

Article

Exploring the Emotional Experience of Same-Sex Parents by Mixing Creatively Multiple Qualitative Methods

Alessandro Pratesi, PhD, MA
Lecturer in Sociology
Department of Social Studies and Counselling
University of Chester, Chester, UK
a.pratesi@chester.ac.uk

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Abstract

In this paper I address some of the main challenges and benefits of doing qualitative research with a specific type of 'informal caregivers', i.e. those who have been thus far excluded from the conceptual category of "normal" caregivers and from normal research on informal care: same-sex parents. The research presented in this paper is an example of a qualitative, inclusive approach to studying the felt and lived experience of 33 same-sex parents. It draws on a wider study on 80 informal caregivers, who were different in terms of gender, type of care, marital status, and sexual orientation. Its aim was to offer a more inclusive interpretation and a more reliable discourse on family care and parenthood. The research objective was to gain insights into the emotional mechanisms through which the dynamics of inclusion or exclusion are interactionally and situationally constructed and/or challenged while doing care. In this paper I illustrate the mix of creative, qualitative methods I employed to explore the experiences of a group of same-sex parents living in Philadelphia (USA).

Keywords: same-sex parenthood, emotion, thermometer of feelings, ethnographic work, interpretive phenomenological analysis, reflexivity, positionality.

Acknowledgements: The author wishes to express thanks to Dr Jonathon Louth (University of Chester, UK), who read and commented on earlier versions of this article. He also wishes to acknowledge and thank the anonymous reviewers for their detailed, critical and generous engagement with this article. The research here presented was funded with a five-year William Penn Fellowship, University of Pennsylvania (2003-2008) and three research grants (Gertrude and Otto Pollak Summer Research Grant, University of Pennsylvania, 2005-2007).

Introduction

This article reports on the complexities and rewards of qualitative, inclusive methodology used in a research study on *informal care*, that is, care work carried out with no pay by relatives or friends in private and non-professional settings. The research explored the care experiences of 80 informal caregivers living in urban and suburban areas in Philadelphia. The group of informal caregivers was diversified by gender, sexual orientation, marital status, and type of care. The objective was to gain deeper insights into the emotional mechanisms through which dynamics of inclusion or exclusion and social inequality are interactionally and situationally constructed and/or challenged while *doing care*. The research was based on the theoretical premise that *emotions* represent a key element to understand such dynamics (Archer, 2007; Barbalet, 2001; Collins, 2004) and that informal/parental care is a strategic site to analyse them. Although a succinct summary of some of the main findings will be presented, this article mostly discusses the epistemological and methodological rationales that informed my research and particularly the decision to include a sample of gay and lesbian parents within the context of a broader study on informal care.

In order to understand the dynamics of inclusion/exclusion and the consequent outcomes of inequality that people produce while caring for others, I explored the intersection between care, emotion, family, gender, and sexuality. I aimed to engage with more inclusive approaches to research, both from a theoretical and a methodological point of view. My argument was that, in order to understand how the (micro-) emotional dynamics revolving around care reproduce (macro-) patterns of inequality, we need to unpack the conceptual category of gender and shed light on the invisible strings shaped by *heteronormativity*, the assumption that heterosexuality and heterosexual norms are universal or the only acceptable conditions (Butler, 2004; Ingraham, 2005; Ridgeway & Correll, 2000). We need, in other words, to show the real variation within the socially constructed categories of gender and sexuality, and their complex interactions with the *lived and felt experience* of the phenomenon of parental care. Based on these premises, I argue that a careful investigation of the emotional dynamics involved in *doing care* will provide important clues to grasp what Fenstermaker and West (2002) call *doing gender*—the interactional mechanisms by which difference and inequality are constantly reproduced. Whilst the research involved both childcare and elderly care, this article focuses on parental care, and more specifically on same-sex parenthood for the reasons explained in what follows.

Parenthood is increasingly becoming a carefully planned choice for many people, especially within the upper-middle class families to which the subjects of the research here presented belong. For gay and lesbian parents, though, the element of choice is more evident and compelling. Gay and lesbian parents represent a key subject of study because they usually do not become parents by chance. On the contrary, their paths toward parenthood are often difficult, painful, and complicated. The ways in which gay and lesbian couples become parents varies, and most have to clear obstacles never faced by their heterosexual peers. Furthermore, if on the one hand, they can be viewed as *cultural entrepreneurs*, on the other hand, they may contribute to reproduce gender stereotypes and inequalities because sexual non-conformity does not guarantee non-conformity in terms of gender performances. Their inclusion in a study on parental care was thus fundamental for at least four main reasons.

Firstly, gay and lesbian parents have been largely excluded from normal research on informal care and particularly parental care. When included, they have been taken into account either in a *comparative* perspective: to focus on the differences between gay and heterosexual parents or caregivers, or in an *exclusive* perspective: to focus on the specificities of their experiences as caregivers (Clarke, 2002, 2007; Fenge, 2010; Kurdek, 2006, 2009; Mellon, 2004; Muraco &

Fredriksen-Goldsen, 2011; Nelson, 2007; Stacey, 2006). Further, no studies have ever considered how and under what conditions the parent's sexual orientation can produce dynamics of inclusion/exclusion based on the *emotionally felt* and *lived* experience of care. Secondly, gay and lesbian parenthood can represent a key site to visualize the crucial role of emotion in the reproduction of social inequality. A number of studies have addressed issues connecting the economic and emotional resources and well-being of gay and lesbian parents or couples with their openness about sexual orientation; their experiences as same-sex couples; through to the emotional support received from family and friends. Yet, they all limit their analyses to an assessment of psychological health or pathological stress, without connecting the different emotional outcomes with the theme of inequality. Thirdly, gay and lesbian parents can be crucial in understanding the link between agency and structure, between micro-situated (inter)action and macro-structural inequalities. Finally, to reopen the discussion on both care and gender by means of broader, more inclusive approaches that challenge heterosexuality as the norm. The intention has been to avoid reproducing an ideologically tainted discourse on informal/parental care and to instead widen the perspective on care by getting closer to its more complex nature.

