt a sense of urgency to become a mother. She stated that she actively and purposefully began making choices in her career and romantic life that would facilitate becoming a parent. She took initiative in her professional life by pursuing a less demanding career and addressed her personal life by joining a club to increase opportunities to meet a potential partner. Once she determined that the partners she chose were not willing to have a child with her, she was quick to end the relationships in an effort to make room in her life for other potential candidates. When she was 40 years-old and her relationship with Jack ended, she reported that
she was able to feel content with, and confident about, her decision to become a sole support parent. In Alexandra’s words:

… once I made it, I was very happy with my decision. I didn’t waver, I knew absolutely that this was the right thing to do…It was great. It was actually wonderful to be going forward. I was sad about the relationship being over, but on the other hand, felt really positive about going ahead and doing it by myself.

Alexandra stated that she felt a sense of empowerment in taking control of her own life and was proud to share her choice with others. As she reported:

…I know some women who try and keep it a secret, they feel that it’s not the social norm to do this without a partner but I didn’t feel like that at all… I think too in our society there’s this sort of image of a woman who’s 40 and desperate to find a partner and it’s an awful image, so this felt like I was taking it back…it felt very empowering…it felt kind of subversive, but still positive.

In terms of making sense of her process, Alexandra shared that a significant aspect involved harnessing her confidence and acting on her desires to have a child. In her words:

…I was listening to a radio program about being poor in Canada and they asked this child what she wanted to be when she grew up, and she said she wasn’t comfortable in saying it. She was scared to say it out loud, and I thought, “I’ve almost been that way when it comes to planning out my personal life.” I was scared to go for the big romantic dream, until I had my daughter. I dared to go ahead with it.

Valerie’s Narrative

Valerie was born in 1971 and is the only child of, Liz and Frank. Valerie stated that her mother was very young when she conceived Valerie and the pregnancy was not planned.
Although Frank and Liz remained together, Valerie noted that her parents were “highly enmeshed” in a very negative sense. After staying home to care for her daughter for a period of time, Valerie reported that Liz went back to work as a bookkeeper, which was one of her many jobs as an entrepreneur. Both Valerie’s parents attended some post-secondary education and Valerie’s father worked as a pipefitter. Valerie said that her immediate and extended family were not close and she is still distant from her family members.

In her youth, Valerie described herself as adventurous and unconventional. She said she did not think about having a family, nor was positive healthy functioning modeled within her family dynamic. She completed high school and a University degree, and then went on to work in post-secondary education throughout her 20’s. She taught, worked in administration, provided mental health services, worked with adolescents and their parents and eventually returned to school to complete her Masters in Psychiatric Nursing.

Throughout her 20’s and early 30’s, Valerie reported that she did not experience any long-term relationships. When she was about 30 years-old, she began to feel what she described as “biological pressure to reproduce.” She also noticed that her current single lifestyle was no longer satisfying and thought that building connections and a support system through reproduction might provide fulfillment.

At age 33, Valerie was sure she wanted a family and started the process of pursuing motherhood through on-line dating to find a suitable mate. She met Xavier on-line and, after dating for a period of time, they got married and bought a home. Valerie and Xavier discussed starting a family from the beginning of their relationship and Xavier was ambivalent about his desire to become a parent. Although Valerie was initially adamant that she wanted to become a parent, she said she lost interest in the idea over time due to several factors, including her and
Xavier’s lack of clarity about the issue, her exposure to troubled families, her awareness of society’s pressure and expectations of parenthood and the fact that in her mid-30’s she was let go from her job and was suddenly financially unstable. When she lost her job, Valerie was at a cross-road and decided to return to University to complete her Master’s degree.

As she worked towards completing her degree she continued to occasionally contemplate whether having a child would be conducive to who she and Xavier were as people. She also considered their desired lifestyle. In addition, they talked to their parents about how involved they could be in offering support should they choose to have a child.

Valerie was also conscious of the larger picture of having a child, such as the demands of adding another human being to the planet. Philosophically, she questioned “what am I doing here?” and contemplated the purpose and meaning around having a child.

Valerie completed her Masters at age 41, and although she never considers the door to becoming a mother to be completely closed, she is aware of her fertility limitations. Valerie ultimately decided that the role of mother would be too much responsibility considering her indecisiveness and Xavier’s ambivalence about having children, and his temperament which she feels does not suit being a father. Valerie said she and Xavier do a lot of travelling and are satisfied with their lifestyle. Despite her earlier desire to become a mother, Valerie says she has no regret regarding her decision to forgo parenthood. She will be starting her PhD in the coming year.

**Valerie’s Decision-Making Thematic Threads**

Several thematic threads were featured within Valerie’s narrative regarding her parenthood decision-making process: the influence of family experiences; the importance of an intimate relationship; a sense of personal agency; a sense of internal and external readiness; and
career and financial security. Each of these thematic threads are described in detail below, with Valerie’s words being used to highlight her experiences.

**Family Influences.**

Experiences involving family were an influential thematic thread throughout Valerie’s parenthood decision-making. Valerie reported that she remembers growing up in a family that did not model healthy family functioning. She stated that being an only child to parents who were highly enmeshed, she felt like “an appendage” to their relationship and did not experience a sense of ‘family’. In addition, she expressed her reservations regarding perpetuating these unhealthy family interactions by having her own family. Valerie stated that she questioned her own ability to parent because of what she gleaned from being parented by her mother. In Valerie’s words:

…my mom got pregnant really young and I lived with her through an era where you stayed home and you looked after your kid – my mom did end up going back to work eventually but she didn’t get to go to University, and so there are those under currents in our relationship and I could see – I didn’t want to play that out, like you can’t predict the future but I knew that that was there and I didn’t want to risk it.

Valerie reported being very cautious and mindful of her family history as she negotiated her decision about whether or not she should become a parent. As she stated:

…we play it out our own histories, you can see the patterns in families and I can see the patterns in my family and I didn’t want to be the resentful mom who had to give up stuff, like my mom was. If I didn’t think that I could get a grip on that then I didn’t want to subject a child to that.
Valerie also remembered feeling unsupported by her mother in the decision to have children, even before she was aware that she wanted to pursue motherhood. She recalled her mother saying: “don’t have kids cause I don’t want to look after them.” At the point in her life that her mother made this statement, Valerie was not planning on pursuing motherhood so in terms of family influence she recalls feeling, “that part was easy, there was no family pressure to have kids.” However, in her early 30’s when she began experiencing urges to become a mother, and later when she and her husband were negotiating whether or not they wanted to have children, she stated that the absence of a support system played a role in their decision. Not only were Valerie’s family members not able or willing to provide support, but the couple also were uncertain about the extent to which Xavier’s family would participate if they decided to have children. According to Valerie:

…Xavier’s family lives quite close to us actually, and we did have several conversations about what role his parents could take. Xavier’s older than I am so his parents are older…his dad probably would have been quite helpful but his mom – he was pretty sure his mom would not be that interested. So yeah, there wasn’t a lot of family support to it either.

Valerie’s family experiences played a dual role in her decision-making regarding parenthood in the sense that they deterred her initially from wanting to pursue parenthood, but later contributed to her longing to build connections. Although she was approaching her 30’s before she was aware of experiencing any urges to have a child, it was at this time that she felt a desire to establish a relationship and family connections that were largely absent from her childhood and young adult life. As she shared:
…there has to be more to life, you know, having a family, being in a relationship, having connections, because I didn’t really have any connections…I knew people all around the world but there was no depth to those relationships. So I was looking for deeper relationships and putting some roots down…it was this idea of being connected in some way and having a support system.

According to Valerie, the role of family and family experiences in her motherhood decision-making process were complex and gradual, culminating in her choice to forgo parenthood.

**Relationships.**

Relationships were a significant thematic thread in Valerie’s parenthood decision-making process, in terms of finding a suitable partner and eventually foregoing motherhood partially due to her husband’s ambivalence about, and suitability for parenthood. Valerie relayed that during her late 20’s she was working in a position that required her to frequently travel overseas. This transient lifestyle created challenges in establishing an intimate relationship. Valerie said that once she realized that she wanted to have a family, she knew she would have to make special efforts to meet a potential husband, so she turned to internet dating. Valerie met Xavier through an on-line dating site. She said: “when we met having kids was on the table – that was one of the criteria of the relationship going forward.” So, at the outset of their relationship, it appeared to Valerie that having children with Xavier was a definite possibility in their future together.

As Valerie experienced life with Xavier, she stated that she started to question whether children would fit into their relationship dynamic. She expressed her concerns regarding Xavier’s personality and ambivalence towards having children, and the possibility of her consequently “over-functioning” in the parent role. According to Valerie, Xavier:
…was ambivalent and I wasn’t sure about him as a parent and I wasn’t sure about me as a parent …Xavier’s an anxious person, he’s quite introverted and he doesn’t handle stress very well, and having kids is stressful. And quite often I feel I have to manage him and I didn’t want two kids…I think that if my partner was more committed and was willing to take on more of the responsibility and I could take on less of the responsibility then that might make it more palatable.

Valerie acknowledged that Xavier would have done his best to parent but worried it wouldn’t be sufficient. She said: “He would have been as supportive as he could be, I just don’t think that he could have been as supportive as I would have wanted him to be.” Looking back, Valerie hypothesized that parenthood may have been more of a possibility with a different partner. In Valerie’s words:

…I think the outcome would have been different if I had met a different person. I think if Xavier was more attached to the idea, the decision might have been different, but I can’t say that definitively because I don’t feel, like, my womb doesn’t ache.

In her decision not to pursue parenthood with Xavier, Valerie reported that she felt some resolve and was able to move on:

…once Xavier and I got connected and I sort of figured out who he was and what the playing field was like in terms of kids, I let that idea [of having kids] go.

**Sense of Personal Agency.**

Valerie drew on her sense of agency while negotiating the parenthood decision-making process and personal agency is an important thematic thread throughout her narrative. When Valerie first felt the initial urges to become a parent she was not in a relationship. At this stage in her life, Valerie relayed that she felt sure of what she wanted and planned to set out and get it.
She said: “I felt driven to get to the point where I had a choice, where I had the partner to then seriously engage in this on.” She reported that her drive to create an opportunity to have a family prompted her to act. In her words:

…I had a job that required me to travel overseas all the time, so I wasn’t in a relationship, I couldn’t really meet people…how do you meet people when you’re never there, so I set out to find me a husband!

Once Valerie had accomplished finding a suitable partner, she reported that they regularly discussed whether having children is something they continued to want, being mindful of their vacillating feelings towards the idea. Valerie acknowledged her own growing ambivalence about having children and stated that she was determined to base her parenthood decision on a sense of agency rather than indifference. As she stated:

…ambivalence doesn’t really sell me as something that we take on that big of a life responsibility for…it’s not necessarily the strongest foundation for making a decision to or not to have a child.

She attended to her increasing ambivalence and hesitancy toward parenthood by proactively dissecting her potential flaws as a parent. She stated that she took a close look at “the ugly stuff,” which included her perception of who she was and how that would play out with her potential child:

…I’ll look at the ugly, bitchy side of myself who’s really selfish – I don’t want to wipe snotty noses and change crappy diapers. I don’t want to do it…Kids don’t need ugliness, they get enough ugliness in the world, they don’t need more of it from their parents.

Valerie stated that taking the initiative to “be dead, dead honest with myself, warts and all” was an important part of her parenthood decision-making process. In honestly looking at
herself and her needs, she was able to reconcile that deciding not to have a child may have been selfish on the one hand, but also an act of service to her potential child. As Valerie stated:

…I want to be wrapped in my own crap, I don’t want to have to step out of that and if that means being selfish, fine. But in some ways it’s being unselfish too because I’m not screwing up [a child].

Valerie also felt that her parenting style – a style that would encourage independence within her potential child – might be negatively perceived by others. In Valerie’s words:

…I know for sure I would be the kind of parent that was like, “figure it out yourself; at 18 you’re out of here; I’m not paying your cell phone bill, you want a cell phone you get a job, get an apartment.” And I really could see MCFD knocking on the door because I think a lot of parent stuff that goes on now is totally insane…I can’t believe people drive their kids three blocks to school, that everything is so scheduled.

In addition, Valerie demonstrated a global sense of agency in terms of the effects of adding another human being to the planet. In Valerie’s words: “At a philosophical level I have thought, ‘holy crap, there’s a lot of us on this planet, do we really need one more?’”

Valerie reported that she was in tune with her desire to reproduce and actively pursued this goal, until ultimately she came to the conclusion she “didn’t want it [parenthood] bad enough”. She reported: “I really questioned what I want out of my life and it just seemed like kids weren’t gonna fit into that anymore.” Valerie said that she asked herself some difficult questions:

…it really comes down to two things – what are you willing to do to get what you want and what are you not willing to do? And if those things don’t jive up with what’s required then something’s gotta give and that was the case for me. Something had to give and the
thing that gave was the kids because I wasn’t willing to do all the other stuff to be able to do it and do it well.

According to Valerie, her sense of agency has been ubiquitous throughout her life and particularly heightened during her parenthood decision-making process. She demonstrated her agency through deep reflection and forethought regarding her desires, capabilities and personal characteristics.

