

Neither ‘Less’ nor ‘Free’ : A long-term view of couples’ experiences and construction of involuntary childlessness

Submitted by
Christine Moulet

Diplôme Institut des Sciences Politiques, Paris, (IEP, France), 1980
Diplôme Institut D’étude des Relations Internationales, Paris (ILERI, France), 1981
Graduate Diploma of Counselling, School of Applied Psychology, Sydney, 2000
Partial completion of Diploma of Adult Psychotherapy ANZAP, Canberra, 2003

A thesis submitted in total fulfillment of the requirements of the degree of
Doctor in Philosophy

School of Social Work
Faculty of Arts and Sciences

Australian Catholic University
Research Services
Locked Bag 4115,
Fitzroy, Victoria 3065
Australia

November 2005

STATEMENT

The work presented in this thesis is to the best of my knowledge and belief, original, except as acknowledged in the text. It contains no material published elsewhere or extracted in whole or in part from a thesis by which I have qualified for or been awarded another degree or diploma.

No other person's work has been used without due acknowledgment in the main text of the thesis.

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All research procedures reported in this thesis received the approval of the relevant Ethics/safety Committees.

Signature :

Christine Moulet

ABSTRACT

Childlessness, whether voluntary, involuntary or circumstantial, is becoming more common in our society. Statistically, greater numbers of Australian women and their Western counterparts will not bear children, thereby creating a larger quantum of couple families. The unwelcome socio-economic consequences have prompted research into reproductive intentions and behaviour to address barriers to reproduction. Studying those who are childless by 'choice' or 'infertile' provides important 'reference points' but also creates a myopic view of the childless that often overlooks circumstantial factors or ignores the fluctuating nature of fertility intentions.

Moreover, the medical discourse on infertility has conditioned our thinking and focused research on the psycho-social effects and impacts of assisted reproduction treatment and its failure. This has blurred and obscured the distinction between infertility and involuntary childlessness. Too often these are viewed through the same prism of grief and bereavement as a temporary but pervasive 'crisis' and as impediments to adult development in the long term. The thesis provides new insights that challenge our conventional ways of thinking particularly its findings that although infertility and childlessness are related, they are separate phenomena.

This has wide-ranging implications, especially for reformulating related clinical practice and counselling. There are several important considerations. One is the finding that the grief and bereavement model has its limitations beyond the infertility stage. Another is the theoretical reconstruction that the thesis provides of the grief that the involuntary childless experience. Finally, it makes a strong case for a more appropriate alternative which the thesis argues should be based on a growth-oriented model. The time point at which the information for this study was collected has rarely ever been used before. This adds significant weight to the findings and applications that potentially derive from them.

The thesis also examines gender issues including the complexities in differential experiences, amongst and across gender categories. It builds on the existing body of knowledge on the gendered experience of involuntary childlessness and offers additional explanations for the variations found, around which clinical interventions should be framed.

Overall, this study makes an important contribution to our knowledge and understanding by documenting the transitional process to involuntary childlessness in broader terms than has hitherto been the case. Contrary to conventional thinking related to adult development, the findings underscore the importance of viewing involuntary childlessness as an alternative developmental pathway.

ACKNOWLEDGMENTS

There are many people who have contributed, directly and indirectly, to this work and I would like to express my gratitude and appreciation to each and every one of them for their inspiration and unyielding encouragement and support.

My professional encounter with many clients who I have accompanied on their journey through infertility has given me a deeper understanding of the subject and also helped to make more sense of my own experience with involuntary childlessness. Moreover, the example of their courage and perseverance gave me the strength I needed to persist in striving (sometimes struggling) to complete this enormous and daunting project.

I cannot begin to tell those who participated in my research how deeply privileged and appreciative I feel for the trust and confidence they placed in me and for sharing the intimate details of their thoughts and experiences which should serve to inspire us all. You are very special people, indeed.

I would like to thank the Australian Catholic University for giving me the opportunity to undertake this project; and my colleagues and friends at the School of Social Work, as well as to all the staff, particularly the Library Services team, who assisted me with such kindness, good will and professionalism, and to Lorraine as well. I owe a great deal to my two supervisors, Dr Peter Camilleri and Dr Morag McArthur, whose friendship and readiness to provide advice, guidance and support as well as their unshakeable faith in me and the value of this project, were a constant source of encouragement and inspiration during the challenging and often gruelling gestation process.

I am very lucky to have had the support of my friends, both in Australia and in Rome (too many to name individually but they know who they are) who have stood by me through years of sometimes tortured intellectual ruminations over this complex topic even though, in most cases, it had little or no relevance to their lives. Thank you all for always being there and for the selflessness and understanding that come with special friendships. I am particularly grateful to my 'good-advice-givers' and friends, Joanna and Jacquie, whose help was so precious in my last sprint to the finish line.

Thank you, too, to my special colleagues and 'companions in hardship' from my 'thesis support group' in Canberra for all that they have done in helping me stay focused and letting me vent my pent up stress, emotions and frustrations, from time to time, during this creative endeavour.

I would also like to thank the gorgeous human being with whom I have shared my life and this journey, my husband Ted, for his dogged interest, encouragement, support and practical help through years of all-consuming research.

Thank you all from the bottom of my heart because I would not have been able to get through this without you.

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DEFINITION OF TERMS

‘Transition,’ ‘adjustment’ and ‘adaptation’ are used generically, and interchangeably, in this work to describe processes involved with moving out of infertility to childlessness. However, none captures, precisely, each and every circumstance of participants in the sample group particularly the observed variability and fluctuations.

The Oxford Dictionary defines ‘**transition**’ as a transforming event or ‘passage,’ whereas, in effect, involuntary childlessness is a ‘non-event’ that can involve life-changing processes (self conceptualisation), but not necessarily in all cases. Rather, it should be seen as a non-transition (anticipated transition has not occurred). Schlossberg’s (1981; 1984) concept applies to any event or non-event that ‘results in changed relationships, routines, assumptions and roles’, and transition theories explain adaptation to life events and newly encountered situations. It can involve situational and personal learning and unlearning as well as cognitive and behavioural ‘restructuring’ as some involuntarily childless experience in reaching acceptance and adapting to their ‘reconstructed reality.’ According to Schlossberg (1984), individuals perceive whether a transition occurs but in this study not all do and, instead, they express a sense of ‘accepting’ ‘letting-go’ or ‘coming to terms’ with childlessness.

‘**Adaptation**’ is defined by the Oxford Dictionary as an active process in response to change whereas in psychological terms it is a gradual assimilation of changes (integration) into the individual’s self image and self-concept in interaction with the social environment (Livneh & Antonak, 1997). While the disability and coping literature uses these terms indiscriminately (and interchangeably), for some participants there is no perception of active adjustment. Many recognise their struggle, change, growth and adjustment, but others just ‘go along,’ not experiencing actual changes. Generically, adaptation seems appropriate, yet there is no real means to measure it, psychologically.

The qualitative expression ‘**adjustment**’ denotes, in psychological terms, affective internalisation and socio-behavioural reintegration. It is the ability to minimise actual or perceived losses, retain the value of existing abilities and qualifies the evolving dynamic, unfolding processes through which individuals gradually approach the optimal state of person environment congruence (Livneh & Antonak, 1997). In the case of involuntary childlessness, adjustment can be taken to mean the way in which individuals acknowledge and process information about their situation and social status and accommodate the impact or consequences of childlessness in their lives.

Interestingly, participants express themselves in terms of ‘letting go,’ ‘coping,’ ‘accepting,’ ‘coming to terms with it,’ ‘getting over it’ and ‘moving on,’ depending on the effort involved in accommodating their childlessness. Some refer to it as an ‘on-going process,’ ‘recovery’ and ‘rehabilitation,’ according to the extent and complexity of their experience and how much ‘emotional’ and ‘identity’ work they perceive is done, while for others it is ‘non-event’ or ‘just getting on with life.’ Therefore, though ‘transition’ is appropriate to describe the developmental dimension of childlessness, ‘adaptation’ or ‘adapting’ and ‘adjustment’ are used interchangeably in discussing experiential processes, whether individuals perceive childlessness in terms of change, or not.

CHAPTER 1

The researcher and the research question

Introduction

Just as the ‘baby boom’ was one of the defining demographic events of the 20th century, today’s new ‘childless’ phenomenon has potentially significant economic and social implications in the years ahead. The heightened concerns amongst public policy makers about declining birth rates has intensified research into ‘modernity’ factors that may impede women’s childbearing intentions and behaviour (Cain, 2001; Cannold, 2000; Orenstein, 2000; Weston, Qu, Parker, & Alexander, 2004; Wheeler, 2005; Wood, 2000). There are even debates over the family’s place in our society and whether we need to rethink our definitions and concepts (Edgar, 1993; Lonsdale, 2003).

Yet unlike the post-war imperatives behind the ‘baby boom,’ the circumstances influencing today’s reproductive trends are not nearly as well defined or understood. The two most commonly studied factors in childlessness are ‘choice,’ including possible barriers to reproduction, and ‘infertility’¹ for which medical science has increasingly sophisticated technical solutions. The incidence of delayed childbearing is also viewed as a contributing factor that needs to be redressed.

But whether childlessness is a case of choice or biological impairment, it is culturally constructed as ‘abnormal,’ even ‘deviant,’ and imposes a moral and/or social ‘blemish’ as well as stigma, particularly on women (Letherby, 2002a; Veevers, 1973; 1980). Yet the research is not sufficiently nuanced for us to be able to determine and understand the many variations of ‘involuntary’ or ‘circumstantial’ childlessness in which a real ‘choice’ is illusory. Quite often factors such as the absence of a viable partner and the unavailability, lack of appropriateness or perceived ‘high costs’ (both economic and otherwise) of medically assisted reproduction are obscured in a debate that remains centred around ‘voluntary childlessness’ and ‘infertility.’

¹ The term infertility is used widely in sociological and medical literature to connote the failure of a women to achieve pregnancy or carry a child to term, or of a man to cause pregnancy (Monach, 1993). It is estimated that between 8% and 20% of couples experience infertility described in medical terms as the inability to conceive during one year of sexual intercourse without contraception (Keye, 1999; Kraft et al., 1980).

This study is set against a broader social and political backdrop and examines the phenomenon from the little understood and under-researched perspective of ‘involuntary childlessness.’ It focuses strategically on outcomes that could enhance our knowledge and understanding of some of the core issues involved in this experience and especially the complex process by which an increasing number of childless couples will come to adjust to this unwelcome status. The transition which Matthews and Matthews refer to as ‘a transition from expectation of parenthood to the unwanted status of non-parents’ (1986b) is at the core of this enquiry. Importantly, too, the study establishes a broad framework to guide the action of social workers and related health care professionals who, considering the current trends, are increasingly likely to be called upon to guide and assist the involuntarily childless through this significant disruption to their biographical and life courses.

In this first chapter, I situate the study within the broader framework of current social issues and trends relevant to the topic and outline the research question in the context of our cultural constructs of parenthood. I also explain the rationale for this study including my own professional and personal motives.

The research in context

Social trends, family and fertility

Although the view of classical social theorists like Parsons (1959) and Spencer (1969) about the family being society’s basic institution remains valid, many changes have occurred that prompt us to review our traditional concept of the ‘nuclear family’ (Gittins, 1985; Parsons, 1959). While the family is still generally defined in terms of social reproduction or as the range of activities that ‘maintain existing life’ and... ‘reproduce the next generation’ (Laslett & Brenner, 1989), it is under pressure from many quarters. Late, fluctuating and or fewer marriages, the availability of contraceptives, divorce, children born out of wedlock, generally low birth rates, as well as the arrival of an age of working mothers, delayed parenthood and voluntary childlessness have all contributed to considerable modifications in the nature of the ‘household’ unit both in terms of its size and composition (ABS, 2002a, 2002b; Merlo & Rowland, 2000; Qu, Weston, & Kilmartin, 2000). In Australia, the nuclear family remains the prototypical model, both conceptually and experientially dominant. However it is steadily declining and has fallen by over 7% in the last decade (ABS, 2002b), so that it now co-exists with various other ‘forms’ of non-married, single parent, blended, same sex and a growing number of childless or ‘couple’ families (ABS, 2002a, 2002b; Healey, 2002).

Furthermore, the overall fertility rate in Australia has been halved in the last 40 years (De Vaus, 2002) and, based on the current trends, it is estimated that more than one in four Australian women will remain childless by the end of their reproductive life (ABS, 1999; AIHW, 2001b; Merlo & Rowland, 2000; Proctor & Ingwersen, 2001). Similar rates (around 20% to 22%) are expected in the United States and the United Kingdom (Heaton & Jacobsen, 1999; McAllister & Clarke, 1998; Sleebos, 2003). The Australian Bureau of Statistics also projects that the proportion of couples without children will grow the most, accounting for nearly half of families by 2016 and, possibly, surpassing the number of couples with children as the normal family type by 2021 (ABS 2002b).

These substantial changes in family structures are, as suggested by Kinnear (2002), viewed differently by opposing ‘camps.’ For some, it is a ‘breakdown’ associated with the decline of moral values whilst ‘progressists’ regard the ‘family’ as a naturally evolving entity that both transforms, and is transformed by, wider social changes. Yet, whether we place ourselves in one ‘camp’ or the other, the new diversity of family forms cannot simply be ignored and dismissed nor can we blithely accept the bipolar and negative construction of childlessness based on restrictive abstractions of ‘normalcy.’