The ways we shape our research is reflected *in* and *by* the ways we shape our realities and how we construct our social worlds. By choosing one paradigm over another, and through our theoretical and methodological choices, we not only affect the research outcomes, but we also contribute to the construction of social reality. Our knowledge, our conception, and our belief of what reality is, and this includes the products of our research, become embedded in the institutional fabric of society. This is why it is important to ponder carefully and reflexively on our theoretical and methodological choices, because through such choices, and even without being aware of it, we all contribute to recreating dynamics of inclusion and exclusion. In order to show the real variation in gender and care-giving, we need to take multiple method approaches, which might be able to offer an *embodied understanding of care*, thus helping to conceptualize a complex notion by empirically grounding and situating it into specific contexts. Gay and lesbian parents represent an excellent case study for delineating the concept of care.

In this paper, I first discuss current discourse on *care* and introduce the research perspective informing this study; then I describe the sample and the methods used; and finally I address some of the main challenges and benefits of doing qualitative research with a specific type of informal caregiver: those who have been thus far excluded from the conceptual category of normal caregivers and from normal research on informal care.

Current Discourse on *Care*

Care is a complex phenomenon and is becoming all the more so due to the ongoing demographic trends and cultural transformations involving family, parenthood, marriage, cohabitation, and an increasingly aging population. The complex nature of care leaves open several unsolved contradictions, notably those connected with gendered definitions of private and public spheres. Conventionally, everyday unpaid care for children, older people, and other adults who need assistance, is part of what current literature qualifies as *informal care* that is distinguished from *formal care*, which includes professional care and other forms of qualified and paid care work. Partners, relatives, and friends are the most essential providers of informal care; their practices and peculiarities provide a fundamental basis to understand this universally shared experience as well as to shape new approaches to study this phenomenon within the context of our rapidly changing societies.

An initial point of departure to highlight the complexity of care arises from its own terminological ambiguity. Indeed, scholars use easily interchangeable terms like “care,” “caring,” “caregiving,” “care work,” “caregiving labor,” and so forth, to designate either the same concept or divergent notions. There is still no internationally agreed upon definition of care work, and no consensus about the extent to which it is helpful to draw links or distinctions between *care* that is done in the home and *care* that is done in the context of paid work. A second theme that crosses theories of care is that this concept encompasses both instrumental tasks and affective relations, ranging from *activity* to *ethics*, that is, from taking charge of others’ physical well-being to feeling concern for others’ physical and psychological well-being (Graham, 1983, 1991; Kittay, 1999; Kittay & Feder, 2003; Leira, 1994; Noddings, 1984; Ruddick, 1998; Thomas, 1993; Tronto, 1994).

Early papers identifying *care* as a topic of feminist enquiry often define care within two different and distinguished modes of transaction: *love* on the one hand, and *labor* on the other. Some scholars emphasized the emotional components of care, describing care as meaningful and fulfilling to many women and viewing care as a model to be extended to the larger social arena (Gilligan, 1982; Ruddick, 1989); others emphasized the practical/material components of care, describing care as an oppressive practice to women, compelled to provide care by a variety of material and ideological forces (Finch & Groves, 1983).

A key challenge for the perspectives articulated in those early papers, which continue to inform both empirical and theoretical work today, was how to avoid essentialist constructions of a woman’s voice as a victim’s voice and to include a man’s voice that is not necessarily a persecutor’s voice. By the end of the 1980s, a different awareness took place increasingly in light of the *second shift phenomenon* (Hochschild, 1989), which described the failure of a transition in progress: the transition towards men’s and women’s equality both in the private and the public sphere. However, even before then, a different scope of study had been envisioned, in Norway, in the pioneering work of Kari Waerness (1984). Waerness clarified the dichotomy between the two worlds of sentiment and rationality by introducing the concept of “the rationality of care,” which includes both *emotion* and *rationality* without being restricted to either of them.

In her seminal article, Waerness (1984) suggested that the subject caregiver has to be both *thinking* and *feeling*, and that this image of social actor as more than a bloodless calculator or blind expresser of uncontrolled emotions was the most adequate to analyze phenomena like care and caregiving. In order to give us a better sense of how the *rationality of care* differs from scientific rationality, Waerness described how learning in the context of motherly care, as an ideal type in the Weberian sense, differs from learning in the context of science. Whereas in the context of science “one understands from the position of an outsider” (Waerness, 1984, p. 197) and predictability, generalizability, and control constitute the scientific criteria for success, in the context of everyday motherly care “one has to think and act on the level of the particular and individual...and to understand from the position of an insider” (Waerness, 1984, p. 197).

A broader unified concept of care that varies along seven dimensions was then introduced by Carol Thomas (1993), who concluded that care cannot be envisioned as a unified *theoretical* category, but rather as an *empirical* one. In other words, there is no need for conceptual boundaries, and all attempts to conceptualize care are nothing but “purely empirical categories reflecting the concrete manifestations of types of activity which society recognizes as *looking after people*” (Thomas, 1993, p. 665).