**Sense of Readiness.**

Readiness was an integral thematic thread within Valerie’s decision-making process and ultimately contributed to her decision to forgo parenthood. Although Valerie felt an internal push and sense that there was “more to life” than working, she stated that once she gave it some thought she realized that parenthood might not ultimately be a fit for her. Valerie reported not feeling “ready” to change her lifestyle or assume primary responsibility for parenting.

Valerie reported that she recognized that she “likes a calm lifestyle” and was aware that peace and quiet is not usually congruent with child-rearing. She was not ready to have such an extreme change to her environment. Additionally, she relayed that she gave thought to her desire to be spontaneous, especially with regards to travel, and her husbands need for order. She stated:

…kids don’t fit in with either of those spectrums, I don’t think the person who needs everything to be controlled and orderly and the person who wants nothing planned and wants to be able to do everything on the fly and in the moment – neither of those styles work well for kids. Maybe that’s an assumption on my part but kids do need some structure, they need some routine. So there would have been all kind of conflicts there.
Beyond the various lifestyle changes she might have to make, Valerie reported that she was not ready or prepared to deal with the day-to-day realities of raising a child. According to Valerie:

…I thought about even the nitty gritty details, like, how much noise our kid’s gonna make – I don’t even like it when Xavier plays his music! Kids yell and scream all the time, that’s just being a kid right? What warped little mind would you come up with when you’re not allowed to yell and scream and be yourself, where mom’s always telling you to be quiet?

In addition, Valerie reported that an unexpected shift in identity shook her sense of readiness to become a mother:

…the job that I had ended, so there was some instability there and so I was making a major career shift, going back to school, and so I had a major shift in identity – Who are you? What’s your place in this world? Major shift in access to benefits and those kinds of things.

Also conflicting with her sense of readiness, and parallel with her question of identity, was Valerie’s tendency towards perfectionism:

…and on top of my own identity and, “what am I doing,” maybe it’s perfectionism about being a good parent…I mean all these things sort of intersect, right? And so my own identity, what’s possible, what if it’s a mistake?

Valerie came to the realization that she was not ready to take on the task of raising a child, nor the risks: “The stakes were too high for somebody else.” She stated that she eventually concluded that she was not prepared for the responsibility she perceived being a mother would require. She emphasized that readiness is essential when considering parenthood and stated: “If
you think of it as a reservoir, I think I see kids as depleting, not filling it up… but if you think of it as filling you up, then that’s something you need to pay attention to. So, just really knowing what it takes and what you’re willing to do.”

**Career Influences.**

When negotiating parenthood, Valerie considered the role of her career aspirations and experiences and this became a notable thematic thread in regards to her parenthood decision-making. She recalled that from a young age she was aware of her mother’s resentment at having to “give up stuff” in order to raise her. This included an education and the possibility of having a fulfilling career. In contrast to her mother’s sacrifices, Valerie’s personal goals were paramount in her life. She had a tremendous amount of agency and ambition to pursue her career dreams. As she stated: “I was gonna die in a jungle in South America getting the story and win a Pulitzer!”

Although she was loyal to her sense of determination to achieve great things, Valerie eventually entered into a different field of study. She found fulfillment working with people in a helping profession. Her experience within this line of work influenced her perception of parenting as well as the potential challenges. Despite the challenges within her area of work, she described psychiatric nursing as “filling her up.” In Valerie’s words:

…I’m not paternalistic in the least in my role as a child and youth psychiatric nurse but certainly it is a nurturing profession. I don’t think of my clients as my kids but I get a lot out of it.

Valerie’s career influences, particularly early on in her helping career, required her to interact closely with families and youth – ultimately reducing her desire to have children at that time. As she reported:
…I would have meetings in the morning and then I would see three families a day that were hour and a half appointments. When I would go home, I would be in bed by 8:30 – that doesn’t work with kids. So, how do you reconcile the work you love with being a parent? It’s okay when they’re teenagers but that’s 13 years down the road. Do I want to give up how I want to live my life, the work I want to do, the way I want to do it, now? When I think about it, the answer for me is quite clearly no – I wasn’t willing to do that.

Valerie reported that she has a “great admiration for those people who do take it [parenting] on and they struggle with it.” She noted that she believes “being a parent is the toughest job there is.” However, she was aware that her career experiences also skewed her perception of parenthood. She said: “we see people in our offices all the time where you can trace back their neuroses or whatever it is and go, ‘oh yeah, that didn’t work out so well.’”

Valerie described how she believes her view of parenthood differs from other potential parents:

…they just imagine the fantasy, but I’m on the other side. I imagine wrecking the car, the teenage pregnancy, the drug problem. I actually don’t imagine my kids like that, but all of that is possible.

She also reported spending time witnessing the obsessions of some mothers and this having an effect on her parenthood decision-making. In Valerie’s words:

…maybe that’s another part of the decision piece – I watch moms, young moms or older moms, and that craziness around being a parent. They’re so mean and judgemental to each other…and the whole consumption around raising kids – if you don’t have your kids in a sport, music, and all that pressure…I think it’s just insane.

Furthermore, she noted how the parenting styles of many women with whom she came into contact caused her to feel some resistance towards parenthood.
...I see the moms with their strollers the size of smart cars, and they’ve got their latte in their hand and half of Babies ‘r’ Us under the carriage, and I’m like going, “no wonder we’re so fucked up”, you know, here is consumerism from the minute we’re out of the womb! We have to wear baby gap and all that sort of stuff, and that’s not on for me…and I hate when little kids are running around unattended while mom and her friend are yapping not paying attention…

In addition, Valerie opted to focus on her education in order to advance in her career. She stated that completing her PhD was a priority and not conducive to her idea of parenthood. In reference to her current situation Valerie stated:

...I’m so busy doing a PhD...in the first year of doing a PhD program and having a child – how do people do that? Well, they don’t. They either quit or they go on a leave, but at 41 I can’t afford to quit or go on a leave, I have to get it done.

As part of her parenthood decision-making process, Valerie said: “I think there is this craziness attached to parenting that I don’t want. Do I really want to get on the crazy train?” Based on many of her observations, Valerie concluded that world of parents is a world of which she did not want to be a part. Also, Valerie stated that ultimately she found her line of work to be “demanding” and, coupled with her sense of satisfaction in terms of meeting her maternal needs, she feels content with her decision to forgo parenthood.

Lin’s Narrative

Lin was born in Asia to middle class parents and grew up with one younger brother who died from a malicious brain tumour when he was 17 and Lin was 18. Lin’s father, who was born in Main Land China, was a college graduate and worked as a technical engineer for the air force and retired at age 75. Lin’s mother, who is Taiwanese, did not complete her high school
education and owned a small breakfast restaurant, from which she rarely took a day off. Lin’s parents both practiced Buddhism and both had Buddhist shrines in their homes. They also took Lin and her brother to visit temples. Lin’s parents were hard workers and Lin reported feeling that her needs were always met. Her parents divorced when she was very young but worked together to instill the values of honesty, generosity, encouragement, and hard work. Lin’s relationship with her mother was strained at times, especially when Lin was in her early adulthood. Lin maintained a good relationship with her dad throughout her life and found him to be especially encouraging no matter what her aspirations.

Lin reported growing up as a quiet and reserved girl and was heavily involved with martial arts from a young age. Her childhood and adolescence were focused around her martial arts training and competing. At age 15, Lin went to boarding school to study and train in martial arts. Following high school, she attended College on a martial arts scholarship and went on to train and compete in national competitions in subsequent years. She said that she did not spend time fantasizing about meeting a certain type of man, or of getting married and having children. However, perhaps because her parents divorced when she was young, Lin remembers always instinctively feeling that she wanted to be a part of a happy, healthy functioning family.

Lin travelled to Canada as an international student on a student visa when she was in her early 20’s and planned to be away from her country for two years. She attended College and practiced martial arts, and through martial arts and her College courses, she was able to meet friends and started experiencing a lifestyle that differed greatly from the structured lifestyle she lived in Asia. She recalled meeting an interesting, diverse group of people and having more opportunities to be carefree. Lin adapted to the new experiences well and learned to “go with the flow”, rather than follow a regimented schedule. One of Lin’s new Canadian friends was a young
woman who welcomed Lin into her own close knit family. Lin moved in with this family for a period of time. She appreciated the way this family interacted and enjoyed feeling like she was a part of their family unit.

Although Lin recalled dating and having a few short-term relationships throughout her adolescence and 20s, she did recall feeling only slight pressure to start a family. Lin said she did not want to rush into a relationship that was not right for her. She also thought that as long as she maintained a high fitness level, she could bear children later in life so there was not need to rush into a relationship.

Lin completed courses at College when she was 26 and was beginning to feel settled in Canada. She did not want to return to Asia at that time so, on a whim, she decided to apply for University in the area of Fine Arts. She was surprised to be accepted into University and was able to extend her student visa to remain in Canada for two more years.

After renewing her student visa as necessary, Lin graduated from University and was in her early 30s. She struggled to find work and earn money. It was at this point that she entered into her first serious relationship with a woman, Sara, who wanted to settle down and start a family. Lin reported not feeling ready to start a family – financially, in terms of her career, or personally. She also struggled with self-doubt in regards to her choice of being with a woman and ended the relationship after a three year period.

During the three year period with Sara, Lin’s citizenship process had begun. She also changed her career path from the arts because she questioned whether she wanted to pursue a career in her area of study. Rather, she started thinking she might like to become a firefighter. Lin started volunteering with a local fire department and met Carl who was a veteran fire fighter. He came to be a good friend and advisor when she was making her parenthood decision. In
working towards her goal to apply to the fire department, she got a job assessing hazardous material and toxic contamination situations. She was in her late 30s during this time and was busy completing citizenship details, practicing martial arts and maintaining several other jobs. Lin was also motivated to improve her English, a significant barrier to being accepted into the fire department, so was taking necessary ESL classes.

During this time she also became romantically involved with a male firefighter, Benjamin, who had a young daughter. Benjamin and Lin became pregnant unexpectedly when Lin was 38. Lin consulted with Carl in making her decision of whether or not to terminate or continue with the pregnancy. In making this decision Lin recalled taking into consideration her age, career goals, and financial stability. She also considered what Benjamin would be like as a father to her child. Being aware of her inherent desire to be a part of a family, Lin relied on her gut feelings in making her decision to continue with the pregnancy.

Lin chose to have the child with Benjamin and they eventually moved in together, having committed to one another and to their choice to have a child together. Lin’s pregnancy was without complications and she delivered a healthy baby boy. Although Lin reported that she and Benjamin have experienced ups and downs in their relationship, she said she is grateful to have Benjamin as a father figure for her son and is happy to see her son’s smiling face every morning. Benjamin’s daughter has also been a large part of their life, living with them on a part-time basis and showing care and love for her half-brother. Carl is also a significant part of her son’s life and is “like a Grandfather to him.” Lin’s relationship with her mother has improved since the birth of her son. She has visited Lin from Asia for extended periods of time to offer advice and childcare. Lin continues to debate when and whether to apply for a job as a firefighter, but at the time of the interview said she enjoys her job assessing potentially hazardous materials.
Lin’s Decision-Making Thematic Threads

Lin’s narrative highlighted a number of thematic threads regarding her parenthood decision-making process: the importance of relationships; a sense of internal and external readiness; the influence of family history/experiences and peers; a sense of personal agency; and career and financial security. Each of these thematic threads are described in detail below, with Lin’s words being used to feature her experiences.

Relationships.

Relationships played a significant role in Lin’s reasoning for and against having a child at different points in her life. Although Lin had been in short-term relationships with men throughout her life, she shared that her first serious relationship was with a woman, Sara, when she was in her early 30s. Lin stated that it was during this relationship that she began considering parenthood due to Sara’s enthusiasm and motivation to pursue motherhood. However, Lin relayed that she did not feel ready to have a family, in part because she still had yet to reach personal goals. In Lin’s words:

…the timing with Sara, even though she is a good person and everything, I think there is lots of issues and struggle – I was still an international student, I didn’t have my status, I was still looking for work and she was already established far ahead of me. I was just getting started and I had no money, and for her family is a big thing, she wanted to have kids but that was not my top priority, our timing was just different.

Lin shared that she felt pressure to quicken the pace of her relationship with Sara from early on in their relationship, so Sara’s needs to settle down and have a family could be met. According to Lin:
…then I met her and right away she wanted to get married and the law just changed right, so, at the time we could get married. And she wanted me to get citizenship first, so right away she put in my application and I didn’t even prepare anything, she already had done everything for me. Everything wasn’t in my plan, like I didn’t say, “ok, I want to get citizenship, this is something I want to get from her.” No, everything just happened so fast, that’s part of her plan.

Lin expressed that she also struggled with her decision to be romantically involved with a woman and this, in combination with wanting different things, led her to end her relationship with Sara. As Lin shared:

…I think part of me was not quite really open to being with a woman, I can’t see myself – I think that’s the part that doubted myself. I wasn’t sure, you see, I can’t really share it with my parents, I can’t feel – even she is great, she is stable, she had everything, except that she’s a woman. And I couldn’t feel comfortable to be open to my friends, to be open to my parents and I thought, “Will I risk my life to be with this person?” I think that’s part of my self-doubt.

