Stigma and resistance: The social experience of choosing sole motherhood in Canada 1965–2010

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S Y N O P S I S

This article draws on interviews with 29 Canadian women who decided between 1965 and 2010 to parent as sole mothers through adoption or childbirth. The authors examine participants' experience of stigma and social sanctions and explore how perceptions of stigma changed over time. Although the analysis largely reflects the experience of relatively well-educated women, most of whom were white and heterosexual, differences in experience did align with participants' age, race, sexual orientation, poverty or reliance on social assistance and also varied according to religion and local, professional or occupational culture. Different sources or kinds of perceived stigma included stigma based on sexual deviance, irresponsible choices and welfare dependency, a lack of parenting capacity and social exclusion due to father absence. Different forms of resistance to stigmatization are also examined including isolation, secrecy, passing, attempts to minimize assumed disadvantages and more direct and explicit contestation of assumptions about familial norms.

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Women who experienced pregnancies and births outside of marriage were, for much of the twentieth century, the subjects of overt social disgrace and opprobrium. In Canada, this "dominant rhetoric of shame" has been well documented in historical accounts of mothers who placed their children for adoption (Morton, 2004, 334; Strong-Boag, 2006; Chambers, 2007). Through the twentieth century up to the late 1980s, thousands of unwed, pregnant women were shamed, pressured or coerced into surrendering their children for adoption by married couples (Cahill, 2006; Petrie, 1998). However, attitudes towards sole motherhood have never been uniform and significant cultural shifts have taken place in Canada since at least the mid-70s. Moreover, although we now know a great deal about forced adoptions, far less is known about the experiences and the relational, cultural and material context of unmarried mothers who chose to adopt or to bear and rear their children from conception or birth.

In this paper, we examine the stories of 29 Canadian women who adopted or gave birth to children between 1965 and 2010 and reared them for at least one year while they were neither married nor cohabiting with a partner. While we recognize that the language of choice is contested and inflected in neo-liberal regimes with class and race privilege (Solinger, 2001), we describe these women as having 'chosen' sole motherhood because most saw themselves as having made a choice, often in the face of significant stigma and adverse economic conditions. Elsewhere we examine the process and the context within which our participants decided to become sole mothers, explore their options and the pressures and constraints that influenced outcomes, and assess the use and impact of choice rhetoric. Here, our focus is on the social consequences of their decision to become a sole mother. Specifically, we discuss whether and how participants experienced and responded to stigma and social sanctions, the forms these sanctions assumed

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and how assumptions about the women, or scripts applied to them to explain or evaluate their circumstances, changed over time.

Our analytical framework draws primarily on two bodies of scholarship. The first is the sociological literature on stigma, deviance, and identity that has proliferated since Erving Goffman (1963) published his path-breaking exploration of stigma more than 50 years ago. The second is the voluminous and still expanding feminist, socio-legal literature on motherhood and family, published since the late 1970s (see e.g., Barrett & McIntosh, 1982; Boyd, Chunn, Kelly, & Wiegers, 2015; Chambers, 2007; Collins, 1990; Gavigan, 1988; Kelly, 2011; Luxton, 1997; Roberts, 1992; Silva & Smart, 1999; Smart, 1984, 1996). Viewed retrospectively, this work demonstrates the importance of context, structure and location in the analysis of social phenomena, particularly the social construction of the traditional family.

Goffman (1963, 3–5) conceptualized stigma as the negative labeling of what is *perceived* to be "a deeply discrediting attribute" that distinguishes an individual or group from "normal." He identified three main types of attributes attracting stigma — a physical deformity, an individual character flaw, and a "tribal stigma of race, nation and religion" (1963, 3–5). He went on to argue that since perception is inextricably linked to stigma, no attribute is inherently normal or deviant. As such, pre-marital sex that leads to unwed motherhood might be viewed as deviant behavior in one locale and not another at the same moment in time or at one point in time and not another in the same locale.