Whilst feminist scholars still disagree on the place and the meaning to attribute to *care* in women’s lives, they seem to have agreed on the necessity to look for broader and empirically-

grounded definitions of care including *affective* (emotional) and *tangible* (i.e. concrete/physical) components. According to such perspectives, examining care within specific historical and social contexts is the most effective way to grasp a fuller understanding of its place and meaning in people's lives. Care is a particular kind of work, an activity directed to identify and meet the needs or the well-being of certain others and it challenges dichotomous thinking opposing *head* with *heart* and *rationality* with *emotion*. Understanding care, then, requires a different rationality, compatible with, but more substantive than, the formal rationality by which orthodox economists analyze labor supply decisions. Care activities are different from, but need to be integrated with other activities in both the economic and political spheres (Folbre & Nelson, 2000; Himmelweit, 1999; Hochschild, 1983; Zelizer, 1994), and the increasing intertwining of love and labor calls for innovative research perspectives and theoretical formulations.

A Phenomenological, Inclusive Approach to Care

My argument and my answer to such a necessity is that *emotions* represent a significant missing link. Here, emotions can explain the dynamics by which care related inequality is reproduced situationally, beyond the rigid and reifying categorizations of sex and gender. By looking at the inner, dialogical, interactive dimensions of informal care, I aim to highlight the necessity of an embodied social theory of care, one that need not be scared of being accused of "psychologism" in its attempt to reconcile micro and macro realities of social life. In this sense, the new image of the social actor and the reformulation of rational action emerging from some of the latest progress in the sociology of emotions (notably Collins, 2004) seems a promising start to overcome both the unclear issues left unsolved by rational choice theories and the ambiguous contradictions left unanswered by current literature on care.

The analytic perspective I present in this work provides a more detailed description of the person "who cares" and a broader phenomenological approach to the issues of care. This offers a more substantive understanding of the nature of care by relying directly on people's narratives, allowing for an opportunity to grasp insights on how care is experienced from within. The principles of phenomenology emphasize the aspects of lived experiences, focusing on specific phenomena. In this case, the phenomena were the emotional dynamics revolving around the care experience analyzed in light of Collins' (2004) theoretical model. Collins claims that the mechanisms through which social inequality is reproduced have an emotional rather than cognitive nature. Such mechanisms are based upon feelings of status inclusion/exclusion in groups or coalitions, and are situationally produced at the micro-level of interactions (Collins, 2004). The care experience, particularly for gay and lesbian caregivers, produces dynamics of inclusion/exclusion. Phenomenological research seeks the embodiment of an experience. The interpretation of the lived experience of care is co-constructed through a constant process of reflexive exchange between narratives and analysis of such experience (Van Manen, 1990).

The methodological approach is based on an interpretive process aimed at rethinking the phenomenon of care in a broader perspective, by offering a different type of qualitative analysis that also includes non-traditional family contexts. This approach intends to illustrate the crucial importance of interpretive phenomenology for a deeper understanding of the emotional processes involved in care work and in the reproduction of inequality. Based on a full-ethnographic-immersion into informal care which lasted two years, this work reports the findings of a micro-situated study of daily care activities within the context of a group of American, upper-middle class gay/lesbian and heterosexual caregivers. The sample included partnered/married caregivers and single caregivers.

The inclusion of gay/lesbian and single caregivers was central to the study in order to address care and gender through a critical lens so as to challenge the cultural templates according to which the nuclear family and heterosexuality represent the norm. I included in my research gay and single caregivers not only because they had been thus far excluded from the conceptual category of normal caregivers and from normal research on informal care, but also because they represented a key subject to visualize the role of emotion in the reproduction of social inequality. Gay and lesbian parents can experience parental care as a site of status exclusion because of the perceived (hetero)normativity of the nuclear family and the idea that parenthood does not match with same-sex couples. A consequent conclusion from this study was the realisation that they also constitute a key subject to understand the link between micro-situated (inter)action and macro-structural dynamics: in the specific case, between *care* and *social change*.

Engaging in Qualitative Research With Gay and Lesbian Parents: Sample and Methods

Between the winter of 2005 and the end of summer 2007, 42 gay and lesbian caregivers (of whom 33 parents) who contributed to this study were recruited as part of a larger study of 80 informal caregivers. The interviewees were living in the USA, specifically in Philadelphia's urban and suburban areas, with the exception of a single father living in New York City. A purposive sample composed of married, cohabiting, and single caregivers drew mostly on two local children's centers (a day care and a parent infant center), informal networks, and two local LGBT associations. To recruit my interviewees, I posted flyers in local schools, gay and lesbian community centers and activist organizations, a gay-friendly cooperative of services, and a local gay bookstore. I also sent out notices via email through the listserv of a local association of gay and lesbian parents and other local organizations. The purposive sample was eventually enlarged through snowball sampling for all the different kinds of caregivers who were part of the sample. Word of mouth was one of the most efficacious means to reach the interviewees. As it concerns the ethical issues, The University of Pennsylvania's Institutional Review Board (IRB) assisted me in ensuring that my research project adhered to compliance regulations and scholarly ethical standards. Depending on the nature of the research, projects may be required to undergo full IRB Convened Board Review through this procedure: they may qualify for Expedited IRB Review or they may be considered Exempt Research. The IRB opted for this latter option, based on the fact that all the interviewees were informed adults who volunteered to take part in the research. This meant that a detailed information sheet was provided to the interviewees, but a signed consent form was not required.