Lin reported that being “on the same page” as her partner was vital to her feeling comfortable in pursuing parenthood. She didn’t feel that was the case with Sara, and ended the relationship.

When she was 37, she reported that she began a relationship with Benjamin. She recalled their relationship as being casual and tentative because he was in the process of a divorce and had a young daughter to consider. It was in her relationship with Ben that Lin reported that she started thinking about the possibility of motherhood. Lin visited with Ben’s daughter on a few occasions and she was provided her first real contact with children. This was her first glimpse into the role of being a parent. Lin stated, “I had sort of a learning experience with Ben’s
daughter, I interacted with her as a parent and that was the first time I had, so with her I sort of started to gain a little experience.” Over time, Lin took more and more responsibility in terms of parenting Ben’s daughter. She took these experiences into account when she was making her parenthood decision in terms of whether parenthood would be a fit for her.

Lin relayed that the relationship Ben had with his daughter informed her decision as well. She witnessed Ben being a “good father” to his daughter, especially once he was divorced from his wife, so she knew that if they had children he would always be a good father no matter what happened in their relationship. Lin became pregnant with Ben’s child unexpectedly when she was 37. She reported that a large part of her decision to have the baby involved the fact that Benjamin was stable and was a good father figure. Lin describes what her standard is in terms of what constitutes a good father figure:

…a good father figure is stabilized character, stabilized financially, and also the interaction, see how he interacts with his own kids, and also from his friends, the people he hangs out with… if Ben is not the right guy, I would have probably chosen not to have kids with him, I would just have a relationship with him…but accidents happen. Ben’s the right guy so I weighed that – is it worth it for me to take a chance?

Although she and Ben were both transitioning in their own ways, Lin to a new job and Ben to single fatherhood, Lin felt she was more ready at this stage in her life to have a family than in the past. Although Lin admitted that she cannot picture herself being in a relationship with Ben “when they are 80”, she feels it is more important to be content in the moment, rather than get swept up with what the future may hold.
Sense of Readiness.

Timing and readiness were particularly salient thematic threads for Lin as she negotiated her decision of when and whether to become a parent. In her adolescence and early adulthood, she reported being consumed with martial arts training and competing, leaving little time to think about relationships and starting a family. She stated: “because I never had to think, or the urge, to want to have [kids] because it just wasn’t in the right time frame.” Children were not on Lin’s mind in her early 20’s as she was preoccupied with adapting to a new country, attending College and figuring out what she wanted to do in terms of career. By the time Lin had reached her mid-late 20’s, she reported that she had decided that she wanted to remain in Canada for the time being and spent these years attending University and working several jobs in order to afford to live. In Lin’s words:

…I was involved with martial arts and I was starting my own life, getting settled, I met my friend’s family and started to find my roots here…so to have a family, I don’t think that was my top priority.

Timing and readiness also played a role in her decisions around parenthood during her relationship with Sara. Lin reported that she could not move ahead in that relationship because her readiness to have a family was in discord with Sara’s readiness. In Lin’s words: “I couldn’t fulfill her because I never thought I was ready, and also financially, I was not stable. We were in different boats.” Lin also reported that because she felt she still had to explore who she was as a person, her sense of internal readiness felt compromised. In Lin’s words:

…if I had kids with Sara, and right away get my citizenship, get married, have kids, I don’t know if we would have stayed together because I hadn’t figured myself out yet...even though the picture, outside of the box looks good, it just didn’t feel right.
In contrast, when she met Benjamin Lin was more ready to consider motherhood. She reported feeling better able to handle the role of mother and the responsibility of caring for a family. She had completed some of her career goals, felt financially stable and felt more confident with who she was and what she wanted. As Lin expressed:

…but when I was 37, I had my citizenship, I started working, I had a relationship and the guy [Ben] who has a kid and I see he’s being a father and that time, it’s sort of an opportunity for you to decide – you are able to start thinking of being in that parent role, but before that I could not picture it because I never had the urge or want to because it was just not in the right time frame.

Regarding timing and readiness for motherhood Lin also conceded, “it will never be perfect”, When faced with an unanticipated pregnancy Lin recalled having to make a judgement call in regards to “trading-off” certain aspects of herself and her life that were not yet fulfilled, leaving them to slowly be fulfilled later in life.

**Family and Peer Influences.**

Family history/experience and peer influence are important thematic threads in Lin’s decision-making process. Lin reported that dissatisfaction with her own childhood experience of family interaction and functioning influenced her thought process related to decisions about families and children. In Lin’s words:

…my broken family, my parents split up when I was really young… I never had that, and plus I always travelled around, moving around, I never had a home, so to have my own family, it’s very important for me, to have a big, good one.

When Lin moved to Canada and moved in with a friend’s family, she witnessed the type of family of which she thought she might like to be a part. She remembers contemplating, “what
would it be like?” and thought, “it would be so nice, cause I never had that… I think that’s the kind of value I was always looking for.” Through this experience she was able to identify how she would want her own family to be in the future. When reflecting on her friend’s family she said:

…her parents, they always travel together. I wish we always will travel together, I wish I will be so close with my kids, joking around, like a friend, because I never have that, I never saw anybody else in my life able to have that picture, that close family… and for me to see that, I kinda want to experience that, I kinda want the same family values and have grandma, have grandpa always around – but that’s not to say I will necessarily like it, I just want to try it.

Lin’s perception of her family and friends in Asia also had an effect on her relationship with Sara, and ultimately, her parenthood decision-making while with Sara. Specific to being in a relationship with a woman, Lin said: “I never, I can’t share that with my parents, I can’t share that or tell anybody from my past.” Lin could not contemplate parenthood with Sara because, not only was she not ready for becoming a parent at that stage in her life, but she did not feel she could include her family and friends in her life if she chose to stay with Sara and have a family. That was a price Lin was not prepared to pay, so ultimately the relationship ended.

Peer support was also essential in Lin’s decision-making process and once she found out she was pregnant. Carl was the only person Lin felt she could talk to about whether or not to terminate or continue with the pregnancy. In reference to Carl’s influence on her decision-making Lin said:

…I couldn’t talk to anybody else because at the time I didn’t have lots of friends around anyway, and he was like a father figure to me. He was a big part of my decision-making.
Carl, who Lin said had a similar background to her own, validated her thoughts and desires to have a family of her own. As Lin expressed:

…Carl said that that’s one thing he made a really good decision on…is he had his three children. It doesn’t matter if he’s upset about his work, money-wise, his relationship, he still has his own family and I think that’s really important. I look at me and my dad right now, I’m here and he’s on his own, and my mom too.

Lin’s quest to be a part of a more traditional and healthy family unit, along with advice from a trusted friend, were driving forces behind her parenthood decision-making.

**Sense of Personal Agency.**

Lin’s sense of agency, in combination with her background in Buddhism, were thematic threads that played an important role in helping her navigate through her parenthood decision-making process. For Lin, Buddhism informs her sense of agency. For her, agency manifests as the ability to remain balanced and at peace with the natural flow of life, to go after what you want but not try to force something that’s not meant to be. Foundationally, Lin believes, “if it’s yours, it’s yours. If it’s not yours, it doesn’t matter.” She hypothesized that her sports background and transient lifestyle taught her to “go with the flow.” As well she learned that: “if you’re hurt, get over it, deal with it and get back on again.”

In terms of how she experienced agency in her relationship with Sara, Lin said, “some people can lie to themselves, I just can’t, I’m not the type of person that can put a mask on my face…I can’t force myself to do something that doesn’t feel right.” So instead of allowing herself to be swept up in Sara’s eagerness to move forward with creating a life and family together, Lin stepped back and took control. She became the author of how she wanted her life to look and with what she was comfortable. Lin processed the end of her relationship with Sara by
reconciling herself to the fact: “ok, it happened and I dealt with it…I experienced this journey with her and we were great and everything, and unfortunately in the end it didn’t turn out.”

Another aspect of Lin’s sense of personal agency involves the Buddhist philosophy to live in the moment – this was very much a part of her parenthood decision-making process. She relayed that when she found out she was pregnant and was considering whether or not to continue with the pregnancy she did not think about the fact that she had a limited support network, since both her parents and Ben’s lived far away from them. Nor did she worry that she and Ben may not be together long-term. In her words:

…I won’t even think that far ahead because I don’t even know what’s going to happen.

So it’s just like, “ok, now I am pregnant, do I want it or not?” That’s the only question in my head.

She also demonstrated agency in her thought process around taking personal responsibility for her choices and not worrying about future regrets. According to Lin:

…it’s your own decision, what do you prefer for your life, whether you are goal-oriented or you value family – and if you are caught in the middle like me, you just have to ask for advice and also take a chance. You have to prepare not to feel regret. If I decided to at the time to move on with my career and never have kids again, I can’t regret anything, I just have to move on. Whatever my decision, I take whole responsibility.

Lin relayed that she feels strongly that life is not about achieving status and earning a lot of money, but rather about overall happiness:

…some people say you have to plan ahead to lead a successful life but for me it’s not about big house, big money, it’s not a drive for me. Happiness is more important, health and feeling content.
Lin considered this underlying aim when negotiating her decision of whether or not to continue with her pregnancy and ultimately have her son. Looking at him now she said: “I see he’s happy, he’s a happy kid, he’s healthy, and I am really grateful to wake up and see him like that.”

**Career Influences and Financial Security.**

In considering parenthood, career and financial security were interlacing thematic threads within Lin’s narrative. During her relationship with Sara, Lin stated that: “financially I was not ready and I still had to figure out what I wanted to be and what I wanted to do.” Even though Sara could technically support Lin and their potential family, Lin had career aspirations that she felt may be impeded if she agreed to Sara’s terms.

After the relationship had ended and Lin had secured a position working within the field of firefighting she stated that she started to feel financially secure. Even though dealing with hazardous materials was not her ultimate goal, she was satisfied enough with this job for the time being that she felt she could consider becoming a mother. In Lin’s words:

…also because the job is stable, I was not in a rush at the time and I said, “yeah, it’s good for me to learn experiences from there anyway.” So it’s not like at the time I didn’t have a job, so I knew I would stay there for a few years so if this happens [having a child], it’s not like I’m going to lose anyway.

That said, Lin conceded: “it would be nice if I could have kids and have the job I want at the same time.”

Concern of finances surfaced in her relationship with Benjamin as well. Although he made a comfortable living, Lin stated that Ben had financial responsibilities to his ex-wife and child that impeded her and Ben’s lifestyle. When negotiating her decision of whether or not to
pursue her pregnancy, Lin thought practically about the effects of his debt on their lives.

Ultimately, Lin felt she could support her child on her income if necessary.

Specific to her work Lin had concerns about how she would be perceived if she were to take maternity leave as a new firefighter:

…if I do get hired on then I won’t be able to have a family for quite a while because they [fire department] don’t want to just hire you and then you get pregnant and then you have to take maternity leave, they don’t like that.

In terms of the demands of firefighting, Lin relayed that she thought about her physical fitness and ability if she were to have a child. She worried that following child birth she would not be able to achieve the expected level of fitness to be a firefighter:

…the job is important to me and if I don’t choose now, I’ll go into my 40s and it will become an issue to get into the fire department because I might be too old, and physically I might start to decline.

Ultimately, Lin decided that she could always focus on firefighting, or some aspect within the firefighting field, after she pursues her pregnancy, but may not be able to bear a child into her 40s. She chose parenthood over her career and was happy with her decision.

Fay’s Narrative

Fay is a 35 year-old Australian woman of Scotish and Irish descent, who reported that her “family life shifted” a great deal throughout her childhood. For the first six years of her life, Fay resided with her parents and older sister in San Francisco. Her family then moved to a small town in Minnesota for a year, and then spent 18 months in a city in Scotland. She moved with her parents to a large city in Australia when she was 9. As a result of this transient pattern, Fay reported that she attended many different schools. When she was 10 years-old, she got a
scholarship to attend a very elite, private school for girls. She travelled by train for three hours a day to attend this school and she stated that the other students were extremely wealthy. Due to moving a lot and attending a school that was incongruent with her home life, Fay reported feeling like “an outsider” for much of her childhood.

Fay’s parents both received graduate degrees, her dad a PhD in genetics, while her mother acquired her Master’s degree in immunology. Fay noted that her parents’ education was paid for by the UK government which, in the 1960’s, identified intelligent children by paying for their university education. Both of Fay’s parents came from very low income families. Fay reported that she grew up in middle socio-economic status (SES) for most of her childhood. However, her family experienced short periods (less than a year at a time) of low income SES, including some time when one or both parents were unemployed. During these times, Fay stated that they lived with her grandmother in social housing. When he had work, which was most of the time, Fay’s dad worked as a university professor. Her mother was a research scientist and worked part-time until Fay was 10 years-old, at which point she began working full-time.

Although Fay attended church on and off during her childhood, she does not identify with any religious denomination. The private school she attended in her youth was Catholic but she reported that the nuns she interacted with were extremely progressive and many would identify as feminist. In her adult life, Fay chooses not to attend church but considers herself to be spiritual.