Researchers have only recently developed a heightened interest in childlessness, due in part to the emerging demographic patterns and trends. In the process, it has broken through the traditional taboos and endemic cultural secrecy surrounding childlessness and research has generally taken two distinct directions. The first is the ‘profiling’ of the voluntarily childless, understanding their motivations and the way in which they manage their stigmatised status (for instance Campbell, 1985; Marshall, 1993; McAllister & Clarke, 1998; Park, 2002; Veevers, 1980). However, whereas childlessness was once associated, socio-demographically, with the better educated, career oriented, middle class (Cameron, 1990; Rovi, 1994), it is becoming more widespread across different educational and labour force status groups (A.B.S., 1999; McDonald, 1998). The second line of research documents childlessness from the perspective of infertility amongst those undergoing assisted reproduction and IVF or, sometimes, where treatment has failed (see next chapter for a comprehensive review).

Notwithstanding the steadily accruing research and analysis, there are still major gaps in our knowledge and understanding of childlessness. From a purely demographic point of view, infertility only represents 7% of childlessness (ABS, 2002a; Cannold, 2000; De Vaus, 2002) but it is has become increasingly obvious that the line between ‘voluntary’ and ‘involuntary’ childlessness is often ‘blurred,’ considering that intentions are likely to fluctuate and are

subject to lengthy rationalisation (Campbell, 1985; Heaton & Jacobsen, 1999; Letherby, 2002b; McAllister & Clarke, 1998; Merlo & Rowland, 2000; Park, 2002; Rowland, 1998). What has also come to light is that in our materialistic society children come at a 'cost' and, moreover, in informing decisions, the economic as well as other psychosocial costs, particularly in terms of 'sacrifice,' are carefully pondered (Cannold, 2000; Mitchell & Gray, 2004; Weston et al., 2004). Also becoming more evident is the fact that a high proportion of working women particularly in public and private sector management, both in Australia and the United States, find themselves neither totally voluntarily nor totally involuntarily but rather 'circumstantially' childless. This is because they are unable to find the right partner or reconcile the demands of motherhood with career aspirations in the current work culture (Cannold, 2000; Wheeler, 2005; Wood, 2000) or because the effectiveness of the assisted reproductive technologies they may be able to turn to decreases considerably with age (Damario, Davis, & Rosenwaks, 1999; Hewlett, 2002; Jansen, 2003).

The incidence of infertility problems has also come to the forefront. But whilst it is generally estimated that one in six couples experience infertility at one point or another in their reproductive lives (Forrest & Gilbert, 1992; Menning, 1988; Wirtberg, 1999), it is difficult to establish, with any degree of certainty, whether the incidence of infertility is actually increasing or whether it has simply become more visible with the 'medicalisation' of reproductive health. Some researchers suggest that infertility is more prevalent due to factors such as exposure to chemicals, the effects of contraceptives, increased venereal diseases (Adair & Rogan, 1998; Roach Anleu, 1993; Leiblum, 1997b; Menning, 1988; Stanway, 1986) but others contend that infertility rates have remained surprisingly stable (Burns & Covington, 1999).

However, the very substantial increase in demand for fertility services is indisputable. Indicative of this trend are Australian figures showing the growth in the number of in vitro fertilisation units from 23 to 38 over a period spanning six years between 1993 and 1999 (AIHW, 2001a; Hurst & Lancaster, 2001; Proctor & Ingwersen, 2001). In the same period, the number of 'treatment cycles' for infertility increased by 63% (Hurst & Lancaster, 2001) and the 30,119 cycles treated in Australia and New Zealand in 2002 represent a two-fold increase on the 1993 figures (AIHW, 2004).

Realistically, though, the success rates of assisted reproductive technologies remain low, between 15% and 24% depending on infertility factors, age and the type of treatment (AIHW, 2004), and the odds in favour of successful assisted procreation are, at best, fifty-

fifty. Despite the promises of an increasingly available array of medical interventions the prospect is, for an average 50% of patients who do go down the medical route, that their dream of a biologically related child will not eventuate (Abbey, Andrews, & Halman, 1992; Bergart, 1997; Eunpu, 1995; Menning, 1988). The high costs of medical intervention (both economic and psychosocial) as well as its dangers, which have been highlighted in recent years (Becker & Nachtigall, 1994; Eunpu, 1995; Glazer, 1990; Klein, 1989; Lasker & Borg, 1989), are also likely to be dissuasive for many.

Childlessness and infertility in a pro-natalist culture

Childlessness, and in particular its infertility facet, has greater visibility than ever before. The increased level of public consciousness about infertility is, as Letherby and Williams (1999) point out, due largely to the scientific, ethical and medical debate that surround it. The media, too, has contributed in recent years to raising people's awareness about both voluntary and involuntary childlessness. Awareness does not, however, automatically generate greater understanding and it seems that our perceptions of the childless remain essentially polarised. Some consider that contemporary childlessness is, typically, regarded as being mostly voluntary (Qu et al., 2000) whilst others such as McAllister and Clarke, for example, argue that the public face of childlessness is that of involuntarily childlessness (1998). Irrespective of this dichotomy it appears, as Polit (1978) and Tyler (1995) suggest, that the focus on the observation of a 'minority,' in the margins of the mainstream, has also become a mechanism by which normative structures are reinforced, in this case the parenting role and traditional family composition.

Notwithstanding the childless phenomenon, and the underlying social shifts described earlier, the family (that includes children), remains the corner stone of our culture and institutions and the only recognised and acceptable 'family pattern.' Even if allowance for 'smaller' size seems to have been made, today's ideal concept of a 'nuclear family,' comprising two parents and two children, is still perceived very positively as 'normative' and a widely assumed common life trajectory (Gilding, 2000; Gonzalez, 2000; Weston et al., 2004). Even though considerable variations in family structure are being observed, these changes do not seem to have translated into greater tolerance for members of different family norms (Ganong, Coleman, & Mapes, 1990), particularly for the childless.

In spite of our new demographical reality, we continue to live in a pro-natalist society where fertility and biological reproduction remain central, particularly to women's lives (Gillespie,

2000; Russo, 1976). Not only is procreation within marriage continuously prescribed through most religions (Greil, 1991a; Veevers, 1973) but parenthood is also regarded as an integral part of adult development (Colarusso & Nemiroff, 1981; Galinsky, 1987; Gutmann, 1975; Mazor, 1979)². Moreover, it is also the only pathway represented in developmental adult life cycle theories. Our culture through the media, politics, religion and education, strongly promotes traditional family values and emphasises the importance of the parenting role. As some authors have noted, there may be a lessening of pressure in political discourse but our culture continues to exert pressure on people to have children (Becker & Nachtigall, 1994; Gillespie, 2000; Lisle, 1996). Inevitably, in this cultural context, the childless are viewed negatively.

As the terminology clearly suggests, childlessness is constructed around the notion of 'less,' and articulated around a sense of 'lacking' and absence. It is defined in opposition to cultural constructions which perpetuate and promote parenthood as 'normative.'

It is not possible, therefore, to examine childlessness without consideration of its 'opposite,' that is, parenthood. In the following section, I examine the cultural constructions of parenthood which inform and frame our concepts of childlessness.

Constructions of parenthood and the value of children

Both individually and societally, our desire for parenthood remains strong. It would seem that most men and women aspire to become parents at some point in their lives and that for a large majority of people the achievement of parenthood continues to be seen as a major life goal (Daniluk, 1988; Ireland, 1993; Weston et al., 2004).

Positive dispositions towards parenthood in Australia are evidenced by Evans and Kelley's survey (1999) which shows that a minute proportion of the population (1%) views childlessness as an ideal lifestyle, and very few (7%) consider that, if given the choice again, they would not have children.

² The social meaning of parenthood is generally equated with responsibility and maturity and it is thus regarded as a milestone to 'adulthood' (Veevers 1973; Bardwick 1979). From psychological and developmental perspectives, parenthood also remains the cornerstone of most theories on adulthood. It is considered essential to achieve psychosexual development (Freud, 1938); to complete the tasks of narcissistic development and individuation/separation from the family of origin by providing an opportunity to re-work biographical issues and self-concept and address existential aspects of life, such as meaning and death anxiety (Anthony & Benedek, 1987; Galinsky, 1987; Colarusso & Nemiroff, 1981; Kohut & Wolf, 1978). It is also regarded as a vehicle to self-actualisation (Maslow, 1954), and as a means to resolve fundamental developmental 'crisis,' 'intimacy versus isolation'; and more importantly, 'generativity versus stagnation' (Erikson, 1950; 1959). Yet, if the conceptualisation of individual life-span development remains closely correlated and tied in with normative family events and transitions (Carter & Mc Goldrick, 1989; Duvall, 1971; Hill 1970), it is interesting to note that there has been considerably more emphasis in research on the development of children than on the specific developmental pathway of adults through parenting. Furthermore, an important proportion of the population who do not attain this consecrated 'status passage' are excluded from observation (Nock, 1979; Rowland, 1982).

Parenthood is regarded as both important and meaningful, and a form of personal growth (Woollett & Nicholson, 1998). It is generally perceived as a positive and desirable status, even essential, for women (Callan, 1987; Campbell, 1985; Oakley, 1980; Park, 2002; Phoenix, Woollett, & Lloyd, 1991; Ussher, 1989) and as a condition of well-being (Oakley, 1980; Park, 2002). It would still seem to be the case, as Veevers (1973) found, that the meaning of parenthood is coded, on the socio-cultural level, in terms of morality and responsibility; at the interpersonal level as a measure of a successful marriage and normal sexuality; and as a demonstration of maturity and normalcy.

The cultural construction of parenthood supports the view that having children is 'natural' and a normal course for married couples (Richards, 1990); something desirable, right and usual, if not 'necessary,' for the couple's viability (Marshall, 1993; Richards, 1990; Ulbrich, Coyle, & Llabre, 1990; Ulrich & Weatherall, 2000).

Having a family and biological off spring are viewed as part of a normal pre-defined life course for individuals (Exley & Letherby, 2001). Fertility is generally taken for granted and there is both an expectation and sense of entitlement associated with reproduction as well as the anticipation that the choice will be available (Becker, 1994; Clark, Henry, & Taylor, 1991; Daniels, 1993; Exley & Letherby, 2001; Matthews & Matthews, 1986b; Sandelowski, Holditch-Davis, & Harris, 1990). The desire for genetic offspring expresses itself in terms of individualism and personal rights (Strickler, 1992). In addition to this expectation by individuals or couples, is the expectation of the society of which they are a part (Daniels, 1993). People are expected to reproduce for the survival of the nation and as a contribution to society and its economy (Tyler, 1995), even though today's emerging 'non-parent' movements are beginning to challenge this concept on the basis of equity.

Furthermore, the triumph of what Giddens describes as 'affective individualism' in our modern society, means the family is seen, increasingly, as the main source of emotional satisfaction and happiness (1982) with growing emphasis placed on biological parenting, genetic ties and kinship (Greil, 1991a; Tyler, 1995). Tyler, for instance, observes that the pursuit of happiness is now almost exclusively exercised in the realm of private life where family holds "all the 'promises,'" and she argues that this belief may well be placing an "overwhelming burden and expectation" on procreative behaviour (Tyler, 1995 p. 258).

If the value attached to children has changed over time (and they are no longer considered to be assets but rather an economic 'liability' for some), they continue to be seen as 'valuable'

and occupy a pivotal place in our society (Becker, 1994). They hold ‘emotional value’ (Burns & Covington, 1999; Callan & Hennessey, 1982; Hird & Abshoff, 2000; Langdrige, Connolly, & Sheeran, 2000; van Balen & Trimbos-Kemper, 1995; Zelizer, 1994) and are expected to fulfil various social-psychological needs (Callan, 1987; Weston et al., 2004). In that sense, there are many perceived benefits that derive from parenthood which include the provision of support and wellbeing in old age (AIHW, 2001b).

More specifically, studies on the value of having children point to a range of symbolic as well as concrete values including affective and relationship values, enjoyment and fun, expansion of self, validation of adult status and identity, achievement and creativity and contribution to personal development (Callan & Hennessey, 1982; Cameron, 1990; Woollett, 1991). Lois Hoffman’s research adds that having children confers on parents a sense of immortality and helps them to satisfy a fundamental human need for meaning and purpose that transcends death (Hoffman, 1979; Hoffman & Hoffman, 1973). Other socially, child-related benefits such as the potential to expand and strengthen social ties have also recently been emphasised (Schoen, Kim, Nathanson, Fields, & Astone, 1997).

Overall, parenthood is strongly equated, in our culture, to normalcy and happiness, and this is particularly evident in our popular childcare literature which, as Marshall observes, is filled with accounts of ‘happy families’ that reinforce these notions (1993).

It is noteworthy, however, that the values of parenthood are culturally articulated around a gendered prism. If parenthood is viewed as a necessary universal criterion for personal fulfilment, social acceptance, achievement of adult status, sexual identity and psychological adjustment (Daniluk, 1988), there are, as Woollett and Nicholson (1998) argue, significant differences in emphasis in the way the essentialness of parenting is regarded and the benefits constructed for each sex. This distinction is important because it affects the way we regard biographically disruptive childlessness, and determines how it is experienced by the childless as well. For instance, whereas motherhood is constructed as being essential to the life and fulfilment of women’s lives, it is notionally seen as ‘optional’ for men and, overall, we know very little about the perceived value of fatherhood. I will briefly review these two constructs before I consider their implications for our perceptions of childlessness.

The ideology and construction of motherhood

Motherhood is essentially perceived as a ‘natural’ and ‘essential’ role for women (Abbey, Andrews, & Halman, 1991b; Roach Anleu, 1993; Hird & Abshoff, 2000; Phoenix et al., 1991;

Wearing, 1984; Woollett & Nicholson, 1998), and central to the construction of femininity and womanhood (Gillespie, 2000; Ireland, 1993; Russo, 1976; Tyler, 1995). It is promoted as the imperative and mandatory outcome of a 'natural' biological instinct and function (Ulrich & Weatherall, 2000; Woollett & Nicholson, 1998). It is socially valued and, in the psychology and psychoanalytical literature, regarded as an essential stage of ego development and the ultimate proof of adulthood (Phoenix et al., 1991; Ussher, 1989).