Within the sample of 80 caregivers, about 1/3 of the interviewees were single and approximately 2/3 were married or in a couple relationship. All interviewees (96.2 percent), except for two African Americans and one Asian American, self-identified as White/Caucasian. The age of the interviewees ranged from 25 to 65 with a mean age of 40.9. The age of the children ranged from 3 months to 13 years. Although most interviewees were White/Caucasian and were upper-middle class, the sample was heterogeneous in terms of type of care, marital status, sexual orientation, paths to parenthood, lifestyles, and parenting philosophies. The sub-sample of 42 caregivers included 9 persons involved in elderly care (6 single and 3 partnered), 2 involved in both childcare and elderly care (both partnered) and the rest (31) involved exclusively in childcare (of whom 5 were single/divorced parents and 26 partnered/married). The age of the gay/lesbian interviewees ranged between 30 and 65 (with a mean age of 47.5). Only one African American woman was present in this sub-sample. In terms of paths to parenthood, 19 of the 31 parents had biological children (via surrogacy for men, artificial insemination for women, 3-way or 4-way parenting for both men and women), 8 had adopted their children and 4 had both biological and adopted children. Duration of individual interviews ranged from 1.5 to 4 hours.

The interpretive phenomenological approach characterizing this study drew on a rich set of instruments and methods including: semi-structured in-depth interviews, diaries, field work, participant observation, online discussion forums involving gay and lesbian parents, ongoing direct (face-to-face) and indirect (via email) conversations with the interviewees beyond the interview context, key-informants interviews, secondary sources on same-sex parenthood collected from adoption agencies and local associations, journal and newspaper articles, and the web. Among the secondary sources I used were: daily LGBT news received from the website *Human Rights Campaign* (<http://www.hrc.org/>), the largest grassroots force and national LGBT civil rights organization; the Equality Forum's newsletter (<http://www.equalityforum.com/>); and the New York Times (<http://www.nytimes.com/>). Secondary material and grey literature was also collected among local experts, representatives of the local LGBT associations, public and private childcare centers, and local organizations dealing with informal care. In addition to that, I received weekly "news" alerts from Google Alerts: i.e. email aggregates of the latest and most relevant news containing the search terms of my choice. I set up the automatic filter in order to receive newspapers and journals' titles/articles on the following topics: *care*, *caregiving*, *gay parenthood*, and *gay care*. All these sources have been crucial in outlining the broad interpretive puzzle which composes my present understanding of the phenomenon of gay/lesbian parental care as well as its emotional and social implications.

In what follows, I first illustrate the various research instruments underpinning this study; then I describe the interpretive phenomenological framework employed to analyze the emotionally felt and lived experience of a group of same-sex parents, who have been thus far marginalized and silenced by more traditional discourse on informal care; and finally I situate the emotional labor in which I engaged throughout the research within the context of reflexivity and positionality.

The In-Depth Interview as a Short Movie

The interview format was aimed at eliciting answers that might account for the implicit "felt sense" of the interviewees' narratives, and it was therefore complex and articulated. It included several tools supporting the collection of relevant information and at the same time helping to facilitate the talk, making it more similar to an informal conversation. The interviews took place in a variety of settings: mostly at the interviewees' houses or work places and sometimes (when this was unavoidable) in my office or my apartment. The interviews were conducted individually, with a few exceptions in which both members of the couple were interviewed at the same time. At the end of the interview, the interviewees were asked to fill out a short synopsis including all relevant socio-demographic information (age, gender, occupation, income, housing situation, social network, religion, political orientation, etc.)

In-depth interviews focused on the individuals' lived care experiences, including care arrangements, the care network, the conciliation between work and care, the emotional and practical implications of care, the identity shifts involved in the care experiences, and the subjective evaluations of such experiences. Interviewees were encouraged to talk about their daily troubles and concerns, their thoughts, their feelings and, above all, their emotional experiences of care. Conceptually, the interview was based on a constructionist and interactionist perspective; it was constructed as a form of interpretive practice where both interviewee (seen as storyteller or narrator) and researcher, working together, articulate ongoing interpretive structures, resources, and orientations. Although the interview had a clear structure, its gradations were constantly co-constructed in a context where expertise and substantive contingencies were blended together and the sense of the interviewee's experience was assembled each time using the novel interpretive resources at hand. The questions were not constantly formulated anew, but they were adjusted

according to the most important emerging themes and the interviewees' ways of orienting them (Gubrium & Holstein, 1995).

Both the format of the interviews and the way they took place allowed for more than a simple in-depth account of the interviewees' experience of care. As a consequence, reading the transcripts and going through them over and over again became something more cogent than a mere interpretation: it was like watching movie scenes over and over again, including the recollection and the visualization of the overall atmosphere, the kind of interaction between researcher and interviewee, the environment, the smiles, the laughs, the enthusiasms, the disappointments, the angers, the joys, and, sometimes, the tears too. If all these aspects retain a particularly vivid and detailed set of images and memories for the researcher, the reader herself should be put in the position of being able to visualize most of these aspects with a similar intensity by reading verbatim excerpts of the transcriptions. The movie scenes will not be the same, since the reader can only imagine the interview situations, but the efficacy and strength of interviewees' direct accounts should not diminish. This difficult task can be facilitated when the interview format goes beyond a mere in-depth semi-structured interview, to include several creative tools. Some of them are exemplified below.

The Thermometer of Feelings

The use of the *thermometer of feelings* was valuable for at least two reasons: to stimulate rich discussions on the conflicting emotions revolving around care activities and to convey more information about topics that had not been previously raised or explored in depth. This exercise involved asking interviewees to scale their emotions related to their care responsibilities and activities. Interviewees were given a board with the drawing of a thermometer and twenty tags, representing twenty different emotional states, and then asked to locate the tags on a scale ranging from zero, for the lowest degree of the emotional state, to one hundred, for the highest. They were asked to arrange the twenty tags on the scale by thinking about their care activities and responsibilities. Ten tags corresponded to *positive emotional states* (ranging from happiness to gratification/fulfillment) while the other ten tags corresponded to *negative emotional states* (ranging from isolation/exclusion to depression).