Fay’s parents continue to reside in Australia and have been married for over 40 years. Fay immigrated to Canada in her mid-20’s. Fay has a small extended family and experienced what she perceived to be a positive upbringing. She describes herself as always having been a
feminist and an independent woman, and becoming a parent was not within her consciousness throughout her adolescence.

Fay entered a law degree program at a local Australian University when she was 18 and throughout these four years, spent time with peers talking about career goals and whether children would fit into the life they imagined themselves living. At age 19, she felt strongly that becoming a parent would impact negatively on her career and thought at this time that she would never pursue parenthood.

However, throughout her studies Fay was exposed to issues and literature related to child welfare, single parenting, donor sperm and the legalities within such contracts, as well as the impact of being a child from known and unknown donors. Her research also introduced Fay to the possibility of becoming a sole support parent should she ever change her mind about having children.

Fay came out as queer in her early 20’s and her first serious relationship was with a woman. It was in this relationship that she first began feeling urges to become a parent. Once this relationship had ended, Fay encountered several short-term relationships and realized in between these unions that the partner she was looking for was someone who also was committed to the idea of having a child.

After completing her law degree in her mid-20’s Fay moved to Canada and worked towards completing her PhD in Law, with a focus in family law. She felt strong urges to become a parent throughout this time period, and also felt pressure to complete her studies so she could be financially stable to support herself and a child. Fay was not meeting anyone with whom she felt she could co-parent, so her thoughts of becoming a sole support parent increased. In
preparing herself for becoming a single parent, she explored the option of adoption as well as using donor sperm.

Nearing the end of her studies, Fay was in a serious relationship that she felt facilitated her being able to have a child. When this relationship ended suddenly, Fay had a difficult time with the break up. In grieving the end of this relationship, she realized her grief was more related to the loss of the possibility of having a child than to the loss of the relationship itself, further reinforcing her resolve to become a sole support parent.

Fay carefully considered whether she wanted a known donor or unknown sperm donor and, after thinking about the importance of a father figure for her child, decided on finding a known donor to father her child. When she was in her late 20’s Fay met Clarence, a gay man who was in a relationship at the time. She got to know him over time and eventually asked him to donate his sperm so she could have a child, as well as be involved in her child’s life on a limited basis. They also met with separate lawyers to sign legal documents finalizing their agreement. After carefully planning her insemination dates around her work schedule, she self-inseminated and became pregnant on the fourth attempt.

Fay wished to avoid the medical system so did not have any pre-natal testing and sought midwifery care. Fay’s pregnancy was challenging due to being diagnosed with a condition called polyhydramnios, which involves an excess of amniotic fluid and can result in genetic defects. Fay ended up having a completely medicalized birth due to this condition and her daughter who is over two years-old now, was and continues to be healthy. Clarence has been involved in Fay and her daughter’s life and has abided by their agreement of limited contact. Fay is now contemplating whether or not to pursue a second pregnancy.
Fay’s Decision-Making Thematic Threads

Several thematic threads were salient in Fay’s decision making process related to becoming a mother: the influence of family and peers; the importance of research and planning; the role of relationships; career and financial security; community support; a sense of personal agency; the pressure of the biological clock. Each of these thematic threads are described in detail below, with Fay’s words being used to highlight her experiences.

Family and Peer Influences.

In reflecting on the role of her family and upbringing in her parenthood decision-making, Fay doesn’t feel that her own family experience played a direct role in her ultimate decision to become a sole support mother. As the younger child with a small extended family, Fay said that her childhood experience did not involve being around other young children. As well, throughout her childhood and youth, she did not fantasize about getting married and having children and said:

…there’s not really a gay fairy tale, it’s a very heterosexual fairy tale. I probably have also considered myself to be a feminist for a long time and so this idea of women doing things on their own and being independent and being financially secure was part of how I perceived myself.

Although she did not perceive her family as being influential in her parenting decision, Fay recalled her perceptions of motherhood definitely being influenced by her peers and their familial experiences. During her teens when she was pursuing a law degree at an Australian University, around the age of 19 Fay recalled pondering the question of whether or not she wanted to have kids because it was a topic of conversation amongst the female students. She believes the familial experiences of her peers’ adversely influenced her thought process around
motherhood and family because several of her friends had experienced divorce and/or difficult childhoods. In addition, Fay acknowledged becoming jaded about motherhood early on in her degree program due to the realities of the field of law for women. In Fay’s words:

…there were quite a few of us, we were quite adamant we wouldn’t have children and I was part of that group of just feeling like they were an intrusion on our career…we felt that if we were really going to have the careers we wanted to, children couldn’t be part of that.

Interestingly, later on in her life Fay recounted how peers again played an important role in influencing her parenting decision. During the time period that she was debating whether to pursue adoption, Fay was sharing an apartment with a friend who was a midwife and this friend was sharing details of her experiences assisting during pregnancy and childbirth with her clients. Fay was approaching 30 at the time and was feeling increasingly stronger biological urges to reproduce. The combination of hearing stories about other women’s’ experiences of pregnancy and childbirth and her own biological urges, influenced Fay to pursue pregnancy.

**Research and Planning.**

Formal and informal research related to the various reproductive choices and consequences was also an important thematic thread in Fay’s decision-making process regarding motherhood. Throughout her studies, Fay stated that she worked in various childcare situations and began doing research relating to child welfare. She came to realize that she enjoyed working with children and cared about their well-being. This then led her to pursue a career in family law and expanded her exposure to children, as well as raised awareness of issues relating to known/unknown sperm donors and lesbian couples/single women becoming parents.
Once Fay realized that she may not find a partner with whom to parent, she again turned to the research on single parenting. As part of this, she attended an adoption information session when she was 28 years-old. Knowing she could adopt as a single woman and understanding what being an adoptive parent might be like from her work in family law, she decided to put her name on the adoption list. She did not pursue adoption once she realized she wanted to experience pregnancy and childbirth.

When the decision to pursue a pregnancy was made, Fay researched the consequences of using anonymous donor sperm versus finding a known donor. As a lawyer specializing in family law she was aware of the legal issues related to both choices and of the limitations of legal contracts with known sperm donors. She also read the literature and spoke with friends who had used donor sperm to have their families, in an effort to gain a greater understanding of the potential needs of a child in terms of fertility centre protocols and later paternal contact or involvement. In Fay’s words:

…I had always preferred the idea of a donor who was known, who could play a small role in the child’s life but be available to the child. I wanted to avoid the medical system in all areas which is one of the primary reasons for choosing a known donor and doing self-insemination. I find fertility clinics, “unpleasant” would be the nice way to say it, I don’t think they’re particularly women centered at all, and I knew way too many lesbian women who went in, you know, three tries, not getting pregnant, encouraged to take fertility drugs and three months trying with your husband, no one is telling you to take fertility drugs.
On the basis of her research, Fay decided to find a known donor with whom she was comfortable and who would legally agree to her terms of having control over his later involvement in the life of the child.

Research also played a role in the timing of motherhood for Fay. She spoke with other women who had had children while still working on their PhD to gauge how they had coped with the competing demands.

…I remember meeting a woman who had had two children while doing her PhD and really kind of grilling her because in some ways it seemed perfect, you’re so available, but now when I look back at what it took to complete my PhD, you’re not really available, you’re under that black cloud for so long.

Similarly, observing the experiences of other tenure track women who were trying to combine motherhood with their careers, led Fay to postpone the timing of pursuing a pregnancy for a couple of years longer than she had hoped.

**Relationships.**

Finding a suitable partner with whom to have a child was a particularly salient thematic thread for Fay throughout the process of her parenthood decision-making. In her early 20’s when she was involved in her first serious lesbian relationship, Fay found herself experiencing longings to have a child for the first time. After this relationship ended, Fay said that she talked about wanting to have children throughout her subsequent, albeit brief, relationships and in fact, sought out relationships with women who were also interested in having children. Fay reported feeling confident that in time, she would find the right partner with whom she could have a child.

In her quest to meet a partner, Fay became more selective and specific as she neared 30. She said, “as I approached my late 20’s it became more and more apparent that a partner I was
looking for had to be a partner who wanted to have a child.” At this point, she still presumed she would have a child with another woman using donated sperm, although she hadn’t ruled out the possibility of becoming a single mom. Nearing her late 20’s, she entered into a relationship that she reported feeling really good about. Although she hadn’t yet completed her PhD, her partner had a job that could support a family until Fay had completed her education, at which point she could secure a career position and contribute financially to their family. Fay recalled feeling really excited about the possibility of having a child sooner than she anticipated she’d be able to.

Unfortunately, Fay’s relationship with her partner ended rather suddenly, before she was able to pursue a pregnancy. As Fay put it:

…it felt almost like that was the nail in the coffin…I don’t know why that relationship seemed so significant but at that point, I felt like it wasn’t going to happen with a partner.

Fay said she was devastated and lost complete hope. Struggling with the end of this relationship, Fay said she came to the realization that it was not the loss of the partner she was grieving, but the loss of the relationship that would have enabled her to have a child. She realized that she was grieving the loss of the option to have a child with someone else. This insight allowed Fay to make space for, and commit to, the decision to become a parent on her own.

Although she stated that she had resolved to become a sole support parent, relationships continued to be an important theme in Fay’s parenthood decision-making story. She reported being occasionally drawn to the possibility of finding a suitable partner and indicated that a spark of hope burned within her as she researched and prepared for single parenthood – hope that the right partner might still come along. Throughout the two years she devoted to establishing her
career so she could afford to become a sole support parent, she stated that she had a few short-term relationships. In Fay’s words:

…I think probably it wasn’t until maybe 8 months before I got pregnant, I just said, no, I’m not having any, I’m not interested in being involved with anyone, so I was still kind of looking, trying out possible relationships but there was definitely nothing that looked like it was even remotely likely to lead to being serious.

By the time she reached 32 years-old she concluded she really was not going to meet anyone who shared the same aspiration of becoming a parent and truly said, “I’m done, I’m done with trying to find a relationship that is going to fulfill these dreams.”

Fay then turned her attention to finding and developing a relationship with a known sperm donor. She recalled allowing the process of selecting a donor to happen organically. She met Clarence, who would become her child’s donor, through a friend. He is a gay man and was in a relationship when Fay first met him. She stated that as she “got to know him a little bit” and appreciated him as a person, she “started thinking seriously about whether he would agree to being a sperm donor.” Although nervous, Fay said that she invited him out for coffee and asked him if he would like to donate his sperm and play a small role in her future child’s life. Fay said Clarence responded positively to this offer and relayed her perception of Clarence’s reasoning in the following passage:

…he felt it was unlikely he would have children on his own and so this was an opportunity for him to be involved in a child’s life, to have a child but without a lot of the responsibilities of full-time parenting, and so in some ways he felt it was ideal.

Over the next 8 months, Fay and Clarence allowed their relationship to develop. In Fay’s words:
…After that initial kind of agreement that he was interested, we met probably once a month for almost a year and a half just to kind of solidify our friendship and to make sure we were on the same page with what I wanted, which was very much to be a single mother… certainly wasn’t interested in any financial involvement, and we talked about him seeing the child maybe once a month or so, kind of whatever fit with our schedules but also in the way that he would be like any other friend that I saw regularly, that the child would see regularly.

According to Fay, she was aware of the legal insignificance documents play in situations such as this, but felt it was important for her to go through the process of obtaining legal support to develop documents clearly stating their intentions and shared agreements. These documents included the agreement that Fay would not require or seek financial support from Clarence, that she would be entering the agreement as a single mother, and that all access to the child would be at her discretion. She also stated that she felt it was essential for Clarence to be sure that the things “that she was asking were really things that he was agreeing to.” Once she and Clarence had met with their respective lawyers and signed the documents, she felt a great deal of anticipation and excitement to begin the process of trying to get pregnant with Clarence.

**Career and Financial Influences.**

Financial stability and career were inter-related themes for Fay and driving forces behind her motherhood timing and readiness. When Fay felt the initial urges to become a mother in her early 20’s she also conceded that she felt unprepared to take care of a family at this point in her life, largely due to financial barriers and unmet career aspirations. Fay reported that she experienced a great deal of frustration in the final years of her PhD because she was eager to
establish her career so she could earn money to provide a secure home for her child. She said, “it was that little glimmer of hope and excitement”, that kept her motivated to finish her degree.

During the first year of her position as a University professor, Fay said that she watched female colleagues trying to juggle their careers with having children early on in their academic careers. Although she was anxious to become a mother, she decided again to postpone motherhood until she was more established in her career and financially able to provide a stable life for her potential child. Despite her strong desire to become a mother, she elected to give herself two years to settle into her academic position before attempting to become pregnant.

Once she began actively trying to get pregnant, she stated that she planned her insemination dates strategically because it was important to her to maintain her position within her faculty. She said that she decided that the month of May would be the earliest her child would be born because she would be finished her teaching duties. Fay implied that there was a sense of relief when she got pregnant after four months of inseminating because it meant she would give birth to her child before her teaching duties resumed in the fall.

Community Support.