Betsy Wearing (1984) who formulates the main tenets of the 'ideology of motherhood,' contends that in our society motherhood and womanhood are intermeshed, with the mothering role defining both normalcy and adulthood. Her study of suburban mothers reveals that this 'ideology' is based on abstract and analytical constructs of ideal types of women and mothers. In women's minds being a mother constitutes, for the great majority, a life purpose and whilst raising children is experienced as 'hard work,' it is also extremely rewarding. The 'romanticisation' of motherhood and the dissonances experienced between the idealised construction and the reality of the experience, in terms of commitment and sacrifice, are themes often highlighted in feminist literature (Marshall, 1993; Sheppard, 2000; Wearing, 1984). Nevertheless, it would seem that the perceived rewards including the social consecration of this 'role' outweigh the hardships, as parenthood is still the most common intention associated with the promise of love, joy and companionship (Phoenix et al., 1991). Furthermore, it would appear that this ideology which has been strongly criticised as a foundation of a patriarchy that aims to 'restrict' women to a mothering role (for instance Oakley, 1980) is not only perpetrated by men but by women themselves as well. Phoenix et al (1991) in particular, who note the symbolic importance of motherhood in terms of status and identity observe that women's writings (as mothers) strongly convey the belief that motherhood is natural and a biological destiny or ultimate fulfilment.

Similarly, Ireland's work (1993) shows that our views on identity are powerfully gendered and that the female identity as well as perceived creativity (and generativity) are inextricably linked with motherhood. The assumptions underlying this ideology have significant consequences for childless women because it is taken to mean that those who do not fulfil the motherhood function are immature or inferior, non feminine, unfulfilled or incomplete or, as Ireland argues, that they are women whose identity can only be defined by the spectre of 'absence' (1993).

Broadly, motherhood is constructed as a prescription of woman's identity and as predefining her role in the family and in society. It is perceived as an essential, central and seemingly irreplaceable component of adult female identity.

Although traditional views on motherhood have been challenged by many feminist writers, there is little evidence that it has significantly affected our culture or what Bruner (1990) refers to as the 'folk psychology' in the case of mothering. If any change has occurred, it is the fact that, in light of the feminist lessons learned from their own mothers, women today believe that they can aspire to the rewards of motherhood and, at the same time, fulfil their personal and career aspirations, in other words to 'have it all' (Cannold, 2000; Haussegger, 2003, 2005; Orenstein, 2000).

Fatherhood – 'A shadow role?'

Comparatively, fatherhood has not attracted nearly the same degree of attention. We can assume that this is largely due to the legacy of a psychoanalytical tradition that has established the centrality of the mother-infant relationship and has given fathers a 'shadow' role (Phoenix et al., 1991; Woollett & Nicolson, 1990). But there are also other significant differences that affect our perceptions. Miall, (1994) for instance, suggests that whereas motherhood is regarded as natural, fatherhood may be seen as something learned. It is also argued that fatherhood is less central to the male identity and possibly secondary to his occupational identity (Blain, 1993; Smart & Neale, 1999). But overall, it should be recognised that we know very little about the anticipated significance of fatherhood for men and on their intentions and expectations with regard to parenthood. The recent wave of research on contemporary expressions of masculinities which include fatherhood has focused, essentially, on the fathering experience, the emergence of 'new age' fathers, their involvement in family work, and highlighted the dangers of 'fatherless families' (Coltrane, 1996; Levine & Pitt, 2002; Pease, 2002; Wilson, 1990). There is, however, a paucity of research on the evolution of the perceptions that frame fatherhood and on the social and demographic factors that might influence men's fertility intentions (Coleman, 2000; Coltrane & Parke, 1998; Marsiglio, 1998; Marsiglio, Hutchinson, & Cohan, 2001; Men, 1998), particularly in Australia (Gray, 2002).

It can be hypothesised that some of the main normative values associated with fatherhood are 'responsibility,' even though the foundation of the traditional notion of fatherhood as a presence and the unique breadwinner is largely eroded (Levine & Pitt, 2002), as well as

‘maturity’ or a ‘duty to perform’ (Campbell, 1985). In a social context, to be a father and particularly an actively involved father, is considered as a sign of being a ‘good family man’ and therefore trustworthy. From an historical perspective, parenthood is also regarded as a proof of virility and sexual potency. Another common cultural belief is that as men carry the responsibility of ‘perpetuating’ the family line, they might place a particular emphasis on genetic continuity. However, two more contemporary aspects of this evolving construction have come to light. There seems to be greater emotional value attached to fatherhood since the emergence of participative parenting practices and of the ‘new’ or ‘involved’ father model. Fatherhood is, in this way, seen as an opportunity to express nurturing feelings and access emotionality (Lupton & Barclay, 1997). But the responsibility for ‘economic provision’ which largely continues to rest with men would appear to cause conflicting tensions when it comes to their choices on fertility and parenting (La Rossa, 1997; Lupton & Barclay, 1997; Tanfer & Mott, 1997). In the contemporary context men, like their partners, are increasingly likely to carefully ponder the economic and personal consequences of parenthood, both in terms of choice and timing.

More importantly it would seem, as Woollett and Nicholson (1998) argue, that in contrast to the compulsory nature of motherhood, fatherhood is constructed as ‘optional,’ in our society. Research on infertility has shown, for instance, that men’s motivations differ from their spouses and that in choosing to pursue parenthood they place more emphasis on marital completion than on their own perceived gender role requirements (Callan, 1985; Hoffman & Hoffman, 1973; Newton, Hearn, Yupze, & Houle, 1992; van Balen & Trimbos-Kemper, 1995). The results of a recent study in Germany do highlight, nonetheless, the regard that a large proportion of ‘intenders’ have for fatherhood in terms of its substantial contribution to self-actualisation and self-completion (Von der Lippe, 2002).

Infertility and childlessness as social constructs

Such complementary constructions of reproductive roles, based largely on gender identity and on traditional notions of femininity and masculinity, powerfully shape and restrict our understanding and perceptions of childlessness.

In the cultural context, childlessness is commonly regarded as ‘deviant,’ ‘unnatural’ or ‘deficient’ and ‘pathological’ and particularly so for women (Roach Anleu, 1993; Calhoun & Selby, 1980; Dowrick & Grundberg, 1980; Gonzalez, 2000; Letherby, 2002; Marshall, 1993; Miall, 1989; Sandelowski, 1990a, 1990b; Ulrich & Weatherall, 2000; Veevers, 1973; 1980;

Woollett, 2000). One of the major presumptions embedded in the medical, political and public discourse is that having a child is central to women's femininity. Letherby and Williams (1999 p.721), for instance, argue that society takes for granted that 'woman' equals 'mother' equals 'wife' equals 'adult.' Childlessness is thus constructed as being either an abnormality, a disease or a failure, whether voluntary or not, and is commonly perceived as a negative or disadvantaged social status (Blake, 1979; Kopper & Smith, 2001; Lampman & Dowling-Guyer, 1995; Miall, 1994), associated with informal sanctioning and stigma (Roach Anleu, 1993; Callan, 1985; Miall, 1986). It also implies that something is lacking or missing (Ireland, 1993; Letherby & Williams, 1999; Sparrow, 2000). Yet as Tyler's (1995) as well as Lisle's (1996) works illustrate, in the case of women there are many pathways to childlessness, and as many identities and experiences and non-motherhood.

The persistence of these pronatalist constructs is particularly obvious in the negative attributions attached to voluntarily childlessness (Marshall, 1993; Park, 2002; Veevers, 1973). Research shows that those who are assumed to have chosen a childfree life are culturally depicted as 'selfish,' 'career-oriented,' 'immature' (Hird & Abshoff, 2000; Laurance, 1982; Letherby, 1994; Miall, 1986) and attract either envy or contempt (Gillespie, 2000).

There is some evidence to suggest that the negative reaction to childlessness may be tempered by knowledge about its involuntary nature (Kooper & Smith, 2001; Lampman & Dowling-Guyer, 1995). However, involuntary childlessness is mainly understood from the perspective of infertility, constructed as a medical condition rather than a social status. This means that it is viewed as an impairment or a failure (Ulrich & Weatherall, 2000) calling for an appropriate medical intervention (Roach Anleu, 1993; Becker & Nachtigall, 1994; Daniels, 1993; Gillespie, 2000; Strickler, 1992; Woollett, 1996). There are, indeed, some cultural assumptions that reproduction can, to some degree, be controlled and that reproductive technologies provide the answer and can fix the problem (Bergart, 2000; Franklin, 1990). Failure to become a mother can only be considered, within this biomedical framework, as a physical or a psychological illness (Becker & Nachtigall, 1994; Gillespie, 2000; Strickler, 1992). In Franklin's (1990) study of representations of infertility in the popular literature, for instance, she observes that these draw on both 'natural pressures,' or the assumed in-built drive to reproduce as well as on social pressures to conform, to form a picture of infertility with 'desperateness' as its primary frame of reference and 'miracles of science' as their only recourse. Furthermore, infertile couples (and women principally) are stereotyped and stigmatised through assumptions and portrayal of 'disability,' 'desperation,' 'bitterness' and

‘unfulfillment’ (Gillespie, 2000; Letherby, 2002; Pfeffer, 1995; Tyler, 1995; Woollett & Nicholson, 1998).

The feminists’ discourse has been rather critical of the medicalisation of infertility and the advance of reproductive technology, seeing them as harmful to women and as a coercive instrument for the perpetration of patriarchal society (Greil, 1991a; Klein, 1989; Sandelowski, 1990b). However, in doing so they have also contributed to the perpetuation of the dominant discourse that marginalises non mothers (Woollett, 1985). These are regarded, as both Letherby (1999) and De Lacey (2000) point out, as ‘outsiders’ and as ‘others.’

In both cases, as the term suggests, the childless are described in the literature as lacking, with something missing in their lives, and are seen as deficient and faulty (Letherby & Williams, 1999; Lisle, 1996). A closer examination of the portrayals of the childless reveals that because the parenthood ‘mandate’ is used as a yardstick, the notions of choice and alternatives remain embedded in these constructions. Based on existing life-course and transition theories which only trace the parenthood developmental path, the presumption would also be that the development of individuals and couples who remain childless is somehow ‘arrested’ or seriously compromised (see discussion in chapter 10).

Gaps in knowledge

I will provide, in the following chapter, a comprehensive review of the empirical observations and theories on infertility and involuntary childlessness which have informed this study, and identify their shortcoming in relation to the research question. But it is important at this point to emphasise that our knowledge and perceptions of the involuntary childlessness life course are, in the social and cultural context I have just outlined, largely based on impressionistic and short-term descriptions of the infertility experience.

Whilst much has been written about infertility and childlessness over the past 20 years, there seem to be significant gaps in our knowledge and many questions remain unanswered. But for the purpose of this study these are essentially articulated around the actual experience of involuntary childlessness and its significance.

Notwithstanding the trends that I have highlighted, and the increasing interest in this topic evident in the media and popular literature, we seem to know very little about this experience and about the ways in which individuals and couples who intended to have children but are

unable to achieve parenthood come to reconcile their needs and constraints, and deal with the pressures imposed by social norms.

The research question

This study poses two fundamental questions, namely, what is the lived experience of the involuntarily childless in today's modern society? How do they come to make sense of their experience and construct alternative life and self projects?

Based on our current knowledge of infertility, it is generally understood that it can constitute a major life crisis and that the process that follows should be seen as a 'non-event transition' (to be developed further in the following chapter). However, we have little information about what is entailed in this process or transition, narrowly conceptualised around notions of grief and loss, or about its long-term consequences. We also know very little about the ways in which individuals and couples come to adapt to a childless life and about their perceptions of this experience. This research seeks to shed light on these aspects of the transitional process.

In considering whether this trajectory might have been somehow abstractly simplified or misrepresented, the research aims to document this adjustment process, enabling the development of conceptual tools, which may inform practice and assist the childless through this transition. In that sense, it focuses on outcomes and the possible ways and means by which we, as practitioners, can engage the childless sensitively and constructively.

As a subset of these broad overarching questions, this thesis examines the long-term impact of infertility and involuntary childlessness and the implications of this transitional process.

Rationale for the study

As Ely, Anzul, Friedman, Garner, & Steimetz (1991) point out, a great majority of research questions do not arise out of a vacuum nor are they a specious choice but, instead, mesh intimately with a researcher's deepest professional and social commitments. This work is no exception and is the product of a deep and long-standing interest in the issue.

The combination of personal experience of infertility and professional practice in the field has both guided and informed my research.

In developing the basis of this study, I initially reflected on the applicability of the dominant model of grief and bereavement to the complex and multifaceted loss that is associated with infertility and involuntary childlessness. A number of models had been successfully adapted since Menning's (1988) seminal work, to differentiate the unique nature of this complex psycho-social crisis (Burns & Covington, 1999; Gerrity, 2001; Newton, 1999; Read, 1995; Stanton & Dunkel-Schetter, 1991b). From a clinical perspective, these models offered a useful basis for intervention. However, a number of questions still remained, in my mind, as to their ability to capture the uniqueness of this human experience in a broader couple and social context and, even more importantly, as to how the actual process of coming to terms with childlessness should be understood and could be aided.

More specifically, I was eager to understand the process by which individuals and couples whose life, identity and even, perhaps, their most significant relationship had been constructed, by and large, around the notion of having a family, negotiate this transition and reconcile their circumstances. Considering my own life experience and understanding of the very individual nature and trajectory of grief, what seemed especially challenging was the task of managing the transitional process within a relationship. But its social dimension was equally important. I was also interested to explore how these individuals and couples positioned themselves in a society in which notwithstanding the emergence of new family trends, the ideology of parenthood seemed to remain very powerful.