The interviewees had total freedom in positioning their tags, using multiples of ten, five, or even less on the scale, and they could also change the position if they had a second thought. While they were locating the different tags, they were supposed to comment and explain the reasons for their choices. The thermometer of feelings allowed me to obtain extremely rich and high-quality information from the interviewees and to grasp important insights into their emotional dynamics. While there is no single "truth" for the interviewer to extract from the interviewees' accounts, the long conversations stimulated and supported by the use of the thermometer of feelings produced a greater and more nuanced understanding of such dynamics and made the interview experience more rewarding for both researcher and informant.

The Existential Ladder as a Dynamic, Holographic Picture of Past, Present, and Future

With the instrument I called the *existential ladder* I asked the interviewees to describe their present situation (in terms of personal development and growth, quality of life, overall satisfaction, achievements, affective life, creativity, gratification, status, salary, career, contributions to the wider society, etc.), and to detail the single steps of their past, present, and future social positioning. By showing them the drawing of the existential ladder (a simple set of steps going up, sketched by myself), I asked them to locate themselves on the ladder thinking about their present, past and future situation, and then to describe what each of those steps

represented for them. I then probed to understand if they thought there was a gap between their occupational and existential careers and/or if in the past there were alternative paths they had to renounce because of their care responsibilities. The relevance of this simple tool is related to the fact that it allowed interviewees to present a diachronic, tridimensional, *holographic picture* of their biographical paths and not only an immediate snapshot of their present situation; in other words, it produced important, fine-grained insights not only into the interviewees' personal, intellectual, and professional trajectories, but also into their internal dynamics and motivations. For example, one of the interviewees described her refusal (in the past) to conform to mainstream values and the necessity to remain distant from the canonical paths towards adulthood where gays and lesbians have traditionally been banned (i.e. family, marriage, and children)

I was really ambivalent about taking on the label of mother, you know....I was really pretty used to being a non-heterosexual and without children, I mean like non-stereotypical, like I liked that marginality (Frida).

And then the same respondent described parenthood as a globally/universally shared experience, making an interesting comparison between a “before”, when, as a childless woman, she was just considered a career woman, and an “after”, when, as a mother, she starts feeling part of the mainstream:

Yeah, and from a wider perspective I've been amazed at the degree to which having children is like this globally shared experience....when I didn't have kids I wasn't part of the conversation. But as soon as you start to have kids—on a bus, in a training program with an executive, it doesn't matter—you can relate to so many people, you know, from this shared experience, this universally shared experience of having kids. So that is interesting, so now I'm part of the mainstream. [Laugh]

Her parenthood opened new channels of communication, became an easy way to connect with people through the supposed universal language of child rearing and created a link with heterosexual parents, facilitating a dialogue between people who would probably never communicate otherwise.

Visual Ethnography: The Images of Care

Photo elicitation was another fundamental tool of the in-depth interview. Several studies on visual sociology describe the enormous value of this methodological device (Becker, 1995; Harper, 2002; Steiger 1995). Photo elicitation allowed me to access a deeper level of meaning and understanding. At the end of each interview, I showed the interviewees several photos/images of care situations (positive, neutral and negative, involving different kinds of caregivers and people cared for) and I asked them to choose those which best illustrated their *feelings* when thinking about their *lived* and *felt* experiences of care.

Respondents were invited to look at them all, first, then pick some of them and comment on the ones they selected, either because the images reminded them of something familiar, described some of the situations they had experienced while doing care, or were suggestive of something—a particular emotional state, a memory, an idea, a story, an anecdote and so forth. I asked them to create a narrative around these images, a story which might be possibly related to their own personal experiences of care. They selected and interpreted some of the photos, narrating their different care stories. Each photo of care became in their hands a *visual statement* and the respondents became *cultural specialists*, enabled to interpret their specific subjective meanings.

Through the means of photo elicitation the respondents often became more relaxed, spontaneous, and straightforward about the details of their everyday lives.

Showing the interviewees these visual prompts stimulated feedback more explicitly and perhaps more authentically corresponding to their subjectivities and experiential lives. At the end of the process, different information or dimensions of analysis emerged from the photos: the interviewees' subjective definitions of the care situations, the emotional states associated with the different care situations and the more objective elements present in the images that retained their own meanings, aside from the respondents' subjective interpretations. Through the photographs, the meanings of care became much more complex, and at times even contradictory. But the end result was a multi-layered, visual, deeper ethnographic understanding.

Quite often, it was the visual elicitation that revealed unexpected insights into both the "dark sides" (i.e. the emotionally draining aspects) and the 'bright sides' (or self-empowering aspects) of same-sex parenthood. Examples of the first experience included a male couple who described the painful ordeal before they managed to adopt their daughter, an ordeal which lasted nine years and cost them a great deal of emotional troubles, including clinical depression; or a gay father who had a problematic relationship with his ex-wife and felt to some extent discriminated against also by the community of gay/lesbian parents. Examples of the empowering aspects of care were unexpectedly more frequent. They included a single adoptive father who described his parental experience as a dynamic of inclusion in "the club" of dads; a male couple whose parental experience marked a reconciliation with the families of origin and their acceptance of the same-sex relationship; and several female and male interviewees who described the pedagogical side-effect of just being present, as same-sex parents, in people's everyday lives: in the school, down the street, at a bus stop, or in the park.