Community support was also an important thematic thread in Fay’s motherhood decision-making process. Fay recounted feeling that it takes a village to raise a child and said, “I don’t think I would have done it without the community.” Fay stated that within the lesbian community she had the network in which to be supported as a single mother. In fact, upon completion of her PhD she was offered a desirable position in another city, but she declined so she could be close to friends who would support her as a single parent. Also, because it is common for those in the queer community to use donated sperm to reproduce, Fay felt implicit support from her community for her decision to use a sperm donor.
Throughout the year leading up to her pregnancy, Fay was grateful for the emotional support she received from friends, as well as from a counsellor she began seeing at that time. Although Fay said she did not doubt her decision to become a single parent, she was exhausted and stressed due to “having to constantly make these enormous decisions” alone. In an attempt to deal with the mounting stress and anxiety of her University position – a position she stated she was becoming increasingly resentful towards – and to help cope with the stresses of the process of trying to get pregnant, Fay decided to see a counsellor. Through her work with her counsellor, Fay stated she was able to gain perspective on her situation and came to realize that she could step back from the demands of her job while attempting to get pregnant without it leading to the end of her career. For Fay, this shift meant that she went to work and did her job, but when she went home she was able to leave work behind and make the emotional space she needed to deal with the process of trying to become pregnant.

**Sense of Personal Agency.**

Fay’s sense of inner confidence and agency were thematic threads woven throughout her motherhood decision-making journey. In her initial yearnings to become a parent, Fay recalled feeling a sense of calmness because she knew inherently that she could always have and support a child as a sole support parent. She drew on this inner strength and determination throughout her process of trying to find a suitable partner with whom to parent, and especially while grieving the loss of the partner with whom she thought she would have a child. Fay acknowledged that the choice to become a single parent – a choice that was always in the back of her mind once she realized that she wanted children – is consistent with her inherent sense of herself as an independent woman.
Fay also demonstrated agency in her research on the various options for becoming a sole support mother, and in learning about the available birthing options. Fay stated that she felt strongly about having a birth that was non-medical and enlisted a midwife to help her give birth. Even though her medical condition resulted in her giving birth in a hospital, she reported relying on her instincts to help her remain calm and centred during the birthing process – resulting in maintaining a sense of agency despite the circumstances of her child’s birth.

**Biological Pressure.**

Awareness of biological limitations was a notable theme at many points along Fay’s decision-making and birth timing journey. When Fay experienced the initial urges to have a child in her early 20’s, she also recalled thinking about fertility limitations. In Fay’s words:

…well, I’m still quite young, so it certainly didn’t feel like there was any biological clock ticking at that point, and I also knew that adoption was also an option, which is not finite, but you have a lot longer.

However, by the time she reached her mid to late 20’s, Fay expressed that she was keen to fulfill her urge to become a mother. When she was considering adoption at age 28, she recalled making the decision to pursue pregnancy instead partly based on her own increasing biological urges. As she stated:

…I had a stronger and stronger sense that I wanted to be pregnant…a pure kind of biological urge to actually be pregnant.

Although Fay acknowledges that statistically she was comparatively younger than other women who were pursuing pregnancy in the city she resided, she was sensitive to the kinds of complications related to reproduction and birthing that can occur after age 35. As Fay expressed:
…this was something I wanted to do and I didn’t want to wait much longer, I know – I think the average age in this city is ridiculously high for having children but, I think 35 is the age by which people say it can become harder with more likelihood of complications and I had decided I wouldn’t do any prenatal testing so I was taking some risks there and, so I really wanted to have her as young as I could.

Fay was also aware that her decision to have her first child prior to turning 35 would leave her time to consider adding to her family by having another child, which she is currently considering.

**Commonalities**

My only advice is to go in with your eyes wide open and play the tape to the end.

~Valerie

For the purpose of investigating how unpartnered women decide whether or not to become a mother, six women were interviewed regarding their parenthood decision-making processes. Maddi, a 38 year-old Caucasian woman, was first to share her parenthood decision-making story and relayed that she decided to become a sole support parent at age 37 following a relationship with a man who would not commit to having a child. In her efforts to achieve a pregnancy Maddi learned that she has fertility problems. At the time of the interview, Maddi was awaiting a myomectomy surgery and planned to pursue IVF, adoption and/or using a surrogate in order to become a parent. Amy, a 40 year-old Caucasian woman, also pursued pregnancy as a single woman when she realized her dream to become a mother was stronger than her desire to be a wife. At age 34 and after engaging in self-healing and making significant career changes that would facilitate being a sole support parent, Amy pursued pregnancy at a fertility clinic. She had her daughter when she was 35 years-old and her daughter is now 5.
Similarly, Alexandra, a 43 year-old Caucasian woman of Scottish/Irish/German descent, pursued parenthood also using an anonymous donor through fertility treatment. Prior to having her daughter at age 43, she spent time completing her PhD and establishing her career, as well as negotiating two separate relationships with men who resisted having a child with her. Valerie, a 41 year-old Caucasian woman, pursued the idea of parenthood throughout her 30’s. Based on her own and her husband’s ambivalence towards parenthood, and their respective personality characteristics, family experiences/support and career aspirations, she ultimately decided to forgo parenthood. Also considering parenthood late in her 30’s, Lin, an immigrant from Asia, considered her desired life trajectory when negotiating the issue of parenthood in her early 30’s when she was engaged in a relationship with a woman, and later when she was in a relationship with a male partner and became pregnant unexpectedly at age 38. She decided to have her son, who is now 2 years-old, based on peer support, and her perception that her partner would make a good father. Lin reasoned that she would have the rest of her life to pursue her career but limited time to have a child. In contrast, Fay, a 35 year-old Caucasian woman, very purposefully chose to pursue motherhood in her early 30’s following relationships with women who ultimately did not share her same desire to become a parent. She planned her pregnancy around her education and career goals and chose a known donor, a gay male friend, with whom to have her daughter. Her daughter is now 2 years-old.

Many thematic threads were identified by the six participants involved in this qualitative examination of how single women in their early 30’s negotiate the decision of whether or not to become a parent. Relationships (romantic and otherwise), a sense of personal agency and family and peer influences were significant thematic threads in the narratives of these participants. Career and financial influences, as well as a sense of readiness were significant for all but one
participant, while *biological pressures* were significant for two participants. The importance of *research*, and *community support*, were each salient considerations for only one participant.

The common narrative of the experience of negotiating the decision of whether or not to pursue motherhood for these six women appears below. While this narrative focuses primarily on the common thematic threads that were woven throughout the stories of the six participants, where differences in their experiences were apparent, these are also noted.

**Common Narrative**

In their childhood and youth, some participants recalled the idea of parenthood entering into their minds, albeit in differing ways. Lin stated that in her youth she dreamt of being a part of a healthy family unit, while Amy always instinctively felt she would one day become a mother. Amy said: “I never really wanted to get married, I never had this idea of this nuclear family or the way it would look but I always knew that I would be a mom.” By contrast, Maddi and Alexandra recalled longing for the “traditional family” during their youth. Indeed, when Alexandra decided to become a single parent, she recalled how, “the loss of getting married, having children and living happily ever after had to have its little death.” For Fay and Valerie, however, the idea of parenthood was fleeting and not part of their conscious agenda until later in life. Fay believed that the traditional idea of marriage and family is a “heterosexual fairy-tale,” so motherhood and family did not enter into her consciousness as a youth. Whereas during her youth and young adulthood Valerie focus was entirely on her career. Rather than fantasizing about motherhood and babies Valerie dreamed of “living in a jungle in South America getting the story!”
The Importance of Relationships.

It wasn’t until I was in my first serious relationship that I was quite certain, once I was in that relationship, that I wanted to have a child.

~Fay

In fact, except for Valerie, each participant relayed that the catalyst for approaching the question of parenthood with more intention occurred when they were engaged in a significant romantic relationship. They reported that being in a significant relationship caused them to think more deeply and seriously about starting a family. For Amy, ending her emotionally-unsatisfying relationship gave her the space to examine what she really wanted in her life. Maddi, Alexandra and Fay chose to pursue sole support parenthood and shared a similar story in the sense that they each experienced relationships that ended due to conflicting views on parenthood. Although Fay and Alexandra had thought of the notion of becoming a single mother by choice in their 20’s, these four women each relayed their reconciliation to parenthood as a sole support parent after they were unable to find suitable partners and relationships within which they could have a child. This is poignantly represented in Fay’s words: “when that relationship ended, it took me a long time to get over it and I think after a while I realized that I wasn’t mourning the loss of her, it was very much the loss of a relationship that would have enabled the dream of having a child.” By the time their relationships had ended, Maddi, Alexandra, Fay and Amy were in their early to mid-30’s. Instead of continuing to wait for suitable partners with whom they could have a child, they opted to become parents on their own. Having reconciled themselves to this path, Fay, Maddi and Amy were clear that the choice to become a sole support parent was not a “plan B”, but an “equally exciting option.”
Lin and Valerie both found their romantic relationships to be equally important to their parenthood decision-making process – with their respective partners’ personal qualities and capacity to parent being significant factors in their decisions. In Valerie’s words:

…Xavier is an anxious person and he’s quite introverted and he doesn’t handle stress very well, and kids, having kids is stressful…he doesn’t like being the bad guy so who would be the disciplinarian? *(points to self)*...I think the outcome would have been different if I had met a different person.

On the other hand, witnessing her boyfriend parent his young daughter was viewed by Lin as evidence that he would be a good father to her unborn child. In Lin’s words:

…I already saw him as a father and so I could sort of sense that he will be a good father figure...I never really had those urges to look for family man, but I wanted to have a good father for my kids.

Further to the significance of romantic relationships, Alexandra and Lin reported the impact of nurturing *relationships* with children on their decisions to become mothers. For Alexandra, she relayed that her relationship with her boyfriend’s daughter bolstered her sense of confidence to pursue parenthood. Similarly, Lin shared that the “learning experience” from engaging with her boyfriend’s daughter gave her a taste of what parenthood would be like and she stated that she considered this when making a decision of whether or not to pursue her unexpected pregnancy.

For Valerie, the idea of developing “deeper relationships” through having a family initiated her exploration of whether or not to pursue motherhood. In Valerie’s words:

… I could start to feel like there was more to life than all this sort of stuff *[working, travelling]*...having a family, being in a relationship, having connections, because I
didn’t really have any connections. I knew people all around the world but there was no depth to those relationships. So I was looking for deeper relationships and putting some roots down.

Also a factor in Fay’s parenthood decision-making was her relationship with her known donor. Fay stated that she “had always preferred the idea of a donor who was known, who could play a small role in the child’s life but be available to the child,” which is why she pursued the idea of finding a suitable candidate to fill this role. Being a member of the queer community, for Fay the process of finding a donor occurred naturally, and happened to be a man she met through a friend. Fay noted that “before I got to the point where I considered having a sperm donor, they were just part of my life and my community, and I didn’t have any kind of ick factor around it.” Having a donor with whom Fay felt comfortable, and could build a relationship with, was an important part of her decision to pursue parenthood.

**Sense of Personal Agency.**

I can do it alone, because this is really what I want.

~Amy

In their motherhood decision-making, each of the participants connected with and acted upon their sense of personal agency at various points of their process. Valerie took the initiative to expand her opportunity to meet a potential partner with whom to start a family by using an internet dating site, while Alexandra joined a club to increase the possibility of meeting a suitable mate with whom she could have a child. Although Fay, Maddi and Amy reported being open and receptive to meeting someone who might fulfill that romantic partner and co-parenting role, the realization that they could not wait to meet the right partner resulted in them taking action to achieve their motherhood goals. Fay’s passage reflects this common thematic thread:
…I was still kind of looking, trying out possible relationships but there was definitely nothing that looked like it was even remotely likely to lead to being serious…I had a couple of short-term relationships but they were with women who seemed to have different ideas I guess…I was looking for something stable and long-term and they weren’t at that stage yet, so I think probably it wasn’t until maybe 8 months before I got pregnant, I just said, “no, I’m not interested in being involved with anyone.”

In addition, Maddi, Alexandra, Fay and Amy commented on how their sense of personal agency gave them a feeling of empowerment. They reported that they drew on this confidence when choosing to become mothers on their own. Alexandra relayed these sentiments in the following words:

…it feels really, really empowering…in my personal life, I think I’ve really held off on going for the things that I want and the fact that I did this [became a single mother by choice], feels terrific.

Furthermore, Amy and Lin acknowledged the importance of agency as they actively trusted and relied on their sense of personal agency to help get them through their decisions of whether or not to terminate their pregnancies. Amy shared that having an abortion at age 29 was extremely difficult especially because becoming a mother had always been her dream. She recalled drawing on her sense of personal agency to “manifest” the life she wanted to live. As Amy shared: “the biggest reason I decided to have the abortion was that I knew that I couldn’t be the parent I wanted to be…it was difficult because I was killing my own dream.” In addition, she said “it wasn’t something that I had chosen,” which reflects the importance she placed on being the author of her own life.
As well, all but Lin drew on their sense of personal agency in dissecting their intentions and motivations regarding becoming a parent. This was a particularly salient thematic thread for Amy, who later created a business with the sole purpose of assisting women to “unpack their personal stories” regarding their personal barriers to becoming a mother. Amy’s words represent the sentiments of the other participants as they examined their motherhood intentions and desires:

…I think sorting out what motherhood really means – because I think that there’s definitely people who want to have kids as a legacy of themselves or as a way to recreate their own childhood in a happier way or to have someone to love them back, like they feel a child will love them unconditionally when no one else does, and that’s backwards because your job is to love them unconditionally.