As a partner in an infertile couple, I struggled personally for years with both hope and hopelessness, endured countless, intrusive medical procedures, and ultimately made the transition to permanent childlessness. In a radical career change, I became a counsellor and psychotherapist and although I do not practice exclusively in the field of involuntary childlessness and infertility, these are important aspects of my professional life as a practitioner and as a researcher.

In my professional role, I have worked for many years with couples and individuals experiencing infertility and witnessed their struggles through increasingly complex decision-making processes and in dealing with the difficult task of abandoning the dream of producing a biologically related child around which their future was articulated.

Against this background of professional insights, it is my assumption that infertility is an experience that profoundly affects the sense of self and alters, in fundamental ways, the lives of those whom it affects. I also believe that the ever-widening range of medical technologies

and options available to couples to pursue their 'dream' makes it increasingly difficult to renounce parenthood and that the nature of this experience is significantly shaped by our culture and by society's normative expectations of parenthood.

In my clinical work with couples experiencing infertility, I have observed a number of common themes. The central one is the struggle that many couples experienced to 'move forward' after infertility treatment had failed. Like other researchers and practitioners, I have found that the process of disengaging from medical treatment is becoming increasingly prolonged and difficult. Many experience considerable hardship in their attempts to 'give up' and 'kill' off their hopes for an experience that is loaded with promises of joy, fulfilment and self-realisation and that is 'normalising' as well. A childfree life is not, in their eyes, a 'desirable' option and coming to terms with it often takes quite some time. Furthermore, they often seem at a loss as to how to begin to move towards acceptance and to reconstruct a life scenario of potential happiness, meaning and fulfilment, without children. There is, I believe, a critical lack of information available to trace and comprehend this process as well as structures to deliver it and to provide adequate support during the transition.

My objective in embarking on this study was two fold. Firstly, I wished to explore how people experience, describe and interpret the process of adapting to a life without the children they anticipated. To this end, I sought to utilise the most appropriate methodology by which the expressions and reflections on their experiences would be central to the research study. The secondary objective was to elicit from couples who had negotiated this transition, the strategies they had used which were useful and effective, as well as those aspects of the process that they found particularly difficult, in an effort to document the multiple facets of this complex process.

Significance

This study is significant for a number of reasons. First and foremost, it is my belief that the full implications of childlessness can only be understood when our knowledge of the issues relating to the personal acceptance of childlessness is developed.

Clearly, we still lack this knowledge. Yet all around us are signs - the increasing incidence of childlessness; the questions raised about the role of medical science; and a growing public interest and debate – that we really need to learn more about this phenomenon.

Moreover, how are we to develop appropriate strategies, programs and services to assist individuals and couples who experience not only infertility but childlessness as a critical life event without such knowledge? It requires an understanding of the processes and decisions leading to personal acceptance, its integration into self-concept and the reconstruction of meaning and relationships particularly in the context of a couple's dynamic.

Although this is an exploratory study based on a small sample, in examining and documenting the lived experience of involuntarily childless couples today it is my hope, as a researcher, that this study can shed further light on important facets and aspects of the process by which individuals and couples manage the transition from infertility to meaningful and satisfying expressions of a life of non-parenthood.

In practical terms, I believe the study has the potential to benefit and assist the growing number of people concerned. And this does not only include those who have been diagnosed as 'infertile' and for whom no medical solution is forthcoming but also an increasing number of people whose life circumstance, for a wide range of reasons, do not permit them to exercise traditional forms of parenthood. I am talking about the 'circumstantially childless.'

Summary and outline of the thesis

In this chapter, I have set out in broad terms, the context of this timely enquiry and examined the cultural notions that frame it. I have outlined its aim and the core issues and beliefs that justify it.

I have demonstrated that childlessness is demographically and socially significant but that our knowledge and understanding do not yet match its importance. There clearly is a need for further, detailed and closer research on the experience of involuntary childlessness and on its long-term implications both from a clinical and a broad social perspective.

In the following three chapters I establish the foundations and structure of the study. Chapter 2 provides a comprehensive overview of the literature on infertility and involuntary childlessness and identifies gaps in our knowledge and understanding. I develop in Chapter 3, the theoretical framework as well as the methodological approach that have shaped the treatment of the research question, and Chapter 4 deals with the research design and process.

Chapters 5 to 10 are the data chapters in which I present the research participants (Chapter 5) discuss how they move out of infertility (Chapter 6) and examine the transitional process from the individual, couple and social perspective (Chapters 7, 8 and 9 respectively).

The study concludes with Chapter 10, which places the findings in a human developmental context and provides suggestions for future directions in related practice and research.

The presentation of the data is articulated around a number of original and adapted conceptual tools to document this multi-dimensional and highly variable adjustment process.

CHAPTER 2

Literature review

Introduction

The research question was introduced in Chapter 1 within the broad context of current social changes affecting traditional notions of families and parenthood in contemporary Western societies. The dominant cultural and ideological environment in which concepts such as infertility, parenthood and childlessness are constructed was highlighted and I also underlined the existence of substantial gaps in our knowledge with regard to the experience of involuntary childlessness. The purpose of this chapter is to further situate my study within the body of current knowledge about infertility, involuntary childlessness and the ‘transition to non-parenthood.’

The approach of this comprehensive literature review is thematic. To begin with, I trace the development of our interest in and understanding of the topic, expose the broad framework in which it can be conceptualised and clinical approaches developed, and then review the common themes that have emerged¹. In an attempt to summarise the knowledge that informs this study and discuss its limitations, I have drawn on an extensive range of literature, which addresses the topic from a number of different perspectives. Then I go onto consider our understanding of the pathway from infertility to childlessness and highlight the shortcomings, which this study endeavours to address. The point here is that although we fundamentally understand infertility and its consequences on individuals, our knowledge of its long-term implications, and on the personal, joint and social dimensions of involuntary childlessness, remains largely undocumented.

A brief historical explanation of infertility

Before proceeding, it is important to note that infertility and involuntary childlessness have

¹ Although this study is interested in involuntary childlessness and the transition from an expectation of parenthood to childlessness rather than infertility, per se, our state of knowledge on infertility is extensively considered for three reasons. Firstly, it is the crucial dimension of that experience that needs to be taken into consideration to understand accounts of the lived-experience of participants. Secondly, from a theoretical point of view, this research is informed by the various ways in which infertility has been conceptualised from a medical, psychological and social perspective. Thirdly, as I will demonstrate, in the purported studies of involuntary childlessness the observations are often restricted to the medical and psychological experiences of infertility and, hence, our knowledge of the involuntary childless life path remains very limited.

only emerged as topics of interest, in both the professional and popular literature, in the past two decades. Earlier concepts and representations of infertility, developed from medical and psychoanalytical models, focused on determining the causes of infertility but its psychosocial ramifications have long been ignored (Burns & Covington, 1999; Coble, 1985). Even so, these continue, to some extent, to influence our thinking and our cultural representations of the 'reproductively challenged.'

It is noteworthy, for example, that it was our considerably limited knowledge of the human reproductive system, particularly women's (see Martin, 1987), combined with strong Judeo-Christian beliefs about fertility, which led to early conceptualisations of infertility with consequential assumptions about its psychological nature.

In particular, under the psychogenic model which largely prevailed until the 70s, the contentions were that the infertile population suffered from either mental disorders and emotional disturbance (Eisner, 1963; Mai, Munday, & Rump, 1972; Platt, Ficher, & Silver, 1973) or unresolved internal conflicts in the Freudian tradition (Benedek, 1951). The focus of these early studies was largely on psychopathology and ways to measure emotional disturbance in infertile patients. Also, investigations focused on women because it was considered to be a 'feminine problem,' and psychogenic causes were assumed to reside in the female. Researchers postulated the possible diagnosis of mental pathology from conflict over the maternal role and defective sexual feminine identity (Mai et al., 1972) to female immaturity and neuroticism (Sandler, 1961).

It is only with the refinement of medical diagnoses, and mounting evidence of biological explanations for infertility, that researchers progressively came to agree that the vast majority of cases were physiologically rather than psychologically based. This historical change in thinking which Berg, Wilson and Weingartner (1991) view as a shift from the 'psychogenic infertility model' to a 'psychological sequelae model,' allowed us to recognise medical factors as the primary causative agents and envisage psychological factors as consequences (1991). But the hypothetical connections between medical and psychogenic factors have been, and continue to be, a central focus of research in the psychological tradition (for further discussion see Burns & Covington, 1999: Chapter 1).

It is estimated that today only about 5% of infertility cases are inexplicable and possibly attributable to stress or emotional factors (OTA - Office of Technology Assessment, 1988). The psychogenic hypothesis has been largely abandoned but the complex relationship

between stress and infertility is still at the centre of many investigations that aim to determine whether distress may be the result of diagnostic and medical intervention (Connolly, Edelmann, & Cooke, 1992; Domar, 1997; Sabatelli, Meth, & Gavazzi, 1988; Sandler, 1992; Stanton & Dunkel-Schetter, 1991b) or whether it may be socially induced (Newton, 1999). On the whole, there is general agreement as to the existence of an inverse directional relationship between psychosocial distress and infertility (Callan, 1987; Callan & Hennessey, 1989; Monach, 1993; Wright, Allard, Lecours, & Sabourin, 1989) but its direction remains unclear and, in our cultural folklore, associations between psychological troubles and infertility (and, by extension, childlessness) are enduring.

Furthermore, the interest in the psychological consequences of infertility has only come to light because of an observable increase in the number of couples seeking fertility treatment, and heightened levels of emotional distress reported. This phenomenon prompted a large number of studies, in decades past, that contributed to the progressive development of our understanding about the psychological impacts of infertility and its social consequences. Infertility today is studied from a variety of standpoints, and is commonly defined as a potentially major and stressful life crisis involving a range of emotions, particularly anxiety and grief. The need to provide support and counselling to infertile couples, and requirements to promote 'resolution' in a medical setting, are now well established in Australia and overseas (HFEA, 1998; McWhinnie, 1995; NBCC, 1991; Warnock, 1984) but the long-term effects, particularly when it results in involuntary childlessness, remains largely ignored and under-researched.

Infertility has been addressed from demographic and sociological perspectives, including feminism, with the main bulk of the research being carried out within a psychological or clinical framework. In this respect, it is important to distinguish, as Greil does, the 'descriptive' literature on the psychological consequences of infertility which is mainly qualitative research and considers the social dimension of the infertility experience, and the 'psychological distress' literature which is mostly quantitative and focuses on the psychopathology of infertility (1997). While both types of research have significantly contributed to the expansion of our knowledge, their perspectives are quite different and their results often do not concur or are discrepant (Greil, 1997). It is thus difficult to develop a full picture from either one of these perspectives alone, hence the need to look more broadly at the range of literature which constitutes the body of our current knowledge on infertility and involuntary childlessness, including in terms of its limitation.

A broadening framework to conceptualise infertility

The psychological sequelae model, inspired by Menning's (1980) original observations of the infertility experience, has been expanded and integrated into several theoretical frameworks. These include personality formation theory based on the psychology of Self and on Erickson's developmental life stage model (Miall, 1994; Olshansky, 1987; Sandelowski, 1995), crisis as well as grief and loss theories (Conway & Valentine, 1988; Frias & Wilson, 1985; Mahlstedt, 1987; Menning, 1988; Shapiro, 1988) cognitive behaviour theory (Domar, 1997; Myers & Wark, 1996; Stanton, 1991), family systems theory (Matthews & Matthews, 1986b) and feminist or gender-based theories (Baker Miller, 1973; Horney, 1973; Ireland, 1993; Letherby, 1999).

A broadening beyond a uniquely individual focus now includes relationships within couples, the family and society in general. This is particularly obvious in the conceptualisation of infertility developed by both Cook (1987) and Taymor (1990) as a 'biopsychosocial' crisis requiring several intricate levels of intervention. Social elements such as the impact of infertility on the extended family and the role of stigma in the personal adjustment and self-definition of the involuntarily childless have also been the focus of more recent research work (Burns, 1987; Eunpu, 1995; Gerrity, 2001; Letherby, 1999, 2002a, 2002b; Lisle, 1996; Miall, 1986; Pfeffer, 1995) and psychosocial intervention has been promoted to attenuate the effects of medical treatment.

In addition, increasing attention has been given, recently, to the social impact of this experience, on the cultural construction of parenthood and infertility, as well as on women's particularly challenging experience of involuntary childlessness (Atwood & Dobkins, 1991; De Lacey, 2000; Gillespie, 2000; Greil, 1991a; Ireland, 1993; Letherby, 1994; Letherby & Williams, 1999; Rhodes, 1988; Sewpaul, 1995; Veivers, 1973; Woods, Olshansky, & Draye, 1991; Woollett, 1991, 1996).

Multiple perspectives and foci

Our knowledge of infertility, its causes, consequences and the nature of this human experience is, therefore, a composite drawn from a variety of interests, angles and theoretical vantage points in investigating the topic (Strickler, 1992). The following section considers the most relevant perspectives in terms of their contribution to the construction of the experience of involuntary childlessness.

Psychological perspective - In the tradition of the medical model (psychogenic and psychological sequelae models) psychologists' main focus and concern have been to study the psychological effects of infertility on individuals with the aim of developing instruments able to measure pathological effects and disorders, levels of well-being, self-esteem, stress anxiety and depression and adjustment (for instance, Glover, Hunter, Richards, Katz, & Abel, 1999; Guerra, Llobera, Veiga, & Barri, 1998; van Balen & Trimbos-Kemper, 1993). They have also attempted to develop profiles of the infertile and determine some of the factors mediating the effects likely to facilitate or hinder adjustment and thus identify individuals at risk who may require psychological intervention (Auhagen-Stephanos, 1989; Bresnick, 1981; Connolly et al., 1992; Koropatnick, Daniluk, & Pattinson, 1993; McEwan, Costello, & Taylor, 1987; Platt et al., 1973).