Goffman's successors have tried both to refine and to broaden his conception of stigma and thereby address critiques that he (and other interactionists) focused too much on stigmatized individuals and too little on the relationship between stigma and power. Throughout this paper, we use the definition developed by Link and Phelan (2001, 367). It subsumes Goffman's but more explicitly sets out the relationships among elements of labeling, stereotyping, status loss, discrimination, and social exclusion that "co-occur in a power situation that allows the components of stigma to unfold" (Link & Phelan, 2001, 367). Stigma depends on the power of the non-stigmatized individual or group to create and impose norms on the stigmatized. Social, cultural, economic and political power is also needed to invest or link stereotypes with significant consequences in any realm (Link & Phelan, 2001, 367). Thus, the impact of stigma on those stigmatized is never homogeneous. For some, the impact can be severe and include psychological distress, lower self-esteem, self-doubt, status loss, and reduced opportunities for participation in social and economic life (Courtwright, 2009; Major & O'Brien, 2005). Others may attempt or are able to resist the attribution of or the expected impact of stigma in various ways (McCormack, 2004, 2005). Overall, research indicates that where stressors are viewed as harmful to one's social identity and beyond one's coping resources, achievements and health can be critically undermined (Courtwright, 2009; Major & O'Brien, 2005).

Not all of the women in our sample identified stigma as a problem. Most, however, alluded to one or more of the various sources or forms of stigma as a part of their experience although the totality of each individual's experience differed.

Since our experiences of sexuality, parentage and familial relations are shaped by multiple intersecting ideologies and structures, the personal histories of the mothers we interviewed were differentiated not only by gender, marital status and family form but also by age, race, indigeneity, class, sexual orientation, mental disability, poverty and reliance on social assistance. These other dimensions of inequality did interact with or affect perceptions of stigma and exclusion as sole mothers, although the breadth and depth of these differences are not fully revealed by our data given the relatively privileged demographic of our sample (with most participants identifying as highly educated, white and heterosexual). Additionally, the experience of participants varied to some degree according to religion, culture, locale, professional or occupational culture, and across different sites of social activity. Nonetheless, despite these differences, most were aware that their status or social identity as single mothers was devalued in some ways and that undesirable characteristics were often attributed to them and their families on that basis (Major & O'Brien, 2005, 399).

Most participants also sought to resist stigma through various adaptive or accommodating strategies or through more direct challenges to a negative construct of unwed or sole motherhood and the assumptions or ideology upon which this is based. While resistance has been defined in various ways (e.g., Collins, 1990; Hollander & Einwohner, 2004; Luna, 2009; McCormack, 2004; Riessman, 2000; Scott, 1990), we use the term broadly in this context with reference both to the process or impact of stigmatization and to the hegemonic norms that define sole mother families as deviant. We identify a range of strategies that participants relied upon to cope with, avoid or minimize the impact of stigmatization itself and to protect their identities and that of their children. These coping strategies or mechanisms were not necessarily intended to displace or challenge negative assumptions based on restricted definitions of family and most were not recognized as such by targets (Luna, 2009, 450–53). However, we also find evidence of a critical consciousness of and a refusal to internalize a stigmatized identity, along with more overt efforts on the part of some participants to challenge or disrupt norms or assumptions underlying this identity (Showden, 2011). Participants appeared differentially able to resist stigmatization both across time and social location. Moreover, efforts to challenge directly the social construction of sole motherhood were complex given different norms within that negative construct, rendering some of the approaches participants adopted more resistant than others.

This study is unique in that its focus is not on single mothers generally, or teen mothers or on single mothers who are financially reliant on social assistance, but rather on a select group of women who were single mothers from the outset, from conception or from the birth or adoption of their children. Further, it is unique in drawing on mothers' experiences across five decades, a period in which dramatic changes in sexual mores and familial practices occurred in Canada and in Western countries generally. These changes have included the decriminalization and increasing use of contraceptives, the proliferation of new reproductive technologies (NRTs), rising rates of common law cohabitation and divorce, and the abolition by 1990 of legal disabilities associated with the status of illegitimacy for children of unmarried mothers in Canada (although Nova Scotia still