Maddi was faced with further questioning of her motherhood intentions when she learned of her infertility and began considering adoption and surrogacy:

…do I want to have a baby because I want to have my own child and I want to reproduce or do I just want to be a parent? That’s really what that question comes down to – whether my journey into being a mother includes adoption. Why am I having a baby? As well, each of the participants gave thought to what their life as a parent to their potential child might realistically look like given their unique circumstances. As part of her decision-making process, Valerie envisioned her life if she chose to have a child, and ultimately concluded that she could not imagine making the adjustments she believed would be necessary in order to be a parent. She said: “Do I want to give up how I want to live my life, the work I want to do, the way I want to do it, now?...the answer quite clearly for me is no.” Similarly, in her late 20’s, Fay expressed a desire to become a parent but felt that she could not have the life she
wanted if she were to pursue parenthood at that time. She said: “I definitely felt frustrated that I
couldn’t do what I wanted to do,” however conceded that she was “under the black cloud” of her
PhD so likely it wasn’t the right timing anyway. For Fay, it was important to be able to envision
her future as a parent as including time unfettered by other demands.

Lin’s sense of personal agency was very connected to her Buddhist beliefs about
remaining balanced, in the moment and at peace with the natural flow of life. When negotiating
her parenthood decision, both when she was in a relationship in her 20’s with a woman who was
eager to have children, and later in the relationship with the father of her child, Lin relayed that
the question was simple – “do I want it or do I not want it?” Her efforts were spent in trying to
keep the question as simple as possible instead of being burdened with “what ifs” and unknowns.

**Family and Peer Influences.**

My friends and family felt very strongly that becoming a single parent was completely doable.

~Maddi

Although each of the participants spoke about the *influence of family and peers* in their
parenthood decision-making processes, some found family experiences and support to play a
more significant role, while others found peer influences to be more important in their decision-
making. Amy, Lin and Valerie reported that their difficult childhood situations influenced their
decision-making regarding becoming a parent. For Amy this meant delaying motherhood until
she felt she had developed the emotional steadiness and other skills to become the mother she
wanted to be. Lin shared her desire to experience “family” in a more positive light and felt that
having her own children would give her an opportunity to create what she felt she didn’t have in
her own family when growing up.
Valerie’s negative familial experiences influenced her decision to forgo parenthood because, as she stated, “we play out our own histories, you can see the patterns in families and I can see the patterns in my family.” Valerie felt strongly about not perpetuating her perceived dysfunctional family patterns and said: “I didn’t want to be the resentful mom who had to give up stuff, like my mom was, playing that out, and if I didn’t think that I could get a grip on that then I didn’t want to subject a child to that.” In addition, Valerie relayed that support from family in terms of childcare was part of her parenthood thought process and, ultimately, she knew she could not rely on her parents or her husband’s parents for that extra support.

Alexandra and Maddi reflected on the importance of their family members’ responses and reactions in their decisions to become sole support parents. Alexandra’s support from her brother, mother and grandmother for pursuing motherhood on her own was instrumental in her decision-making. According to Alexandra, “the fact that people in my family were very supportive, it’s a compensation for, ‘ok, I don’t have a romantic partner but I have a family that supports this decision completely.’” For Maddi, her mother and step-father’s response to her decision to pursue parenthood on her own using a donor, helped support her decision. Rather than being opposed to her having a child on her own, Maddi recalled her mother saying, “this is the best thing ever, I’m gonna have another grandchild!” Interestingly, the negative reaction of her brother to her decision was also instrumental in fuelling Madi’s determination to go through with her decision to have a child on her own.

In terms of peer influences, all the women except Valerie acknowledged that their peer group was a definite support to them during their parenthood decision-making process and a significant influence in their ultimate decisions. Fay, Maddi, Lin, Amy and Alexandra spoke about the significance of having a close confidant with whom to share their inner most thoughts.
and feelings about becoming a parent. Lin spoke of the importance of her discussions with her friend Carl, a man who was like a father-figure to her, in influencing her decision to have her son:

…I had to go talk to Carl, and I can’t talk to anybody else because at the time I didn’t have lots of friends around and he was always kind of like a father figure… he told me that to him it’s worth it to have kids…I think he made a big part of my decision.

For Maddi, the support of her two closest friends who had themselves recently become mothers, was important in her decision-making. In Fay’s case, while pursuing her education it was the negative perceptions of her peers about motherhood and family life that turned Fay off the idea of becoming a parent. And later in her life, Fay’s conversations with her flat-mate who was a midwife, were influential in reconsidering motherhood. According to Fay: “the more I learned about pregnancy and birth the more attractive that became to me.”

Other than Lin and Valerie, each of the women in this study reported having close friends or acquaintances that were pursuing motherhood on their own, or in partnerships but using fertility treatment assistance, so there was a sense of normalcy to the idea of using a donor and becoming a sole support parent. In regards to the prevalence of becoming a single mother by choice, Alexandra referenced a support group for sole support parents that grew from an intimate number of women to a very large group. This group offered support and comfort in her decision to pursue parenthood as a single woman.

**Career and Financial Influences.**

I was actually making choices in my career knowing that I wanted to be able to have a child.

~Alexandra
For all of the participants, career was mentioned as being a conflict in the decision of whether or not to pursue parenthood. The topic of career was particularly salient for Fay, Alexandra, Valerie and Lin who noted that the timing of parenthood was based around their career goals. Alexandra, Fay and Valerie negotiated the decision of when and whether to become parents while engaging in graduate degree programs. They each reported contemplating how they would complete their programs and establish their careers prior to having a child. Alexandra spoke about the impossible pressures of pursuing motherhood and a career in research, and lamented in hindsight, the amount of energy she devoted to her education and career at the expense of finding a partner with whom she could have a child. She said: “if I could go back, I’d probably be more willing to pursue things in my personal life at a younger age… I might have put more thrust into my personal life and worked less hard towards my career.”

Fay also expressed some frustration about the difficulties of getting an education and establishing a career and some financial stability before being able to pursue having children. In Fay’s words:

…I would say by 27-28, I felt like I really wanted to have a child… looking back it would have been a very bad idea and I think I knew that at the time – I had no money for one, I was a student, but it was certainly something that I wanted to do and I wanted to do sooner, but I knew that I couldn’t.

Although job stability was a minor influence in the decision to have an abortion years earlier, when Amy decided to become a single mother, her career was already established. After experiencing a miscarriage, Amy took some time to re-evaluate her career aspirations and decided to pursue another graduate degree at the same time as attempting to get pregnant.
Similarly, an unanticipated career change for Valerie when in her mid-30s, created financial instability and made it impossible for her to consider pursuing motherhood at that time. For several of the participants, the specific nature of their careers was influential in their parenthood decision-making. In Fay’s case, working in the area of family law prompted an interest in the well-being of children – leading her to consider the importance of having children in her own life. Alexandra found herself “expelling all this energy” in helping her students with their personal situations and decided that she’d rather invest that energy in her own child – that this would be an investment that would last. In Valerie’s case, the fact that she felt drained from her experiences in her work with youth and families and the realization that “being a parent is the toughest job there is”, deterred her from pursuing motherhood.

For Lin, her as yet unfulfilled career aspirations as a firefighter were a significant factor that had to be weighed in her decision to continue with or terminate her unexpected pregnancy at the age of 37. In Lin’s words, “…if I choose to go for my career, then will I miss an opportunity?” Lin considered the effects of having a child on her physical fitness, an essential factor in the firefighting career she had been working towards. She considered: “it might become an issue to get in with the fire department because I might be too old and physically I might start to see a decline.” Although Lin went ahead and had her son and was pleased with her choice, her words reflect the sentiments and struggles of many of the participants in the study: “it would be nice if I can have kids and have the job I want at the same time.”

Financial stability was directly related to career goals for many of the participants and was a particularly salient thematic thread for Maddi, Amy, Fay (who all negotiated the decision to become sole support mothers) and Lin. Maddi’s awareness of her financial stability was critical in her decision to become a sole support parent. In Maddi’s words:
...I actually had to step back a second and go, “wait a second,” financially I can afford to be a single mom and financially I could buy a home on my own and I actually didn’t need Philip in order to have those things. So that was a bit of a revelation for me…”

Financial stability also factored significantly in Fay’s motherhood decision:

...I probably have considered myself to be a feminist for a long time and so this idea of women doing things on their own and being independent and being financially secure was part of how I perceived myself and I think that’s given me quite a lot of inner strength probably.

Throughout their narratives, Lin and Amy echoed the sentiments that financial stability was influential in their decisions of whether or not to pursue motherhood. When they both had the opportunity to have a child in their 20’s, financial instability was an important consideration in their decision not to pursue motherhood. When faced with an unanticipated pregnancy, Lin realized: “financially I was not ready and I still had to figure out what I wanted to be and what I wanted to do.” However, when negotiating the question of parenthood in their mid-30s, Lin and Amy reflected that they were much more prepared, including financially. Amy’s words express their shared sentiments: “I see how much time I had and how much more money I had and how much more settled I was.”

**Sense of Readiness.**

When I was 37, I had my citizenship, I started working, I had a relationship – you are able to start thinking of being in that parent role, but before that I could not picture it because it was just not in the right time frame.

~Lin
Once their careers were established and they felt financially secure, many of the women reported feeling a sense of readiness to pursue motherhood. Although not as important a thematic thread throughout her parenthood decision-making processes as other themes, Alexandra referred to her sense of readiness to become a mother and noted that she thought about “parenting herself first” before attempting to parent someone else. Amy and Maddi reported their sense of readiness playing a more significant role in their decision to become mothers. Both engaged in self-healing and self-reflection as a way of becoming more grounded, centered, and ready to become a mother. Maddi talked about the importance of making the decision to pursue motherhood “in calmness rather than chaos.” And after considerable healing work and self-exploration Amy spoke about coming to place where she was: “so steady in myself, I was so happy with who I was and that really seemed like a much better launching pad to have a baby.”

Valerie reflected on her sense of readiness to take on the role and responsibilities of parenthood, but after much thought and soul-searching, concluded that ultimately she was not prepared to do so. Likewise, Lin reported that she did not feel ready in her 20s to become a parent with the woman she was dating, and said: “there was no problem with the relationship with her but the problem was just that I was not ready to have kids.” Lin shared that a big component of not feeling ready at that time included first needing to “figure herself out.”

Individual Thematic Threads.

You don’t know how your body is going to maintain its fertility.

~Maddi

Although many of the participants referred to their awareness of their biological realities when negotiating the decision of parenthood, it was a significant influence for only two
participants – Maddi and Fay. Fay and Maddi reported that their knowledge of their body’s’ limitations were of particular concern and an important factor in choosing to pursue motherhood when they did. Maddi’s sentiments reflect their common experience:

…some women’s’ egg quality goes after they’re like, 34, it just goes downhill, so you don’t know how your body is going to maintain its fertility…I don’t want to have a child in my 40s…and I know that a lot of people assume now that you can have babies until your 40, or into your 40s, but there are chances that you’re not gonna have your own baby if you wait till your 40 – you could maybe carry a baby but it’s not gonna be your egg, you’re gonna have to buy an egg from someone else that’s younger.

As well as being aware of the biological realities of her body and her fertility, Fay reported that she experienced “a pure kind of biological urge of wanting to be pregnant.”

In contrast, Lin stated that she “never had the pressure or thought, ‘oh, I’m worried about approaching 40, what if I have problems [conceiving]…’ I never really felt pressure to have a family.” Alexandra, Amy and Valerie also shared that they were conscious of their physical limitations, but their decisions to pursue or forgo parenthood were more significantly influenced by other factors.

I wouldn’t have done it without my community.

~Fay

Community support was an important thematic thread in the parenthood decision-making of only one participant. For Fay, a sense of community is important in simply negotiating life, and so was especially key when negotiating her parenthood decision. She reported that being a part of the gay community allowed her to be more comfortable with the idea of using a donor,
particularly a known donor. Fay reported that she turned down an attractive job offer in a new city because of her need for community as a sole support parent:

…I chose to stay here because of the community. It would be very hard to have built up the community I have now that quickly in a brand new place, it’s also one of the things that has kept me here rather than going back to Australia, even though my parents are there, but it would, again, take me years to create what I have here.

The other five participants shared the importance of feeling connected to friends, who provide a sense of community, but did not report community support as having the same importance as Fay.

I don’t think every woman who thinks about being a single mother by choice should be one, you have to really know what you’re getting yourself into and do your research.

~Fay

Research and planning was also mentioned by some of the participants as part of their parenthood decision-making; however, only Fay reported in-depth research as being essential to her parenthood decision-making process. She said: “my own PhD research is on lesbian parenting, so my life and my job have gone hand in hand.” Once Fay made the decision to pursue motherhood on her own, she stated that she began to negotiate whether to use a known donor or anonymous donor and again used research to make an informed decision. As she stated:

…because I do some research in the area I had some nervousness around complete anonymity for donors, I don’t think that all donor conceived children have identity issues, but there’s a certain number who definitely do.