A large number of quantitative and qualitative studies on the psychological and emotional aspects of infertility – stress, affect on well-being, marital satisfaction, self-esteem and sexual functioning - have been carried in the past decade and a number of researchers have attempted to develop fertility adjustment scales in an effort to capture risk of depression and target interventions (Glover et al., 1999; Newton, Sherrard, & Glavac, 1999; Wasser, 1994). However, comparisons of the overall results are difficult as these studies vary considerably in methodology and research design, and discrepancies abound (see Dunkel-Schetter & Lobel, 1991; and Greil, 1997, for further discussion).

The descriptive or anecdotal literature clearly establishes that psychological reactions to infertility are common, and it focuses on the range and complexity of emotions and affects experienced, including anxiety, grief, loss of control, impact on self-esteem, identity and difficulties in social interactions during the infertility crisis (Abbey, Andrews, & Halman, 1992; Exley & Letherby, 2001; Kraft et al., 1980; Leiblum, 1997b; Mahlstedt, 1985; Menning, 1988; Valentine, 1986; Woollett, 1985). Measures of emotional strain across stages of infertility and the negative impact of treatment have also been researched (Berg & Wilson, 1991; Mao & Wood, 1984). As a result of these observations, a number of 'stage' models (reviewed in the next section) have been proposed to understand the progressional nature of this experience.

However the empirical evidence does not clearly indicate that negative effects always accompany infertility although there is some evidence of some adverse effects (Callan & Hennessey, 1989; Freeman, Boxer, Rickels, Tureck, & Mastroianni, 1985; Platt et al., 1973), depression and sexual functioning (Lalos, Lalos, Jacobsson, & von Schoultz, 1985; Seibel &

Taymor, 1982) and difficulties in adjustment (McEwan et al., 1987). The measures that have been observed and reported are not generally at pathological levels yet, in certain cases, they do exceed normal range.

But another important focus of research has also been on factors mediating patients' adjustment (Conway & Valentine, 1988; Sabatelli et al., 1988) with a view to identify individuals and/or couples at risk or needing psychological support during medical treatment.

Feminist perspectives – The feminist literature has contributed two dimensions to this debate. One highlights the 'medicalisation' of infertility, and argues how the promotion of technological solutions threatens women's reproductive autonomy and choice and is an instrument of a patriarchal and pro-natal society (see Hird and Abshoff 2000 and Strickler 1992 for further discussion). It has also brought to light the hardship experienced by infertile women undergoing fertility treatment (for instance Klein, 1989).

Feminist scholars, from both an 'essentialist' and 'structuralist' perspective,² are widely critical of new reproductive technologies and the subtle pressures they see as being exerted on women to 'surrender' to medical solutions for procreation in order to 'conform.' However, on the whole, both feminist and family literature has given more emphasis to explanations and justifications of voluntary childlessness, and to the experience of mothers, than to the experience of involuntary childlessness (Hird & Abshoff, 2000; Letherby, 1994; Phoenix, Woollett, & Lloyd, 1991; Snitow, 1992). As Sandelowski (1990a) rightfully argues, the current feminist discourse has limited its focus to the consequences of these technologies rather than on the experience of infertility itself.

The topic has posed a serious challenge to the feminist construct, a challenge which has been brought recently into sharp focus by several authors (Roach Anleu, 1993; Hird & Abshoff, 2000; Letherby, 1994, 1999; Sandelowski, 1990b; Ulbrich et al., 1990; Woollett, 1985). They deplore the fact that 'non-mothers' are defined in negative terms and perceived as a 'failure' and advocate that the diversity amongst women in relation to motherhood should be reflected in the feminist debate. Woollett (1985), for instance, observes that in identifying the compelling or oppressive nature of assisted reproductive technologies, feminist writers have

² Strickler (1992), observes the responses to the development of assisted reproductive technologies from two main perspectives in the feminist literature, namely, the 'essentialist' which views women as inherently different and the 'structuralist' which views male-female differences as the product of social interaction. Although their objections are different, both object to these as they see it as a sign of women's subordination.

represented infertile women as universally desperate, castigated them for their willingness to submit to medical technology and marginalised them, whilst little attempt has been made to understand the diverse meaning of motherhood and non-motherhood. Similarly, Roach Anleu (1993), Ireland (1993) and Gillespie (2000) argue that more respectful definitions of non-mothering as well as ways to promote the inclusion of childfree or non-mothering women are needed.

In that context, there seems to be a need for feminist scholars to review and redefine the experience of infertility and involuntary childlessness with a clearer distinction between the 'institution' of motherhood and its experience. But if the need for feminists' views to integrate and validate the experience of infertile and involuntarily childless women has been voiced, there seems to be little interest amongst their ranks in men's and couple's experience of this condition and status.

Sociological perspectives – It is notable that there was very little interest in, and virtually no research on, the social and psychosocial dimensions of involuntary childlessness until the 1980s. Matthews and Matthews (1986a) were the first to highlight this as an area largely neglected by social scientists and as an important gap in the knowledge about the social psychology of the family. Daniels (1993) has also been one of the stronger advocates of a redefinition of infertility from a more complete psychosocial perspective.

Some of the research undertaken has focused on the social construction and interpersonal effects of infertility (Bresnick, 1981; Bresnick & Taymor, 1979; Daniluk, 1988; Eunpu, 1995; Greil, Leitko, & Porter, 1988) and on the effects of social stigmatisation of the childless which makes it particularly difficult for the involuntarily childless to incorporate a positive identity of themselves as childless (Calhoun & Selby, 1980; Greil et al., 1988; Miall, 1986, 1994). Miall (1986) in particular, observed in infertile women a process of negative self-labelling. Greil (1988) argues that women experience infertility as a 'cataclysmic role failure' that spoils their ability to lead normal lives.

Matthews and Matthews' (1986a; 1986b) contribution to this theoretical debate, reviewed in the following section, is valuable because it considers both social identity and role definition in the process of adjustment to infertility and childlessness. But overall, the global contribution of sociologists, notwithstanding its merit in stressing the social dimension of this experience, remains patchy with a general agreement that this field is still largely understudied.

Popular literature perspective - There has also been a proliferation, in the past 15 years, of anecdotal, biographical and self-help literature on the subject of infertility.

An examination of the library list provided by major infertility support groups reveals the extent and variety of works available. A review of this literature is not within the scope of this study but it is important to note the range of subjects covered. They include aids to conception using natural fertility management programs or lexicon of treatment modalities available, anecdotes and experiences of infertile couples undergoing treatment and recommendations to couples faced with infertility. In particular, a number of works address the issue of involuntary childlessness, stress the importance of the 'acceptance' process and deal with 'alternatives' to parenting (Anton, 1992; Carter & Carter, 1998; Johnston, 1994; Powell & Stagoll, 1992).

This literature fulfils a need for information and education in the community and is useful to 'normalise the experience of infertility.'

Although it represents a variety of perspectives, this popular literature is (by contrast with medical/clinical works) often wary of assisted reproductive technologies and represents a consumer and/or feminist standpoint (ie: Donchin, 1996; Klein, 1989; Mazure, Takefman, Milki, & Polan, 1992). It serves to educate potential fertility patients and makes them more discerning in their consideration of 'options,' even promoting the benefits of 'moving on' and 'embracing' childlessness. But as I will show, its recommendations are based on a rather simplistic view of the pathway to childlessness and obscure the diversity and complexity of processes that are actually involved.

Clinical perspectives - The majority of the literature that addresses infertility and involuntary childlessness is the work of clinicians. Their concern relates to understanding experiences and feelings involved and developing appropriate interventions to educate the infertile, help them develop coping strategies to break isolation, enhance their self-esteem, reduce guilt and promote resolution. An important body of work has been produced by researchers in the field, particularly in the US, by social workers, counsellors and nurses working in infertility clinics and by researchers, essentially women, who are themselves familiar with this experience.

The focus of this clinical literature has been on attenuating the negative impact of the infertility crisis and of medical treatment and on developing guidelines for intervention including advocating on-going support (Daniluk, 1996). Clinical practitioners also see their

role as educators, sensitising psychologists and psychotherapists working with general populations to the possible all-invasive effects of infertility on their clients' well-being (Bergart, 2000; Daniels, 1989; Greenfeld, 1997).

Their observations have led to a conceptualisation of this experience which includes an inventory of progressive emotional reactions (although there are some variations, it is generally understood to include denial, anger, isolation, guilt, depression and grief followed by acceptance or resolution); considers the specific and multi-dimensional nature of the loss involved (Conway & Valentine, 1988; Mahlstedt, 1985); and attempts to trace the many stages of this process based on grief theories (Cook, 1987; Menning, 1988; Shapiro, 1988). I will elaborate on the merits and limitations of this conceptualisation in the following section.

An important contribution has been to develop basic guidelines for intervention at each stage of the process and to discuss the merits of relative approaches for the treatment of the psychological affect of infertility. Modalities for evaluation and intervention can be envisaged from various psychotherapy perspectives (Applegarth, 1999), including from psychodynamic and feminist perspectives (Gonzalez, 2000) and the cognitive-behavioural and biopsychosocial models (Domar, 1997; Myers & Wark, 1996; Williams, Bischoff, & Ludes, 1992). Specific infertility counselling models have also emerged (Read, 1995).

In addition, as it frequently includes couples rather than only individuals, the work of clinicians and clinical researchers has been useful in highlighting gender differences in reactions to infertility and incorporating these into modulated interventions to manage conflicts (Cooper-Hilbert, 1998; Leiblum, 1993; Read, 1995; Wirtberg, 1999).

The literature has also underscored the potential contribution that social work can make to this area both in a practical sense as well as assisting the development of appropriate social policies related to the development of assisted reproductive services including counselling (Blyth, 1999; Daniels, 1993).

The contribution of clinical and self-reported experiences has been instrumental in broadening our understanding of the many challenges and difficulties infertile couples experience, in their multiple dimensions. However, it is important at this point to note that its focus has also been on infertility rather than on involuntary childlessness and that its observations are almost exclusively drawn from medical or clinical settings and may, therefore, not be fully representative of this experience. I will elaborate, later, on this particular aspect of its limitations but would like to suggest that, as Morley's (1993) research

indicates, the anecdotal literature may also be responsible for an over-representation of emotionally-laden narratives and 'dire' cases.

Convergences in our state of knowledge about the infertility experience

Irrespective of their differences in emphasis, and of the discrepancies that exists amongst these perspectives, there is general consensus that the psychological impact of infertility can be very profound. Even though effects on individuals are unique, it is generally presented as an 'emotional life crisis' and 'devastating experience' involving very strong feelings (Greil, 1997; Stanton & Dunkel-Schetter, 1991b). There are a number of dominant and converging themes, which are reviewed below.

Infertility is a potentially major life event, a crisis with multiple emotional and stress components, and long lasting effects

Psychological responses to medical intervention are now well documented and it is clear that infertility has significant meaning for the people it affects.

For many, it presents itself as a very difficult, all-encompassing and pervasive 'crisis' (Anderson, 1989; Wirtberg, 1999; Woollett, 1985) with multiple stressors (Domar, Zuttermeister, & Friedman, 1993; Valentine, 1986) and often shattering and lasting effects (Atwood & Dobkins, 1991). It is seen as an important 'biographical disruption' occurring as a major life goal is thwarted or blocked (Daniluk, 1988; Sandelowski et al., 1990; Valentine, 1986). As such, it is accompanied by identity loss and a sense of personal failure, especially among women (Mahlstedt, 1985; Valentine, 1986) and affects self-concept, personal and social identity as well as gender role identification and relationships (Callan, 1987; Cook, 1987; Gonzalez, 2000; Greil, 1991a; Greil, Porter, Leitko, & Riscilli, 1989; Mahlstedt, 1985).

It is conceptualised as a major 'life transition' or as a 'non-event transition' (Koropatnick et al., 1993) and some see it as a developmental crisis (Bergart, 2000; Rogoff-Thompson & Thompson, 1990).

It also appears to have a deep and long-lasting emotional impact on the individual affected and his/her identity (Cook, 1987; Freeman et al., 1985; Gonzalez, 2000; Greil, 1991a; Mahlstedt, 1985; Menning, 1980; Monach, 1993; Seibel & Taymor, 1982). Some of these effects are measurable in terms of self-esteem, emotional distress and social avoidance which all restrict individuals' ability to cope with the demands of daily life.

The very nature of the loss involved (both multiple intangible and unrecognised³) complicates and extends the grieving process but, in addition, as several researchers have noted, the endless development of new technologies also increases the decision-making burden and creates further impediments to ‘resolution.’ These are experienced in the form of pressures (Barbosa, 2000; Becker & Nachtigall, 1994; Braverman, 1997; Eunpu, 1995; Forrest & Gilbert, 1992; Letherby, 1999, 2002a; Wirtberg, 1999) and postpone steps towards acceptance (Braverman, 1997; Glover, Gannon, Sherr, & Abel, 1996; Glover et al., 1999; Koropatnick et al., 1993; Leiblum, Aviv, & Hamer, 1998; Morley, 1993; Sewall, 1999)³. The open-ended nature of infertility is even more strongly felt if the couple is dealing with ‘unexplained infertility’ (Edelmann & Golombok, 1989; Matthews & Matthews, 1986a; Taymor, 1990).

In that sense, infertility has been described as a prolonged life crisis (Forrest & Gilbert, 1992; Lalos, Lalos, Jacobsson, & von Schoultz, 1986) and has been compared to a ‘handicap’ (Simon, 1984), or a ‘chronic illness’ (Fleming & Burry, 1987; Greil, 1991b; Greil et al., 1988), even a ‘disability’ (Greil, 1991b; Kaminer, 2000; Miall, 1986). On the whole, there is a consensus in the literature that for many individuals, infertility can be a long-term and very debilitating experience and that the path to resolution or acceptance is often delayed, prolonged and open-ended with time, alone, often insufficient to heal the wounds especially as the social world will continue to provide, in the course of their lives, regular reminders of loss and trigger grief (van Balen & Trimbos-Kemper, 1993; van Balen & van Schravendijk, 1994).