Computer-Assisted Data Analysis

The study made use of N-VIVO, one of several computer packages available for the analysis of qualitative data. N-VIVO software proved to be extremely valuable as it allowed for subtle coding of rich text records and facilitated the management of vast amounts of qualitative data, which, in my case, were mostly textual, but, in some instances, also visual and audio. The challenging side of N-VIVO is that the coding process and the data entry are extremely time-consuming. The emerging themes or "nodes" (i.e. the *conceptual containers* referring to a specific topic/area) were used as guidelines to illustrate both the interpretation of the results and the grounding of my hypotheses. The *nodding* process produced sometimes hundreds of pages, which then needed to be further filtered, selected and organized; but it also allowed me to get an immediate sense of the relevance of each node.

Some of the nodes (such as the interviewee's subjective definition of family, the balance between work/career and care, the meanings of care, the draining or energizing aspects of care, gains and losses, the existential ladder, the status of inclusion or exclusion, etc.) were directly addressed in the interview structure; some others (such as 'care as a choice', "the divide between parents and non-parents", "care as an *alibi*", 'happy to be out of the rat race', "non-asking/not relying on other people", "the productivity of care", "the global/universal experience of care", etc.) emerged instead spontaneously from the interviewees' answers.

These themes were transformed into a thematic guide of quotes on the issues gay and lesbian parents confront in their everyday lives. Sometimes a statement or a quote fitted into multiple nodes and some of the nodes were more intertwined than others. This made the analysis more complex, but it also allowed the construction of conceptual filters through which I could

recuperate fundamental building blocks and their associations that would otherwise be lost. It was mostly through this constant work of themes interweaving that the visualization of the emotional dynamics of inclusion/exclusion connected to care gradually emerged.

The computer-assisted qualitative analysis can never be exhaustive, also because the potentialities of N-VIVO are enormous. Nevertheless, the analytical process facilitated by N-VIVO produced considerably rich information also in terms of potential future developments and it was therefore undoubtedly worthy of being pursued.

The Diary

After the interview, the respondents were asked to keep a record of their daily care activities in a paperback booklet that spanned three weeks, using the method of *time sampling diary* (Brandstätter, 2001). Time sampling diary (TSD) is a research technique designed to access representative samples of people's subjective experiences, especially emotions and motivations, as they go about their daily activities (Brandstätter, 2001).

The diary focused on the interviewees' attention to their feelings in different moments of daily and weekly self-observations. It covered a 24 hour period for two days in three subsequent weeks. The interviewees had to describe the emotional states experienced in real situational contexts characterized by: type of care activity, time, place, other activities involved, perceived resources/constraints, and other persons present. The interviewees were free to add their own descriptive adjectives to the 36 that were listed in the guidelines.

The 36 adjectives listed in the diary's guidelines were grouped into 4 main categories of mood descriptors: active positive, passive positive, passive negative, and active negative, following the *Circumplex Model of Affect* (Russell, 1980; Russell & Carroll, 1999) according to which there are four main broad categories of emotions which are derived from the two basic dimensions of *valence* (positive or negative) and *activation* (arousal or relaxation). The response rate for the diaries was not sufficient to attribute them the same weight as the interviews in the analytical process. However, the richness and the quality of such material represented an invaluable source of information.

Ethnographic Work

Other methods were involved in the gathering of information on the emotional dynamics revolving around parental care, including ethnographic work, while living for an academic year (2006/2007) in a suburban area of Philadelphia characterized by a high density of same-sex families. During that period, I shared a house with a lesbian couple who had planned to get pregnant and I participated in several social events, informal gatherings, local happenings, baby showers, dinners, and festival occasions. One of the most interesting experiences occurred when I was invited by a couple of gay dads I had met and interviewed several months earlier to spend Easter Sunday in the countryside near Philadelphia. The male couple had a complex 4-way family arrangement with a lesbian couple living in Europe with the two (4-years and 2-months old) children. The childcare responsibility, in principle, was shared between the four biological parents, who managed to spend several months a year together, partly in the States and partly in Europe. The heterogeneous group of people present at the Easter lunch included the 2 biological mothers (visiting from Europe), three American families (all heterosexual and with children), one couple of mixed ethnic origin, a heterosexual couple of older people, one male couple without children, and several school-aged children.

What struck me most strongly was the interaction that occurred between the several children present. At a certain point, one of the youngest children started asking a series of questions about “who was who”—who the “actual” fathers and “mothers” of the 2-month old child were, how many dads or moms he had, and so forth. For all the adults who happened to be close-by the young child who was asking all these questions, there was a moment of hesitation, but then, even before that moment was over, one of the oldest children (an eight year old girl) who was present at the scene explained, in the most natural way, all the existing relationships between the four parents and their respective children, relieving us all from what, for a few instants, had seemed a rather thorny issue to deal with.

My ethnographic work on gay and lesbian parenthood included taking part in sport, recreational, and cultural activities at one of the largest LGBT community centers in the city of Philadelphia and the analysis of the messages that gay and lesbian families exchanged on the online common forums of LGBT parents associations. The range of messages was vast and multiform; sometimes they were dealing with health, medical, or legal issues related to the specificity of gay/lesbian parenthood, some others with issues related to common matters these parents faced in their everyday lives. The messages could be related to school matters, health problems, behavioral bewilderments, emotional troubles, legal advice, birth or baby shower announcements, informal meetings and many other social and private occurrences or requests of help and/or information. Quite often, beyond their practical and immediate function in giving information, these exchanges of electronic messages accomplished the function of upholding a sort of virtual Durkheimian *collective effervescence* among the members, corresponding to their search for status and belonging. Regular direct or e-mail conversations with some of the interviewees with whom I stayed in touch beyond the interview context and, in some cases, also after the end of the research, added an extra layer to my ethnographic understanding of gay and lesbian parenthood.