Alexandra, who also spent significant time during her graduate studies conducting research, reported experiencing a sense of confidence following doing some research on the topic
of single motherhood. Some of the other participants relayed that they spent time planning when and how to become mothers, and considered “informal research” in making their parenthood decisions. For instance, Valerie reported that witnessing and experiencing mothers in her community and work life played into her decision to forgo parenting.

Research was an important thematic thread for Fay as she negotiated her parenthood decision. For the other participants, although mentioned as part of their processes, research and planning were not highlighted as particularly significant thematic threads in their motherhood decision-making narratives.

Each of the women participating in the study was asked to offer advice to a hypothetical unpartnered woman in her early 30’s who was currently negotiating the question of motherhood. This advice was separated into two categories: “Act Now” and “Be Aware.” Some of the participants, especially those who turned to donor and IVF support to become pregnant, felt some regret that they hadn’t acted on their desires to become a parent sooner in their life. Their advice to women who anticipate motherhood were simple words of encouragement to do it earlier in life. Recommendations from other participants included doing research on parenthood in order to be fully prepared and to engage in self-exploration in order to be clear on one’s own expectations going into the parenthood role.
CHAPTER FIVE

Discussion

The purpose of this research was to articulate the stories of how some unpartnered women in their 30’s make the decision to, or not to, become parents. The research question that guided this investigation asked: “How do unpartnered women in their early 30’s negotiate the decision of whether or not to become a mother given their life circumstances.” In this chapter, the similarities between findings from this study compared to findings in the available literature will be discussed. Differences in findings, including possible reasons for any differences between the results from this research and previous literature will also be discussed. To conclude, the limitations of this study will be briefly reviewed and the implications for future research and counselling will be considered.

Comparison with the Literature

The results from this qualitative inquiry regarding parenthood decision-making both support and contradict the available literature. In this section I will discuss how the main findings of this study are similar to, and different from the studies cited in the literature review section of this thesis, and address the implications where differences exist.

In comparing seminal literature with recent research on parenthood decision-making, it is clear that a significant change has occurred within the political and social climate, affecting how and why women decide whether or not to become a parent. Seminal literature regarding parenthood decision-making postulated that becoming a mother determines a woman’s sense of “womanhood” and that the traditional idea of femininity depends on the experience of motherhood (Blake, 1969; Davis, 1967; Hoffman & Hoffman, 1973). The implication of this notion is two-fold: that women who choose to forgo parenthood feel less of a “woman” than their
childbearing counterparts, and that part of a woman’s parenthood decision includes wanting to feel more like a “woman.” However, as reflected in findings from Bock (2000), Hertz (2006) and Mannis’s (1999) research, current generations of women have not been motivated to have children for the purpose of fulfilling themselves as women. Similarly, the women participating in this study did not feel that motherhood neither defined or significantly contributed to their sense of themselves as women. Rather, being a part of a healthy family unit and experiencing the role of mother, were reported by these women as being their initial motivations to pursue motherhood. The unpartnered female participants in the research by Hoffman and Manis (1979) and Langdridge and Connolly’s (2005) also reported that the experience of being a mother was a primary motivation underlying their intentions to pursue parenthood. Similarly, Bos et al. (2003) and Riskind and Patterson (2010) found that for both homosexual and heterosexual couples involved in their studies, happiness and the experience of motherhood were rated high as motivations to pursue parenthood.

Although similar in that regard, the findings of this study diverge in important ways from the research of Hoffmann and Manis (1979) and Langdridge and Connolly’s (2005). Unlike the women in these studies, the participants in the current study reported that their sense of achievement was not attached to pursuing motherhood, but rather was experienced through their challenging and satisfying careers. Participants in this study also did not report a desire to have children to meet their companionship needs or as an expression of themselves. Rather, the women in this study noted that companionship was something they could receive from a romantic partner at any point in their lives, but the experience of having a child was time limited. Also contrary to the conjecture stated in Hoffman and Manis’s (1979) findings that women who have found meaning beyond motherhood may not have an inherent desire to become mothers,
many of the women in this study found meaning in their lives prior to becoming a parent and yet still experienced a strong desire to have children. It is possible that the differences in these findings may be explained by era and cohort differences. Opportunity and freedom of choice has steadily increased for women since the mid-20th century. Differences in the findings may also be a consequence of methodology (quantitative vs. qualitative) and sample, with these earlier studies including mostly married participants, while the current study focused exclusively on the experiences of women who were unpartnered at the time they were considering their motherhood options.

Greater educational and career opportunities for women has affected parenthood timing (Vézina & Turcotte, 2009) and have played an influential role in parenthood decision-making for many women of current generations. The findings of Armenti’s (2004) qualitative investigation regarding the experience of integrating career ambition with childbearing produced narratives similar to the stories of participants in this study. As with the career-focused women in this study, Armenti’s participants struggled with negotiating parenthood timing because of concerns about how their career path might be affected. These sentiments were echoed by the career-oriented women in Ward and Wolf-Wendel’s (2004) research and Hirakata and Daniluk’s (2009) phenomenological study. All of these women spoke about the challenges of trying to balance their desire and drive to advance in their careers while also creating and maintain a healthy family life. To complicate the decision further, several of the participants of the current study were involved in helping professions and either felt a sense of maternal fulfillment through their jobs or yearned for more than what their work interactions could offer. In debating whether or not to pursue motherhood, all of the participants in the current study mentioned concerns about
advancing in their career as being influential in their decisions about the timing of motherhood timing.

Financial stability was also reported as being related to career goals for most of the participants in this study and was particularly salient for those women deciding whether or not to become sole support parents. Financial concerns noted in previous, quantitative research of women negotiating parenthood timing produced results indicating that women without children experience more advantages in terms of wages, education, and work experience (Avellar & Smock, 2003; Drolet, 2002). The participants in this study also weighed these factors when negotiating the question of motherhood and motherhood timing. In addition, they relayed their desire to be financially stable prior to pursuing motherhood. The perceived importance of financial security was also reported in the qualitative research of Benzies et al. (2005), who also interviewed women that elected to have children later in life. Their results showed that the participants gained independence through education, financial stability and secure employment, which were reported as being imperative to most of the participants of this study.

For those women who value career and financial stability, experiencing biological pressures can be especially conflicting and confusing. Although not an intention of this research, these concerns were apparent in the narratives of participants in this study in terms of a desire to “have it all,” and influenced the delay in parenthood for most of the study participants. However, the notion that “there’s more to life than career” was also a common theme within the stories of the women in this study, as well as in the findings of Benzies et al. (2005). The sentiment that “there’s more to life than career” became particularly salient once participants had accomplished some of their career and financial goals, resulting in a sense of readiness to become a parent.
Daniluk and Herman’s (1984) study on the relationship between women’s personality traits and parenthood decision-making revealed similar results in terms of women needing to feel a sense of readiness prior to pursuing parenthood. Similar to the women in this study, research and planning were important components of parenthood decision-making for the career women in Daniluk and Herman’s study. Although only one participant in this study specifically made reference to research and planning as being essential to her decision-making process, several of the other women in this study spent time reading about, and planning, when and how to become mothers. It is also interesting to note that although Daniluk and Herman’s study on the motherhood decision-making of career-oriented women was conducted almost 20 years ago, it would appear that career-oriented women in the current cohort face similar challenges when trying to decide if, and when, to become mothers.

Similar to the research findings of Benzies et al. (2005), the importance of intimate relationships was also underscored by the women in this study. The absence of a stable intimate relationship inspired the women in this study to consider motherhood with more intentionality. For four women in this study, the failure of a relationship, or the absence of a partner with whom they felt they could parent, motivated them to pursue motherhood on their own. Many of the unpartnered participants from Mannis (1999), Hertz (2006) and Bock’s (2000) qualitative studies shared similar experiences in terms of romantic relationships instigating their notion to pursue parenthood. In the current study, the thematic thread of relationships also encapsulates other significant relationships. A few of the participants in this study acknowledged the significance of nurturing relationships with children as influencing their decisions and bolstering their confidence to become mothers. The utilitarian relationship between one participant and her known donor was especially significant and a major influence in her parenthood decision-
making. While another participant shared the importance of developing “deeper connections” to others, and having a child seemed to her to be a practical way in building these connections. These other forms of relationships are not present in findings from previous parenthood decision-making literature.

In their motherhood decision-making, each of the participants in this study acknowledged the importance of creating their own destinies. This was represented in the thematic thread of experiencing a sense of personal agency. Personal agency was also a salient theme in findings outlined in the research of Hertz (2006), Mannis (1999) and Bock (2000) regarding parenthood influences. For participants of these studies and the current study, this thematic thread took various forms. Some actively engaged in methods to increase their opportunity to meet partners with whom they could potentially have a child, while others made deliberate choices to act on their desires to become a parent by pursuing parenthood using sperm donors. In addition, many of the women participating in these studies drew on their sense of personal agency in dissecting their intentions behind the reasons for becoming a parent, as well as in contemplating what their life as a parent to their potential child might realistically look like given their individual circumstances.

Another significant thematic thread common to results of this research and Mannis (1999), Bock (2000) and Hertz’s (2006) findings is the influence of peer and familial supports. For many participants across these studies, the amount of support from family members and peers influenced their parenthood decisions. Some of the women reported that the positive reactions from their respective families and peers in regards to their choices to become sole support parents caused them to feel more at ease and encouraged in their decisions. In terms of family influences, participants in the current study reported that their difficult childhood
situations influenced their decision-making regarding becoming a parent in the sense that they either did not want to replicate their past so chose to forgo parenthood, or wanted to attempt to have a better family experience by having and parenting their own child. *Community support* was also identified by participants in Mannis and Hertz’s research as important in negotiating parenthood, but only one participant from the current study noted community as a particularly important thematic thread. Mannis’s participants reported that community support helped them in choosing to become parents; whereas, the participant in this study and those involved in Hertz’s research were influenced to pursue parenthood through their belief that their communities would help in raising their children. The notion of ‘community’ can be broad and interpreted differently by researchers and participants, which could account for discrepancies in these findings.

Also echoing the results from the current study, Hertz (2006) outlined three stages that unpartnered women encounter during their decision to have a child on their own without a partner. She theorized that in the parenthood negotiating process, these women first enter a “liminal stage” where they are caught between being childless but determined, and being a mom. From there, women move into a stage of imagining that they can become a mother outside of the traditional sense, and move into talking about the idea of single motherhood with close family or friends to “test” the idea. The final stage varied between five possible “catalytic events.” In the study presented in this paper, facing a break-up was the singular catalytic event reported by participants, and this is likely due to the small sample size used in this study. Ultimately, the narratives from participants in this study who chose to become single mothers reflected the experience of Hertz’s stages.
In conclusion, the findings presented in this paper provide further information and insight into the experience of parenthood decision-making by the current generation of unpartnered women. From this research, we know that various relationships (romantic and nurturing), a sense of personal agency, career and financial stability, a sense of readiness, biological awareness, research/planning, and community, family and peer influences are key considerations in some women’s’ parenthood decision-making processes. The narrative methodological structure of this research elucidated parenthood influences in terms of the stages some women encounter when making their parenthood decision. From their stories, it appears that while some women experience an inherent desire to become a mother, others feel drawn to motherhood only after encountering an available and suitable partner with whom to parent. We also know that due to the increase in opportunity and freedom of choice for women, some women spend many years negotiating parenthood because of the competing demands in their lives. Based on commonalities between this research and previous literature, it appears that regardless of era, relationship status, sense of readiness, personal agency and family and peer support are essential considerations for many women negotiating parenthood. Career and financial stability are relatively new influences for women in the throes of deciding whether or not to become mothers, but essential to career-oriented women of the current generation. Parenthood decision-making will invariably continue to be complicated and challenging, especially given the steady changes to societal norms and expectations. To attempt in assisting women who are negotiating parenthood, it is essential to understand the specific struggles they face. Thus, it is important to continue to hear the unique and complex parenthood decision-making stories of current and future generations of women.
Limitations of the Study

It was essential that participants involved in this study speak English fluently. This requirement limited eligibility and has not given non-English speaking women an opportunity to voice their experiences on their decision-making experiences. As well, this study focused on the parenthood decision-making experiences by unpartnered women. Consequently, the findings may not fully reflect the experiences of those women in their 30’s who are partnered. Also, the women in this study who delayed reproduction into their early 30’s were career-oriented. This fact may limit the extent to which their experiences of parenthood decision-making resonate with, and reflect the experiences of women for whom career success is less valued or important. Furthermore, the population presented in this sample is relatively homogenous – all but one of the participants in this study was white and Caucasian. The participants revealed rich and unique lives, suggesting they are a privileged and empowered group of women. The implications of this narrow sample of privileged women is that their decision-making processes and opportunities may differ in substantive and important ways from groups of women who from cultures where motherhood is mandated, as well as those who are in a low socio-economic bracket – both of whom may have less economic and social power regarding their motherhood choices. The pressures to reproduce and factors influencing reproductive decision-making may be different for women from other cultures. Therefore, the themes identified in this study may not resonate with the experiences of women from diverse cultures – particularly those for whom a woman’s value is determined by her motherhood status.