There are also suggestions that it can become a ‘dominant’ or ‘master’ status (Carter & Carter, 1998; Greil, 1991b; Olshansky, 1987). The decision to end medical treatment does, as some studies have shown, bring about a strong sense of relief (Barbo, 1992; Bergart, 1997; Braverman, 1997; Daniluk, 1996; Forrest & Gilbert, 1992; Morley, 1993) and over time, the emotional effects of infertility are seen to diminish and become less overwhelming (Daniluk, 2001a, 2001b; Menning, 1980). However, the literature also refers to the persistence of a ‘chronic’ or ‘shadow’ grief (Conway & Valentine, 1988; Mazor, 1979; Morley, 1993) and infertility is regarded as having both interpersonal effects but also lasting intra-personal effects (Daniluk, 1988).

³ I elaborate on this particular point in the section that discusses the relevance of the grief model to conceptualise infertility and involuntary childless.

Gender differences in the experience of infertility and involuntary childlessness

The research on infertility also strongly emphasises the extent of gender differences in the experience and response to infertility (Daniluk, 1997; Gibson & Myers, 2000; Greil, 1997; Greil et al., 1988; Wright et al., 1989).

The studies on psychological responses to infertility indicate, on the whole, that women are more likely to be profoundly affected⁴ and to experience greater levels of distress, low self-esteem and depression than men (Abbey, Andrews, & Halman, 1991b; Berg & Wilson, 1991; Berg et al., 1991; Cook, 1987; Daniluk, 1997; Greil et al., 1988; Koropatnick et al., 1993; Valentine, 1986; van Balen & Trimbos-Kemper, 1993; Wright et al., 1989; Zolbrod, 1993). Also, its aftermath is more complexly experienced, even if the diagnosis is not attributed to them (Miall, 1994; Wright & Sabourin, 1994). Callan's study (1987), for instance, shows that involuntarily childless women report globally lower levels of well-being and rate their lives as less interesting, less rewarding and emptier than other women.

The contention is that infertility has a stronger impact on women as it is associated with identity and gender role fulfilment (Greil, 1991a; Olshansky, 1987). It can induce a sense of guilt, inadequacy, failure and defectiveness (Mahlstedt, 1985; Valentine, 1986) and a lack of recognition and status (Greil et al., 1988; Sandelowski, 1986b; 1988). Daniluk's research (1988), for example, suggests that women are more likely than their spouses to locate the causes of infertility in themselves and frame it as a biological deficit or the result of past misdeeds and that their experience of infertility is more pervasive.

For those whose gender role and socialisation are especially significant (and/or culturally emphasised) and who equate femininity and status with biological motherhood, the experience can be particularly devastating because it is perceived as a complete role failure (Ireland, 1993; Newton, 1999). These so-called 'traditional' women would also be more susceptible to social pressure and reluctant to abandon the medical route (Roach Anleu, 1993; Bernstein, Brill, Levin, & Seibel, 1992; Woollett, 1985).

Roach Anleu (1993) argues particularly strongly the way in which gender construct shapes the experience of infertility. The emphasis placed on women's 'greater' affect can be explained, in part, by the fact that they are generally the focus of treatment and, therefore, more exposed to its emotional stresses. But it is also important to consider, as she does, the

⁴ Although some studies find no significant differences in scales of emotional distress and coping styles (Berg & Wilson, 1990; Cook, Parsons, Mason, & Golombok, 1989).

socialisation of women to fulfil the biological and social role of mothers that remains central in our society (Connolly et al., 1992; Russo, 1976; van Balen & Trimbos-Kemper, 1995; Wirtberg, 1999).

It has been commonly reported that men do not necessarily see infertility as a 'major crisis' or a catastrophic event (Greil et al., 1988; Monach, 1993; Wirtberg, 1999) but as a more circumscribed experience (Greil, 1991a), and that their reactions and responses to infertility are often dictated by their partner's reaction rather than by their own intra-personal affect (Roach Anleu, 1993; Greil et al., 1988; Wirtberg, 1999). Greil (1991a) and Greil et al. (1988), for instance, propose that infertility has more 'direct' impact on women and that men's experiences tend to be 'mediated' by their spouse's. Research suggests, however, that in terms of infertility causes, men's reactions to their own diagnosis can be significantly stronger as it is perceived to be more socially stigmatising than a female diagnosis (Roach Anleu, 1993; Daniluk, 1997; Miall, 1986).

It stands that these 'differential' or 'comparative' arguments about degrees of affect between gender are also the by-product of a body of research that predominantly originates with, and focuses on, women and is indicative of a substantial under-representation of the male experiential perspective. The fact that the majority of qualitative studies has focused on the female's reactions to infertility has, as Daniluk (1997) suggests, significant implications for the generalisability of findings. On the whole, men's responses to infertility and involuntary childlessness are not well documented with only a few studies postulating that involuntary childlessness and infertility treatment may impact on them as well (Carmeli & Birenbaum-Carmeli, 1994; Sherrod, 1995) and on their adult and long-term development (Glover et al., 1996; MacNab, 1984; Sherrod, 1995).

But in the main, it is also the responses to infertility and coping strategies or mechanisms that seem to differ. The suggestions are that men engage more in rational response with denial, distancing, avoidance and withdrawal into themselves, whereas women display more emotionally overt reactions and avoidance in 'children-related activities' with a greater inclination to seek social support, use planning and problem solving and positive reappraisal (Abbey et al., 1991b; Jordan & Revenson, 1999; Stanton, 1991; Ulbrich et al., 1990; Wright et al., 1991).

What these findings illustrate is that the experience of infertility is, to a great extent, socially and genderly constructed but the question as to whether these differences might have been

over-represented remains, nonetheless open.

Effects on relationships; a sense of isolation and exclusion and stigmatisation

It has now become clear that infertility and involuntary childlessness not only have psychological but also social consequences as well and that they affect not only the sense of self but also relations with others (Exley & Letherby, 2001). For women, in particular, these seem to permeate relationships at every level (Menning, 1980; 1988; Wirtberg, 1999).

Infertility is, by its very nature, an isolating experience (Atwood & Dobkins, 1991; Fleming & Burry, 1987). In our society, matters related to sexuality and reproduction (and, furthermore, to medicalised matters) are considered to be private. In addition, from a cultural perspective, it is associated with shame and perceived as stigmatising (Calhoun & Selby, 1980; Greil, 1991b; Miall, 1986). Studies have demonstrated that, to a large extent, people are still judged according to their fertility status and that childlessness is perceived negatively (Roach Anleu, 1993; Miall, 1994; Sandelowski & Jones, 1986) even though disclosure of its involuntary nature may attract more positive attribution (Lampman & Dowling-Guyer, 1995).

During the infertility crisis, relationships with spouses, family and friends are often tested. Secrecy, avoidance and withdrawal are commonly reported behavioural responses of infertile individuals which result in a deprivation of usual networks and increased feelings of isolation and alienation (Abbey, Andrews, & Halman, 1991a; Daniluk, 1996; Gibson & Myers, 2000; Leiblum et al., 1998; Menning, 1988; Wirtberg, 1999).

The literature generally concludes that infertility impacts on couples' relationship. The discovery of infertility, the impact of stressful treatment cycles and potential conflicts in the decision process are known to induce a particular strain on the partnership (Andrews, Abbey, & Halman, 1991; Baker, 2003; Burns & Covington, 1999; Cooper-Hilbert, 1999; Epstein & Rosenberg, 1997; Freeman et al., 1985; Greil, 1991a; Lalos et al., 1985; Lorber & Bandlamudi, 1993; Menning, 1988; Pfeffer, 1993; Read, 1995). However, it is not entirely clear how infertility and involuntary childlessness affect, in the long term, the couple unit and marital satisfaction.

While some studies report levels of marital adjustment within the normal range (Berg & Wilson, 1991; Callan & Hennessey, 1989; Connolly et al., 1992; Freeman et al., 1985; Newton & al., 1990; Wright et al., 1991), specific case histories report couples complaining about a deterioration in their relationship with affect on the sexual relationship (Baram, Tourtelot, Muechler, & Huang, 1988; Lalos et al., 1985; Leiblum, 1997b; Sabatelli et al., 1988).

On the other hand, several researchers found that the infertility crisis brings the partners closer together and improves communication and intimacy (Callan, 1987; Fleming & Burry, 1988; Greil et al., 1988; Leiblum et al., 1998; Ulbrich et al., 1990; van Balen & Trimbos-Kemper, 1993; Van Keep & Schmidt-Elmendorff, 1975).

An area of consensus might be to postulate that the diagnosis and medical treatment of infertility create stress on the relationship but that as, and if, the crisis is weathered, more positive effects can be observed in terms of improved communication and closeness⁵.

The individual's and couple's relationship with their families can also be seriously affected during the infertility crisis with potential misunderstandings, lack of support and distancing occurring (Burns & Covington, 1999; Conway & Valentine, 1988). In addition, they might be subject to covert or overt pressure of unknowing parents on either side to produce a grandchild causing further frictions both within the couple unit and in interactions with their family. Finally, sibling rivalry and jealousy based on parenthood status can cause further distress and isolation (Burns, 1987).

Relationships with others are also affected in a significant way. A tendency for women, in particular, and, in some cases, couples to avoid social gatherings and pregnancy or birth-related events has often been observed (Epstein & Rosenberg, 1997; Miall, 1989; Wirtberg, 1999)⁶. Having to deal with others' curiosity, uninformed advice and risk of experiencing the stigma or social sanction attached to childlessness seem to act as a disincentive to engage in interactions. Infertile and involuntarily childless people often report feeling like a 'stranger' or 'outsider' and experiencing a strong sense of exclusion from the fertile world (Exley & Letherby, 2001), and former or potential friends are perceived as unsupportive or non-understanding (Conway & Valentine, 1988; Greil, 1991a; Miall, 1986).

The long-term effects of withdrawal and of the sense of isolation experienced during infertility are not documented. It is assumed that in the transition to alternative parenthood or non-parenthood, as the grief subsides, the couple renegotiates an equilibrium (Matthews & Matthews, 1986b), gradually restores relationships and resumes normal social interactions with others including children (Coble, 1985; Daniluk, 1996; 2001b). However, as I will argue in a subsequent section, very few studies have attempted to take a longer-term view of the

⁵ I will elaborate further on the application of these findings on gender differences when I consider the couple's joint adjustment process in Chapter 8.

⁶ Epstein and Rosenberg refer to this common reaction as 'milestone induced agoraphobia' (1997).

adjustment process and it is impossible to determine, therefore, the degree to which relationships with others are 'normalised.'

But before considering the overall limitations of the research on infertility and highlighting the significant gaps of knowledge we have about the experiential transition to non-parenthood, the following section first discusses the ways in which infertility has been predominantly conceptualised as a bereavement and stress-coping experience.

Relevance and limitations of grief and crisis stage models

As suggested above, early studies on psychological responses to infertility focused on defining and ordering the sequence of emotions experienced by individuals (Kraft et al., 1980; Mazor, 1979; Menning, 1980; Seibel & Taymor, 1982; Shapiro, 1988), and 'stage' response models have been elaborated on the basis of Kubler-Ross's (1969) theory of grief and later as crisis resolution models. Although these conceptualisations have been expanded upon, and there is some variance with regard to the number of stages identified, they all stress disruption and loss, and the need to progress through stages of grief and coping. They also all include, as a final stage, some form of 'resolution' or 'restitution.'

However the accuracy of 'stage' theories has not been empirically demonstrated. Furthermore, intensity of individual's response has been observed to vary, and suggestions have been made that unlike the universal and logical continuum of progression that has been proposed, coming to terms with infertility and adjustment should be seen to include diverse patterns, for instance, with stages being skipped or revisited (Coble, 1985; Conway & Valentine).

Furthermore, the concept of resolution itself has been challenged by several authors as being inappropriate terminology given that infertility does not permit the achievement of a net closure, even for those who choose to become adoptive parents but retain infertility as part of their identity (Cooper-Hilbert, 1998; Fleming & Burry, 1987; Forrest & Gilbert, 1992). Forrest and Gilbert suggest, in this respect, that the terms 'acceptance' and 'adaptation' might be more appropriate (1992).

This is largely attributed to the inherent and unique nature of the infertility loss itself. Koropatnick et al (1993 p. 170) describe the loss of fertility as "a loss of an opportunity for self-definition through a socially sanctioned role". Beyond the main loss of a biological child,

it involves a multitude of secondary losses (Conway & Valentine, 1988; Mahlstedt, 1985; Valentine, 1986). Conway and Valentine (1988) who develop a comprehensive inventory of these losses, listed amongst the most important ones: significant relationships, acceptable body image, sexual spontaneity, status and prestige, control and self confidence, the 'fantasy' and the experience of pregnancy and parenthood as well as lineage and continuity. It is also seen as a private and intangible loss (Cook, 1987; Mazor, 1979; Menning, 1980), thus more difficult to acknowledge and unrecognised by others which tends to render the grief work particularly complex and possibly lengthy (Edelmann & Golombok, 1989; Eunpu, 1995; Forrest & Gilbert, 1992; Mahlstedt, 1985; Sewall, 1999).

The application of grief theory to document the progressive nature of the infertility experience has proved to be clinically very useful but it has substantial limitations. Firstly, it contains the erroneous assumption that some sense of finality can be achieved whereas infertility and involuntary childlessness appear to remain, to a large extent, open-ended experiences. Secondly, it addresses the final stages of recovery and restitution in a very limited manner. Finally, its scope remains based on individual responses and processes and neglects the broader environmental and social context.