Interpretive Phenomenological Analysis

The data analysis was mostly guided by what Denzin (2001) calls *interpretive interactionism* and what some other scholars have called *interpretive phenomenological analysis* (Smith, 2004; Smith, Jarman, and Osborn, 1999). This qualitative approach involves trying to understand the life experiences of individuals, how they make sense of them, and what meanings are attributed to them (Smith, 2004). It is *phenomenological*, *interactionist*, and *interpretative* in that it uses the life-world as a source of evidence and views the analytical outcome as resulting from interactions between the interviewees’ accounts and the researcher’s frameworks of meaning.

The interpretive phenomenological analysis was chosen above other qualitative methods of inquiry because it provides a detailed description of the person “who cares” and a broader phenomenological approach to the issue of parental care. I wanted to get a better understanding of the nature of parental care by analyzing parents’ own narratives and grasping insights on how parental care is experienced from within. I considered this methodological approach the one best suited to an interpretive process aimed at rethinking the phenomenon of parental care in a broader perspective, which also included “not-so-usual” family contexts and relationships.

This approach was used to build a phenomenology of emotions revolving around parenthood through the thorough, fine-grained analysis of the information collected at the micro level. One of the first analytical steps of this approach involves repeated reading of the interview transcripts, resulting in annotations concerning key concepts, general themes and common patterns. Once this process has been repeated with each transcript several times, the resulting set of themes is connected with recurrent patterns across the transcripts to produce a final set of broader themes. In this way, the findings form a coherent narrative grounded on data, a map, a framework, or an

underlying structure of the phenomenon analyzed. In such an analytical context, the *social significance* of a relationship or a difference between groups becomes more relevant than the *statistical significance*, since statistically significant differences might be socially insignificant and socially significant differences might not be revealed by statistics (Epstein, 1997; James, 1997).

Emotional Labor and Positionality: Reflexive Accounts

The nature of the processes I explored is too complex for any preplanned script to fit all situations. The flexible structure of the in-depth interview enabled me to follow any topic that might have arisen, and stimulated the interviewee to share information that might not have been directly solicited. Mixing creatively multiple qualitative research tools was crucial to obtain reliable and readable insights into the emotionally lived experience of same-sex parents. My deep, ethnographic immersion in the phenomenon of gay and lesbian parenthood during my (over) two-year research added the rest.

Emotions observed and lived within and beyond the interview context are, themselves, important data, although difficult to convey (Hoffmann, 2007). As Hochschild maintains (1983), a researcher's emotional reactions are as important as other sensory data sources, such as visual or auditory reactions; and the interviewees' emotional dynamics during the interview are as real and important as any other product of the interview. This is true particularly for this work, as the focus on emotions was a crucial component of the entire research. The emotional labor I was engaged in during the interview process was far less demanding and more rewarding than my subsequent attempt to communicate it to the reader through my interpretative accounts. Given the highly emotional nature of my research topics, sudden emotional outbursts were not uncommon among the interviewees. Most of the times, however, the interviewees reported feeling comfortable during emotionally intense passages of our conversations, and they did not want me to interrupt the interview or turn the tape off even when they could not restrain their tears. There were also circumstances—several ones—in which contagious laughing prevailed.

A final note on *reflexivity*: that is, the awareness of the impossibility of remaining outside of one's subject matter while conducting research, and *positionality*, that is, situated knowledge. Situating oneself socially, epistemologically, and geographically is an important element of reflexivity (Doucet, 2008; Mauthner and Doucet, 2003) but also of credibility, because it puts the reader in the position of judging how the researcher's location and subjectivity might affect any aspect of the research or interpretative process. I have already clarified my epistemological stance. As it concerns my socio-biographical position, I started my study in 2005, as a European researcher/PhD candidate—with no children, but several experiences with other forms of family/informal care; with a cohabiting same-sex partner; and several years of research experience in different cultural contexts—who was conducting research in the United States for the first time. Although I had thought about this topic before, I had not developed a specific intellectual, political, and sociological stance toward gay and lesbian parenthood. As a sociologist, I thought that including gay and lesbian parents in a research on parental care would have been fundamental from a theoretical perspective, to fill a gap, but also epistemologically, to highlight the emotional dynamics of status inclusion/exclusion connected to parental care. As a gay man, I was interested, both intellectually and personally, in exploring a phenomenon for me still completely unknown, especially from a legal and institutional point of view. Although I myself had thought about parenthood for a long time, I was not particularly informed about gay and lesbian parents' civil rights in Western societies at that time.

Given these premises, I cannot exclude the influence of those unintentional factors that are not easily visible to the researcher. No matter how aware and reflexive we are there are influences that are likely to be inaccessible to the author himself, or that require time, distance, and detachment from the research to be better identified and articulated. Nevertheless, if being aware of possible interferences does not eliminate them as problems, by disclosing my potential biases I can put the reader in a better position to weigh the credibility of the research accounts. In this respect, Mauthner and Doucet (2003) suggest that the researcher's attention to the epistemological accountability is far more important than a mere literal account of the multiple filters and forces potentially affecting our research. Furthermore, an excessive emphasis on *techniques* of data collection and analysis is probably misplaced in qualitative studies precisely because the potential contribution of such studies lies in acts of interpretation, convincing reconceptualization of a phenomenon, and dialogue within and across fields and disciplines.

Conclusion

Societal constraints placed on gay and lesbian people are still numerous and often invisible even to those who, although not blatantly homophobic, unwittingly tend to reproduce them. In the collective imagery, parental care is primarily designed, built, and intended for nuclear families, reinforcing a cultural norm of "family life" as synonymous to heterosexuality. If it is true that parenthood can be lived by *everybody* as an experience of both status inclusion and exclusion, independent of people's gender, marital status or sexual orientation, yet gay and lesbian parents can experience parental care as a site of status exclusion in a more prescriptive and rigid way than their heterosexual counterparts. The potential dynamics of exclusion involved in gay and lesbian parental care is related to heteronormativity (Ingraham, 2005) and to the perceived normativity of the nuclear family. Gays and lesbians claiming their "right to be families" still meet scrutiny, criticism, and even rejection (Nelson, 2007).