The accounts relayed by the participants in this study regarding their parenthood decision-making process were retrospective. As in all situations where memory is relied upon to depict an experience, inaccuracies are possible. Experiences are remembered through the lens of
personal history. That said, the “accuracy” of the memories of the participants are not as relevant as how these women made parenthood decisions and the meanings they constructed regarding their decisions. In addition, the self-report nature of this research meant that the findings can only reflect what was expressed and articulated by the participants when being interviewed by the researcher. As a consequence, the findings are circumscribed by the researcher’s ability to establish safety and rapport with each participant, and by the extent to which each participant felt comfortable to share in detail, her story of decision-making.

Finally, while the parenthood decision-making stories of the participants in this study cannot be said to represent the decision-making stories of all unpartnered women in their 30s who are faced with negotiating whether or not to become a parent, the findings do inform the current, albeit limited, research on this topic.

Implications for Future Research

Specific to the literature on parenthood decision-making and delayed parenthood, there continues to be a need for further research focusing on how and why women make parenthood decisions, especially given the significant and continuous shifts within the social climate for women in terms of choice and opportunity. Career and educational opportunities for women in Western culture will likely continue to complicate parenthood timing and decision-making for women. Ongoing investigations can assist in continuing to elucidate the challenges and impact of negotiating the competing demands faced by women of the current generation.

The women interviewed in this study were mostly Caucasian women between the ages of 30-40 when negotiating their parenthood decision, and from mostly middle class backgrounds. Additionally, all of the participants in this study were well-educated. Studies that illuminate the parenthood decision-making stories of women of other educational and socio-economic
backgrounds will add to our understanding of the extent to which these factors influence the parenthood decision-making of women. The research presented in this paper focused on a privileged population of unpartnered women. Studies highlighting the motherhood decision-making experiences of partnered women and women from traditional cultures could offer insight into the unique experiences and challenges of these groups of women. As well, the number of women who are choosing sole support parenthood is on the rise, and research investigating the process by which they elect to become a sole support parent could confirm, add to, and challenge these findings and results of previous literature.

Qualitative investigations using different methodologies, such as phenomenological or grounded theory, may also increase and deepen our understanding of the motherhood decision-making experiences of women, and the particular influences that are salient in these decisions. Quantitative research on parenthood decision-making, of which there is currently very little, could be useful in broadening the scope of understanding in terms of who is choosing to become mothers (e.g. partnered women who are negotiating the parenthood decision), when and why. Results from a study such as this could have implications for social policy and population development.

**Implications for Counselling**

This research may be of value to the field of counselling, counsellors and unpartnered women who endeavor to enter counselling to better understand themselves and their reasons for becoming a parent. The narratives and thematic threads identified by the women in this study can be drawn upon by mental health workers as information about some of the challenges and dilemmas unpartnered women in their early 30’s face when trying to decide whether or not to become a mother.
The participants involved in this study were in their early 30’s when negotiating parenthood, and several of the participants became mothers when in their late 30’s and early 40’s. These participants acknowledged that their advancing age played a significant role in increasing the pressure to make a decision about whether or not to pursue motherhood. Mental health workers can invariably benefit from increased understanding when working with women in their 30’s, offering validation and support as they attempt to work through the process of deciding if, and when, to have children. Counsellors can raise the issue with their clients, and can increase their knowledge of this subject matter by reviewing websites such as Mothers Over 40 (http://www.mothersover40.com/home.html) and Sharing the Lesbian Experience of Making a Baby (http://twomommys.com/lesbian-parenting-deciding-if-and-when-to-have-a-baby/) or blogs for older mothers (http://www.motheringinthemiddle.com/?cat=12), and reading the abundant literature on the topic of pregnancy and motherhood after age 35 (Goetzl, 2005, Gregory, 2008).

As noted by a participant in this study, mental health workers can be of immense support, especially when they understand the particular stresses associated with parenthood decision-making and struggles associated with becoming a parent later in life.

Women in this study also reported that self-exploration, examination of their intentions regarding becoming a parent and awareness of what parenthood might involve were particularly salient within their decision-making processes. These aspects can serve as a template for counsellors who are assisting women in parenthood decision-making. In terms of increasing understanding of the demands of parenting and exploring intentions and expectations of possibly becoming a mother, participants of this study noted support groups as particularly helpful and supportive. Groups, such as Single Mothers by Choice (http://www.singlemothersbychoice.org/) and the Parenting Network (http://www.parentingnetwork.org/aboutUs.html) can offer support
and validation to women in similar situations. Similarly, books on parenthood decision-making, such as Do I want to be a Mom: A Woman’s Guide to the Decision of a Lifetime (Erem & Dell, 2004), can provide insight and assistance to women negotiating parenthood.

Parenthood decision-making differed between the heterosexual women and lesbian woman participating in this study. It is imperative that counsellors be aware and knowledgeable about the distinct influences for homosexual women, such as the importance of community support. Reviewing literature and websites offering information on parenting as a member of a marginalized group can inform counsellors in terms of further understanding the unique challenges and/or influences for lesbians who are interested in becoming mothers. Support groups such as Rainbow Families (LGBTQ parents) (http://www.meetup.com/RainbowFamiliesVancouver/) and Dancing to Eagle Spirit Society (Two-spirited individuals) (http://www.dancingtoeaglespiritsociety.org/), as well as books presenting information on queer parenthood (Clunis, 2003) can be of support to counsellors and clients alike.

Some of the participants in this study sought advice from friends to help them negotiate their decision-making processes, while others felt they did not have adequate peer and family support. For those wishing to explore their parenthood preferences without the support of peers and family members, counselling may be particularly helpful. The women in this study demonstrated a sense of agency in their parenthood decision-making processes that lead to confidence and empowerment in their ultimate decisions. It is important for counsellors to be aware of the privileged nature of the women represented in this study and maintain awareness that women from other cultures, backgrounds and experiences may not experience this same sense of agency or empowerment. For some women, motherhood is an expectation, and the
notion that motherhood is a choice may challenge some social conventions and relationships. Women from more traditional cultures may require support from counsellors in terms of exploring feelings and thoughts that challenge their social norms.
References


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doi:10.1111/j.1741-3737.2010.00718.x


http://www4.hrsdc.gc.ca/stream.3ndic.1t.4r@-eng.jsp?iid=75


Appendix A

Advertisement Flyer for Participation in Study

Did you struggle with the decision of whether to become a mother?

Were you an unpartnered woman in your 30’s who struggled with the decision to become a parent due to your life circumstances?

Research shows that women are delaying parenthood or remaining childless in greater numbers. UBC is conducting a study to understand how women decide whether or not to become a parent. We would like to interview:

- Women (late 30’s or early 40’s) who were unpartnered at the time of their decision-making process regarding pursuing motherhood.

- Identify with having been someone who anticipated becoming a mother and, while in their 30’s, found their motherhood decision-making process challenging due to life circumstances.

- Speak English fluently.

- Reached a conclusion regarding becoming a mother.

- Are at least 2 years, but not more than five years, past making a final decision regarding becoming a mother.

Contact us through email for more information!
Appendix B

Screening Introduction and Interview

Introduction:

My name is Tiffani Mohammed and I am a Masters candidate in the UBC counseling psychology department. I am doing a study on how unpartnered women in their 30’s reconcile their desires to become a mother within the contexts of their lives. Those who participate in this study will be asked to meet with me for a 2 hour interview to speak about their decision-making process regarding pursuing motherhood. Participants will also be asked to meet with me for a brief, 45 minute follow-up meeting for the purpose of cross checking the identified themes and, ultimately, ensuring that I have captured each participant’s experience. I will need to audio-tape the interviews for transcription purposes, as well as to ensure I have an accurate account of the participant’s stories. Participant’s names, or any identifying features presented in the participant’s stories, will be altered so as not to reveal the participant’s identity. All audio-tapes will be destroyed following the research process.

If you are interested in participating, could I ask you a few questions to ensure you meet the criteria to participate in this study?

Screening Questions:

Name:

Phone Number:

Preferred time and day for contact:

Age:

Age when deciding whether or not to pursue motherhood:

Did you have strong, conflicting feelings and thoughts about becoming a mother due to life circumstances?  

Y       N
Were you unpartnered during the time in your life when you were deciding whether or not to become a mother?

Y    N

Throughout your life, did you anticipate becoming a mother?

Y    N

Have you made a decision one way or another about becoming a mother?

Y    N

If yes, are you within 2-5 years of making this decision?

Y    N

Are you willing to describe in detail how you came to reconcile your desires to become a mother within the realities of your life circumstances?

Y    N

Preferred meeting time and location:
Appendix C

Informed Consent

Principal Investigator: Dr. Judith Daniluk, UBC Professor
Department of Counselling Psychology

Co-Investigator: Tiffani Mohammed
MA Candidate
UBC Department of Counselling Psychology

This study will explore how unpartnered women in their 30’s reconcile motherhood within the contexts of life circumstances. This research is being conducted for Tiffani Mohammed’s Masters thesis.

- I understand that this study involves up to 3 hours of my time:
  - The researcher will meet with me for approximately 2 hours at a pre-arranged location. I will have an opportunity to share my experience of how I decided to or not to pursue motherhood. The interview will be audio-recorded.
  - Following transcription and analysis of the confidential interview, the researcher will develop a set of themes and summary. The researcher will meet with me for approximately 45 minutes, during which time I will have an opportunity to review the narrative summary and themes for accuracy and to provide my comments. This discussion will also be audio-recorded.

- Any information resulting from this research study will be kept strictly confidential. All interview transcriptions will be identified only by code number and kept in a locked filing cabinet. I will not be identified by name in any reports of the completed study. All audio-recordings will be erased upon completion of the research.

- If I have any questions or desire further information with respect to this study, I may contact Dr. Judith Daniluk at the Department of Counselling Psychology.

- If I have concerns about my treatment or rights as a research subject, I may contact the Director of Research Services at the University of British Columbia.

- I understand that my participation in this study is entirely voluntary and that I may refuse to participate or withdraw from the study at any time.

- I understand that, should I experience stressful and challenging emotions due to the recalling of past memories, the researcher will provide me with a list of referral sources for professional help.

- I have received a copy of this consent form for my own records.

- I consent to participate in this study.

Participant Signature  
Date
Appendix D

Counselling Resources

Well Woman Counselling
750 West Broadway
Vancouver, BC
http://wellwoman-counselling.com/reproductive-health-and-fertility-counselling

UBC Counselling Clinic (free services)
821 8th street
New Westminster, BC

Jericho Counselling (sliding scale)
Suite 400-601 West Broadway
Vancouver, BC
http://www.jerichocounselling.com/

Infertility Support Group
info@familypassages.ca
http://www.familypassages.ca/support/group_support_fertility.asp

Crisis Line
http://www.crisiscentre.bc.ca/about-us/

Family Services of Greater Vancouver
http://www.fsgv.ca/programpages/counsellingsupportservices/counsellingprogram.html

Anxiety Resource
http://www.anxietybc.com/index.php

Depression Resource
http://www.comh.ca/antidepressant-skills/adult/
http://www.depressionhurts.ca/

Mental Health Resource
http://www.cmha.bc.ca/services
Appendix E

Orienting Statement

Women are electing to delay or forego parenthood in increasing numbers. Current
generations of women may struggle with the decision of whether to pursue motherhood because
of conflicting life goals or life circumstances. Some women feel their biological clocks ticking
and are challenged with reconciling their internal desires to reproduce within the context of their
lives. External pressures, such as societal, cultural and familial pressures, can cause the decision-
making process to be even more complicated.

I am interested in understanding your experience of making a decision regarding becoming, or
not becoming, a mother. Tell me the story of how you navigated the decision of whether to
become a mother within the context of your life circumstances. Perhaps it will be helpful for you
to talk about the experience as a story with a beginning, middle and end. Please begin when you
are ready by considering the following question:

How did you, as an unpartnered woman in your 30’s, reconcile your desires to become a
mother within the contexts of your life circumstances.
Appendix F

Guiding Questions

1. How did it all start? - in terms of experiencing the urge to become a mother and acknowledging that all the pieces may not be in place to become a parent?

2. When did you begin to struggle with the decision? Was there an event or a moment that you recall as being particularly challenging? Would it be helpful to use an image to describe the moment or emotion?

3. What were some of the factors you struggled with during the decision-making process?

4. How did you get through it?

5. What (or who) was significant in helping you through this decision?

6. Describe what it was like in the middle of this decision-making process. What were you aware of emotionally? Spiritually? Mentally? Use an image that represents your emotion/mental/spiritual state if that is helpful for you.

7. Describe the end- how did it turn out for you? How do you feel about the outcome? Use an image to describe the end feeling if that is helpful for you.

8. When you look back on your process, how do you make sense of it?

9. What would you have done differently given the chance?

10. If you were to offer advice to women going through this decision-making process, what advice would you give?