Other clinical models, emphasising the long-term nature of this experience and its social dimension and attempt to document progress through infertility towards some form of resolution, have been proposed.

Cook (1987) describes a 'stage' model similar to Menning's (1988) and Mahlstedt's (1985) but adds, to the inventory of psychological affect, anxiety, isolation, alienation from others and estranged relationships. She postulates that infertile individuals respond to others in a way that intensifies their crisis.

Blenner (1990) who observed, from a symbolic interactionism perspective, the trajectory of infertile couples through medical treatment concluded that there are eight definite stages from immersion to disengagement and acceptance including processes of 'moving out' and 'shifting the focus' which are valuable. Finally, Coble (1985) refines Menning's observations by suggesting that involuntarily childless couples may progress through six qualitative phases (awareness, articulation, accommodation, action, avoidance and acceptance).

There has also been a number of approaches developed based on stress, coping and adaptation models, guiding the analysis of appraisals and of coping strategies (Mendola, Tennen, Affleck, & McCann, 1990; Myers & Wark, 1996). Dunkel-Schetter and Stanton

(1991), in particular, suggest the application of this theoretical framework to understand the stressful conditions associated with the experience of infertility and the factors likely to exert an influence in 'successful adjustment.'

On the whole, as the recourse to medical solutions to treat infertility is becoming a more common occurrence, these 'stage' theories are useful to conceptually understand the cycle of hope and despair experienced during intervention and the range of emotions at play. It is also through such conceptualisations that we can begin to understand how the aim of bringing a child into the world which becomes, for some, an obsessive focus of attention for a long time, can be progressively laid to rest⁷. They also have merit in highlighting the level of difficulty that couples experience in abandoning treatment and how the increased range of available medical options constitutes a growing impediment for resolution (Braverman, 1997). Their main shortcomings, however, are that they remain based on the observation of samples drawn from clinical settings, often limited in time to the 'resolution' of the crisis, and do not provide sufficient information to document its aftermath or the pathways to recovery.

The infertility 'aftermath' and pathways to acceptance

The conceptualisation of infertility as a 'stage crisis' thus carries the assumption that it ends in either 'resolution' or 'acceptance,' depending whether couples go on to third party reproduction, resort to adoption or remain permanently childless. However, as we now know, the nature of infertility is such that it disrupts many aspects of life and identity with long-term impact and effects (Anderson, 1989; Atwood & Dobkins, 1991; Becker, 1990; Cook, 1987; Cooper-Hilbert, 1999; Daly, 1999; Forrest & Gilbert, 1992; Menning, 1980; Shapiro, 1988; Stanton & Dunkel-Schetter, 1991a; Zucker, 1999), so that impediments to adjustment and its 'aftermath'⁸ are, therefore, worthy of further and more detailed considerations. Yet it is only in recent years that researchers have started to consider the psychological impact of repeated treatment failures and examine some aspects of the post infertility treatment experience of individuals and couples.

The transition from infertility to biological and adoptive parenthood has been at the centre of some research (Abbey et al., 1992; Adair, 1994; Barbo, 1992; Daly, 1988; Sandelowski,

⁷ Many of the studies on infertility indicate that extended treatment and repeated failures characterise the experience of many infertile individuals (Stanton & Dunkel-Schetter, 1991b). Van Balen & Trimbos-Kemper (1993), for instance, studied a group of long-term infertile with a history of at least five to six years of treatment and found that 50% were still willing to pursue medical treatment. It was only after 10 years, or more, of infertility that couples tended to abandon the active pursuit of medical treatment to fulfil their wish and abandonment was often forced by the biological clock. Others have proposed that 10 to 15 years of fertility attempts are not uncommon (Becker, 1994; Becker & Nachtigall, 1994; van Balen & Trimbos-Kemper, 1993).

⁸ Cooper-Hilbert identifies the aftermath of infertility as a 'Legacy Phase' (Cooper-Hilbert, 1998)

1995; Sandelowski, Holditch-Davis, & Harris, 1990) showing the long-term and wide-ranging implications and the residual issues that may need to be addressed. The transition to non-parenthood has also attracted some interest but our understanding of this process remains, as I will show, extremely limited.

What research suggests is that, generally, the acceptance of biological childlessness can be a long-drawn process which can take many years, even a life-time (Barbo, 1992; Bergart, 1997; Sewpaul, 1995; Woollett, 1985)⁹, is often delayed by the availability of an increased array of technological options (Braverman, 1997; Forrest & Gilbert, 1992; Sandelowski, 1995); and that, in most cases, couples simply 'drift' towards some form of passive resignation (Becker, 1990; Carter & Carter, 1998). Menning, in particular, postulates that the uncertainty that surrounds the loss experienced in infertility, prevents proper finalisation until women reach menopause (1980). Olshansky's (1987 p.62) observations are also that many couples seem to remain 'stuck' or 'in limbo' for a period of time. She suggests that one of the tasks they need to address is 'shedding' an infertile identity, which has become central.

Bernstein, Brill, Levin and Seibel (1992), caution, however, against broad generalisations with observations that whilst some couples find themselves immobilised and trapped in the 'why me?' stage and may have to face many years of 'emotional work,' others seem to accept the losses associated with infertility with greater ease.

Two other known impediments to this process are the negative effect of enduring hope and the circular nature of grief. In the case of the former, both Sandelowski's (1995) and Bergart's (1997) research strongly indicates that a remaining hope of pregnancy contributes to a debilitating and detrimental 'denial of reality'¹⁰. Bergart (1997; 2000) disputes, in particular, the assumption that acceptance of the loss precedes or accompanies the end of medical treatment and suggests that the circular nature of hope renders acceptance very gradual. In the latter case, Burns and Covington (1999) contend that the feelings experienced in relation to the loss need to be revisited again and again while Morley (1993) ascertains that the grief involved must be reworked at a variety of different life stages.

The transition to non-parenthood is seen as a particularly difficult one as it requires not only clarification of loss and meaning (Daniluk, 2001b; Morley, 1993), significant emotional and

⁹ As a further indication of the length and complexity of this acceptance process see studies by Woollett (1985) and Coble (1985) which show that many individuals and couples have not 'moved on' even years after they made the decision to end medical treatment. Coble, in particular, found that only four couples out of 20 could be classified as being in an 'acceptance phase' and that several who considered themselves as having reached that stage were, in fact, in the first 'avoidance' phase.

¹⁰ Bergart (1997) also found in her study that amongst a sample of women aged 35 to 45, nine out of 10 had not given up hope of pregnancy and three thought that only menopause would allow them to give up that hope.

biographical work (Exley & Letherby, 2001; Sandelowski et al., 1990; Wirtberg, 1999), but also the resolution of couples' potential conflicts on decisions and positions (Baker, 2003; Epstein & Rosenberg, 1997). On this last point, Greil (1988), rightfully observes that a potentially complicating factor is that while the partners may have developed 'shared constructs,' they may not completely share an experiential world. Partners might be at different stages of grieving and experience difficulties in supporting each other (Morley, 1993; Salzer, 1991) and individual acceptance may be, as Coble (1985) and Morley (1993) both suggest, reached at different points.

Ulbrich et al (1990) found that women's perception of 'role failure' affected their and their partner's adjustment as well as their perceptions of marital cohesion. These findings suggests that the transition to non parenthood might be more complex for them because they regard childlessness as 'less acceptable' but that adjustment might be positively influenced by the length of marriage. They recommended further research to examine the ongoing process of resolution and to understand how couples resolve the dilemma created by perceptual differences.

Overall, the literature stresses, principally, two aspects of individual 'work' which are seen as essential to bring about resolution: emotional work, through mourning, as well as biographical or identity reorganisation work.

The general assumption is that grieving has to precede the restitution process (Kraft et al., 1980; Menning, 1980). Clinicians have developed programs to assist this 'recovery' through what they regard as 'necessary' grief work. The passage through different stages of mourning can be, in that sense, promoted and aided by counselling or therapeutic intervention (for instance Applegarth, 1999; Braverman, 1997; Burns & Covington, 1999; Daniels, 1993; Daniluk, 2001b; Leiblum, 1997b; Newton, 1999; Sewall, 1999; Stammer, Wischmann, & Verres, 2002). Some of these postulate, for instance, that for resolution to be reached it is necessary to accept the inability to have a biologically related child (Becker, 1990; Conway & Valentine, 1988), bury the 'fantasy child' (Burns, 1987; Burns & Covington, 1999) and abandon the negative process of magical ideation or 'magical thinking' (Bernstein et al., 1992). Other researchers also strongly emphasise the importance of mourning (Clark, Henry, & Taylor, 1991; Shapiro, 1988) and rituals (Anton, 1992; Daniluk, 1996; Eunpu, 1995; Sewall, 1999) to start individuals and couples on the path to a 'healthy grieving' which will eventually result in some form of closure.

The clinical literature also comprises many hypotheses about the identity work that needs to be undertaken (by women especially). Mazor (1984 p.30) notes that “frustration of not attaining the goal of parenthood requires significant reorganisation of one’s identity”. Greil (1991a), refers to the need to reverse the effects of a ‘spoiled identity’, whilst others emphasise the extensive biographical work required for a reconstruction of self (Bury, 1982). Menning (1980) and Eunpu, (1995) also suggest that self-image and sexuality must be reworked and disconnected from fertility. Daniluk (1996) emphasises the importance of reaching ‘self-acceptance’.

Along with personal identity, life goals must also be reviewed and separated from parenting goals (Cook, 1987) in an empowering decision to ‘become childfree’ (Carter & Carter, 1998; Sewall, 1999). In other words, to resolve the uncertainty brought about by infertility, the infertile are encouraged to ‘shift’ their focus and change their position on the involuntary/voluntary continuum. For instance, Clark et al (1991) propose the examination of childbearing motivations in order to ‘disentangle’ personal fulfilment goals from parenthood, to stop detrimental ruminations, restore the individual’s sense of control and uncover new pathways to happiness. The realisation that the individual’s identity does not rely on fertility is also seen as a necessary step to facilitate recovery (Mahlstedt, 1987). But across these many themes, there are no suggestions in the literature as to how these ‘recovery’ and ‘enabling’ tasks are to be performed and changes brought about, including how the reform or reconfiguration of projected identity occurs.

Furthermore, the recognition by a growing number of authors of the social pressures exerted on women to mother, and the stigmatisation and ‘alienation’ that accompanies childlessness, is instrumental in examining this topic as it serves to highlight the fact that these ‘tasks’ are considerably complicated by our cultural context (Roach Anleu, 1993; De Lacey, 2000; Dowrick & Grundberg, 1980; Kirkman, 2003; Letherby, 1999; Miall, 1986; Sewall, 1999; Veevers, 1973). Reaching acceptance by ‘shifting the focus,’ reviewing both personal identity and goals, or constructing a new identity, which are strategies of ‘recovery’ simplistically presented in clinical and self-help literature¹¹, may well be beneficial but lack both realism and elaboration. They also silence the ways in which our cultural construction of childlessness may influence both the path and the pace of ‘acceptance’ and shape the construction of the childless experience. These would seem to be crucial in examining the complex and multi-faceted aspects of the transition to non-motherhood.

¹¹ For further discussion on this topic see De Lacey’s critical review of clinical literature on ‘acceptance’ (2000).

However, amongst this abundance of clinical hypotheses about the ‘requirements’ of this transition, there are very few studies that have endeavoured to investigate the complex and dynamic nature of this unfolding process and to document the experience of infertile individuals or members of an infertile couple, as they attempt to come to terms with involuntary childlessness.

The theoretical contribution provided by Matthews and Matthews (1986b) is, in this respect, the most significant as it considers the requirements of this transition from the expectation of parenthood to non-parenthood, with both an individual’s and a couple’s perspective, and also takes into account the way in which social interactions shape this process. It has merit in establishing a particularly useful distinction for this enquiry between ‘infertility,’ as both a biological condition and concurrent crisis, and ‘involuntary childlessness’ as a social status with resultant socio-psychological conditions. The following section reviews, in more detail, their contribution and focuses on works that assist in answering my research question.

The involuntary transition to non-parenthood

Matthews and Matthews (1986b) looked at involuntary childlessness as a developmental transition. They offer a valuable framework that helps explain the psychological challenges that this entails and the readjustments that are expected to take place in terms of identity and role commitments. The three major processes around which this theory is articulated are:

‘Reality reconstruction’ by which the couple as a unit redefine themselves as a married couple for whom biologically related children might not be a possibility. This reconstruction is contingent upon a number of factors: the duration and outcome of fertility investigations and the decisions made; the extent to which they have developed a shared view of the world; and the way significant others around assist them in defining this reality of childlessness;

‘Identity transformation’ in which each member of the couple who may be affected reworks their own potentially ‘spoiled identity’ and recreates a new identity and self-concept integrating the reality of infertility; and

‘Role readjustment’ by which they redefine their situation in such a way that their desired goals become more congruent with the range of alternatives available.

The authors also studied the role of appraisals and attributions in this adjustment with a particular emphasis on couples’ perceptions about the function of marriage rather than of

infertility. They hypothesised that infertility calls into question two primary functions of marriage: control over a private world and parenthood.

This significant contribution remains theoretical and does not provide information as to the ways this transition is practically negotiated or insights as to how these tasks can be promoted and aided.

There are, in addition, five significant works whose focus is on the post-infertility treatment experience of individuals (essentially women) and on their transition, either to alternative forms of parenthood, or to childlessness after IVF failure. I will briefly review their findings and discuss their limitations before I conclude.