Interestingly, the gay and lesbian parents I met described themselves as feeling more frequently excluded from their own networks of gay/lesbian "friends without children" than from their networks of "heterosexual parents". The new identity of "parent" seems to be stronger than and somehow prevail over the definition of themselves as a "gay" or a "lesbian" person. Once gay and lesbian parents have taken the label of parent on, many of them told me they stopped thinking of themselves as gays/lesbians or gay/lesbian parents, and started defining themselves just as parents, with no labels. This aspect, which is consistent with recent research on same-sex parenthood (Berkowitz, 2008; Clarke, 2002, 2007; Mallon, 2004; Nelson, 2007; Weston, 1991), is certainly one of the most interesting findings emerging from the research here presented. Along the ideal-typical continuum of status inclusion and exclusion that determines inequality, the perceived divide between the categories of parents and "non-parents" seems by and large to dissolve, for most subjects, the divide between the categories of same-sex parents and heterosexual parents.

Gays and lesbians who become parents seem to displace the "obsessive" collective concern with their sexuality and acquire new, unexplored social visibilities. If as homosexuals and lesbians they are mostly defined by their sexuality, as parents they manage to break the social marker that confines them into an abstract category of "people", and claim their right to be considered as any other person whose sexuality is not an issue at stake. If it is true, as Butler (1990, 2004) suggested, that heterosexuality is a highly unstable system, always in the act of performing itself and excluding homosexuality for its very survival and for fear of being undermined, one could say that gay/lesbian parenthood is a way to "normalize" homosexuality without threatening heterosexuality. By ruling out sexuality as the exclusive site around which to organize politics, and including something that is lived by most people as less threatening and more easily locatable

within a sense of moral order, gays and lesbians choosing parenthood face simultaneously two opposite issues: they challenge the radical anti-assimilationist politics of certain LGBT populations, on the one hand, and confront the reactions against homosexuality based on the argument of the risk of human extinction, on the other. Shifting the focus from sexuality to parenthood and transforming this latter in a political interest-constituency can have powerful, beneficial effects for gay/lesbian communities at large.

The stories of these parents are relevant not only to their individual lives but also to the general processes of social change concerning family and parenthood, a social change that is becoming all the more evident in Western societies. These stories are also relevant to the progress in the battles for the recognition of civil rights of the larger LGBT communities. Thanks to the extension of the possible definitions of family and parenthood, to the challenge of stereotypical gender roles, to the battle against sexism and heterosexism, and to their involvement in adoption and foster care, gay and lesbian parents provide a service to the LGBT civil rights as well as to the society at large. This is why it is important to *include* (rather than *compare*) different kinds of caregivers in the research on care.

The research presented in this paper is an example of a qualitative, inclusive approach to studying the *emotionally felt* and *lived* experience of same-sex parents. The interpretive phenomenological analysis illustrated here is a complex, time-consuming, and labor-intensive process. It requires the researcher to acknowledge the complexities and ambiguities of the interviewees' narratives as well as to come to terms with the necessity of presenting their accounts in a form that is clear and exhaustive. Since we do not rely upon statistical tests to verify whether a pattern or a relationship between variables is significant, we have to carefully considered judgments about what themes, patterns, and categories represent truly relevant information to analyze these narratives. The insights we manage to get on any phenomenon, should be viewed within context and their limitations acknowledged and where possible articulated. Producing readable linear narratives out of complex social realities is one of the problems shared by all qualitative researches. In the end, all qualitative works contain "some mix of careful planning, serendipity, blunder, and idiosyncratic predilections" (Leidner, 1993, p. 233).

As a consequence, we must be aware that what we might discover is shaped by us, that it is not the only truth that could be gathered from the interviewees, and that the research methods require an ongoing reflexive attention, the end products of which are not flawless. But equally, we should engage ourselves in designing approaches where what we construct cannot be seen as arbitrary, or as the only story of interviewees involved in the research, but rather as a *valid start* to question more conventional interpretations, and expand our present understanding of a phenomenon. In-depth semi-structured interviews can be a suitable and reliable starting point to yield rich, extensive, and high-quality information. These kinds of interviews can produce insights into areas we would never consider inquiring otherwise. But a thorough ethnographic immersion in the phenomenon studied and the integration of such insights with other qualitative tools, like the ones illustrated in this paper, should add the rest.

Scholars need to conduct research that can be grounded directly in the embodied, lived experiences of people and that speaks their language; which is inclusive of emotional, cognitive, and social aspects. We need to open the doors to people's knowledge at the micro level, by listening to their voices and trying to interpret their subjective constructions of the meanings of the phenomena we study. The credibility of our findings can thus be solidly grounded both in the interviewees' local, situated, and contextual experiences of the phenomena we study and in the multiple methods and creative tools we use to grasp them.

No matter what the level of persuasiveness or credibility the readers attach to our work, these kinds of qualitative, inclusive approaches can unquestionably help us to experience what Denzin calls “dialogic relationships with the [moral] community” (2001, p. 43) we all belong to, as social researchers. What we can learn from these approaches goes far beyond the research context itself and allows us to experience what a phenomenon might truly involve if freed from its cultural scripts and lived in the entirety of its moral and political implications: in a sort of ideal *democracy of feelings* in which individuals possess equal emotional rights and responsibilities.

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