Woollet's (1985) research retrospectively investigated the unsuccessful infertility experience of 50 infertile individuals (42 of whom were women) as they attempted to readjust their self-concepts at the end of a long-drawn infertility process. She suggests that beyond the search for a medical solution, adaptive strategies such as developing a positive identity, shifting the centrality of children in their lives and finding new ways of getting needs met were rather under-utilised, and that some people had not 'moved on.'

Morley's (1993) study also focuses on the process of resolution. She proposes that support, grieving and finding a new sense of identity are key components of this process. Her study shows that infertility has persistent effects and can have a strong negative impact on self-esteem and sexual relationships but also that its effects on women are variable and the reactions and manifestations of grief in relation to infertility are diverse. However, the characteristics of her sample are such that they cannot be directly translated into this research. Out of 13 women aged between 29 and 45, eight are adoptive mothers and it appears that overall her conclusions only address the early phases of acceptance and decision making after treatment.

Bergart (1997) uses a narrative perspective to examine the experience of involuntarily childless women after failed In-vitro fertilisation (IVF) attempts. Her sample includes 10 women who had battled with infertility for a period of one to six years and ceased treatment for at least six months prior to the interviews (longer, in some cases). She demonstrates that the affects of infertility become more manageable with time and illustrates their efforts to redefine their identities, focus on their marriage and re-establish social relationships. Her findings indicate that where some consider themselves 'adjusted,' others continue to experience difficulties with this 'reconstruction' and that an overwhelming majority of them

have not yet put to rest their hope of a future pregnancy (see footnote 10). She describes the changing nature of pregnancy hope through a three-stage continuum from false hope, to false peace and eventually to the 'it's okay stage.' Her findings, intended to guide social workers' interventions, emphasise the importance of establishing some form of closure and include the identification of markers of 'moving on' as well as a number of risk factors¹². Her observations are extremely useful but, regrettably, the study only tests Matthews & Matthews' (1986b) theory of transition to non-parenthood from both an exclusively female and a relatively short-term perspective.

Although she does not purport to study women's involuntarily childless transition to non-motherhood after infertility treatment failures, De Lacey's post-modern analysis of the construction of involuntary childlessness and the clinical and self-help 'resolution' literature provides some interesting insights for this study (2000). Of particular interest is the way she illustrates the difficulties women encounter in developing, maintaining and presenting a positive identity as involuntarily childless and non-mothers in the current cultural context and in 'positioning' themselves in social interactions. Furthermore, she observes that in the recovery process, women distance themselves from clinical and deterministic discourses that restrict our understanding of infertility and involuntary childlessness to 'contrived' and 'assisted motherhood' and refer, instead, to a 'return to wholeness.'

Finally, Daniluk's (2001b) Canadian research is probably the most closely affiliated to this enquiry as well as the only longitudinal study of couples' transition to childlessness (although restricted to biological childlessness). Using the theoretical framework outlined earlier, and a phenomenological approach, she attempts to illuminate the ways in which couples reconstruct meaningful lives after infertility with a series of three consecutive interviews (at 10 monthly intervals) of 37 involuntarily childless couples. Drawing on common themes of the couple's journey, she describes their passage through four main stages from the emotional depletion and grief of the first stage of 'hitting the wall' to the last stage of 'renewal and generation.' She illustrates the painstaking efforts of couples through this 'critical juncture' as they progressively came to question their relationship and the meaning of parenthood, worked through a range of disturbing emotions and finally began to re-envision alternative lives and moved forward to new goals with a renewed sense of agency and efficacy. She observes that making the transition to biological childlessness was, for

¹² Ten risk factors were identified as possible impediments for participants to 'move on:' lack of counselling, diagnosis, or support, early onset of desire to mother, partner's strong desire for children or reluctance to adopt, no decision to stop treatment or adoption, lack of closure with the medical team and the absence of role models (Bergart, 1997, Chapter 10). These refer to situational risk factors and do not include specific ones that may be related to participants' personality or history which have not been identified in this study.

most, a very difficult process, and a very different one than coping with the stress of fertility treatment. To be successful, in her view, this process requires similar tasks to the ones described by Matthews and Matthews (1986b). That is, not only an acknowledgment of losses but a 'reclaiming of the self' and reaching a stage of self acceptance with a willingness to challenge the socially constructed link between fertility and self-worth and a recommitment to the relationship. Through these steps, participants are seen as 'reconstructing' their identities and integrating their experience of infertility and childlessness into a renewed positive self-concept. Her accounts show that they were able to find meaning and purpose in 'surviving' their infertility, turn outwards and re-establish social networks, and felt profoundly changed as a result as well as progressively able to acknowledge some of the gains.

The other interesting observation that can be drawn from this study is that despite the length of time elapsed since their last fertility treatment, participants repeatedly refer to a strong sense of isolation/exclusion and reported the continued aftermath of infertility in terms of lack of sexual spontaneity and intimacy.

Daniluk's study maps, in a rich descriptive manner, the transitional process to biological childlessness and provides some very valuable insights for this inquiry. It emphasises, in particular, the social dimension of the infertile identity and sheds some light into the 'identity reconstruction' process, which seems to be particularly important for women. Unfortunately, the insights she provides are limited in scope as the focus is restricted to the abandonment of the biological aspect of parenthood and her sample includes a high proportion of participants who are either adoptive parents or in the process of adopting (62%, with only the remaining 38% who have abandoned the pursuit of any alternatives to parenthood). It is worthy to note, in this respect, that she concludes that the transition appears to be considerably easier for those who adopted and reached a greater sense of closure. Another limitation is that her sample includes a particularly large number of couples with unexplained infertility, a factor that seems to complicate the adjustment process but is not necessarily representative of the population at large. Finally, as the interviews she conducted were joint rather than separate interviews¹³, a closer examination of her findings reveals that women's voices tend to be dominant in the construction of this experience and, on the whole, this research does not provide much information about men's experience of involuntary childlessness.

¹³ This was a purposive choice to represent shared constructions of their medical experiences (Daniluk, 2001a, p.4).

Summary and conclusions

This chapter reviews the existing literature on infertility and involuntary childlessness. I have traced, through different research perspectives, the development of our understanding on aspects of the infertility experience relevant to this enquiry, shed light on some of its contradictions and emphasised the main concepts and observations which frame the ways in which it is constructed. I have also discussed, in some detail, works that are more directly linked with the research question and examined their findings in relation to the process of adjusting to involuntary childlessness.

Whilst this body of literature provides clues as to the subjective experience of infertility and its psycho-social effects on individuals that are instrumental to this research, these are, in many ways, discrepant particularly with regard to the extent to which disruptions and emotional affects may be actually felt and experienced. Whilst the clinical and descriptive literature provides broad generalisations, empirical studies tend to present its effects as more measured and diverse. The conceptualisation of infertility, its aftermath, and involuntary childlessness as a transient grief crisis also appear to be somewhat restrictive particularly as it does not adequately represent the continuum of adjustment to childlessness.

But most of all, the great majority of studies on infertility (which often purport to study 'involuntary childlessness') are considerably limited in outlook both by recruitment practices and by timing. An overwhelming proportion of them are based on samples (often volunteers) drawn from infertility clinics and/or infertility support groups (which are not necessarily representative of the population at large and include little socio-economic and cultural and ethnic diversity), and tend to exclude non-treatment participants. They also, on the whole, focus on a period of time which spans from the onset or diagnosis to the end of treatment (with a great proportion of them restricted to treatment time) and rarely include follow-up (or a very short term follow-up). The over-proportion of studies on women's experience and the negligible amount of research on couples' and men, in particular¹⁴, is also worthy of mention.

In addition, beyond the clinical hypotheses that are formulated about progression towards resolution (in this case in the form of acceptance of childlessness) there seems to have been

¹⁴ Several studies included interviews with couples, for instance, (Andrews et al., 1991; Blenner, 1990; Hirsch & Hirsch, 1995; Sabatelli et al., 1988; Stanton, Tennen, Affleck, & Mendola, 1992) but they generally tend to emphasise gender differences in adjustment to infertility and childlessness (Daniluk, 2001a; Draye, Woods, & Mitchell, 1988; Ulbrich et al., 1990) and, on the whole, we have very little knowledge about the ways in which infertility affects men, particularly in a longer term, and how couples manage, together, their transition to involuntary childlessness.

very little interest in examining the lived experience of individuals and couples as they adapt or adjust to childlessness, when they do not take the medical route, or promises of medical intervention do not eventuate and/or remaining alternatives are considered unacceptable. Whilst there seems to be a growing interest in documenting women's, and to some extent couple's, post-infertility and involuntary childlessness experience, the few useful studies which have looked into the transition to non-parenthood are restricted in their insights by their time-scale, gender focus and by the inclusion of participants who are still considering different options for biological parenthood or have opted for alternative forms of parenting such as adoption.

Given the multi-dimensional aspects of the involuntary childlessness experience and its greater occurrence (as highlighted in the previous chapter) it is, in my view, essential that we develop a more detailed and accurate understanding of this life trajectory. In particular, the way our clinical and social structures are at present, they do not provide the resources to inform or assist people along this path (outside of clinical infertility counselling settings), and no revision of our cultural conceptions of childlessness are forthcoming.

The next chapter presents the theoretical and methodological foundations of this study.

CHAPTER 3

Fundamental building blocks and structural engineering

“The special task of the social scientist in each generation is to pin down the contemporary facts. Beyond that he shares with the humanistic scholar and the artist in the effort to gain insight into contemporary relationship and human projects” (Cronbach, 1975).

Introduction

The epistemological and ontological foundations of this study are outlined in this chapter. There are many and varied elements that have contributed to and informed my reflections on the topic. To enable the reader to discern these, I have used Denzin and Lincoln’s (1994) principles to define and describe how, as a ‘situated’ researcher, I have formulated and approached the investigative questions at the heart of this study with a particular ‘view of the world’ and how, in the manner of a ‘bricoleur,’¹ I have drawn on various theoretical frameworks to ‘craft’ the unique paradigm of this research.

As an enquiring, multi-disciplinary researcher, I have combined both the macro-analytical perspective and skills of a social and political scientist with the concerns and focus of a psychotherapy practitioner. My views, and thus the theoretical framework of the study, have been shaped, largely, by means of a ‘variable focal lens’ whose focus oscillates between the particular and general as well as individual subjectivity and social understandings.

The topic lies at the core of human existence and it also touches on some of the many fundamental philosophical debates of our era and this has led me to significantly widen the analytical vista, well beyond the most relevant literature (reviewed in the previous chapter), and thus broaden the scope of likely influences on my thinking as well as the formulation of the research question and its treatment.

The philosophical stance and/or theoretical perspective that have informed the methodology of this study are, thus, a ‘composite’ derived from what Hammersley and Atkinson (1995) refer to as ‘the conceptualisation’ process. It is a process that has been fashioned by ontological considerations and by the elements of responses that I have sought on relevant overarching and dialectic questions about nature and the significance of human reproduction,

¹ I develop this particular concept and my views of the researcher as a ‘bricoleur’ in the following section.

biology versus culture, self and society, individuality and agency, the constitution of identity and the great gender debate. My 'working through' these cognisant issues using a 'cartesian pluralism'² approach in search of relative truths and 'resonances' is beyond the scope of this chapter. However, I believe it is important to state that this process of 'situating' the enquiry within a broader philosophical context, and delineating its place within a myriad of theoretical perspectives to build the 'scaffolding'³ which sustains the research paradigm, has been a fundamental 'engineering' effort.

Before discussing the structural elements that constitute and support this 'scaffolding,' namely, the epistemology and theoretical perspective that have informed and shaped the methodological approach (which is described in more detail in the following chapter), I would like to provide my own perspectives on this pluralistic and 'blended' approach to research using a concept, borrowed from Denzin and Lincoln (1994), of the researcher as a 'bricoleur' which best defines my conceptual and analytical pathway.

The 'researcher-bricoleur' in the Fifth Moment

The French term 'bricoleur' which can be taken to mean 'a jill of all trades' is an expression that is often applied to qualitative researchers who are inclined towards ontological and methodological pluralism. Denzin and Lincoln describe this as one of the features of the evolution of research practices in the 'Fifth Moment.' It is a 'moment' defined and shaped by a double crisis (of representation and legitimation) which confronts and challenges qualitative researchers in representing the 'other' and where "the illusive centre is moving further away from grand narratives and single overarching paradigms but remains committed in studying the world from the perspective of the interacting individual" (Denzin and Lincoln, 1994 p. 575-586). However, this description which qualifies a particular approach to investigation, and first used by the French ethnographer Levi-Strauss (1966), does not, in my view, signify a fake 'generalist' stance but, on the contrary, illustrates an effort to develop and combine, effectively, forensic skills with creative, analytical and lateral thinking. The researcher-bricoleur is, as Crotty (1998 p.51) defines it, more of a "makeshift artisan," constantly on the look-out for messages and new perspectives, and a person who seeks to

² The term 'cartesian pluralism' means having the intellectual curiosity to expand my knowledge and concepts of the topic beyond traditional bounds and, also, using a logical, rational and methodical approach to the study of relevant material both of which are an inheritance from the French educational system.

³ I use Crotty's (1998) 'scaffolding' analogy to delineate the four major elements which constitute the research paradigm. The epistemology and theoretical perspective (discussed in this chapter) are constitutive elements that inform the choice of methodology and methods (presented in the next chapter).

make something new of materials from something previously different. It is also someone with “the ability to ‘re-vision’ these bits and pieces...and divining very different purposes that they may now serve in new settings”. Seen in this way, the research becomes a conscious meditation with content, an invitation to transcend the meaning of the components, and to review existing paradigms in an attempt to move forward towards reinterpretation and new meanings and the creation of a new whole.

‘Bricoleur’ is also a particularly appropriate metaphor to describe my ‘relativist’ view of the world and my critical approach to the way we go about constructing knowledge from units of understanding, categories and dichotomies that become rigidly established and must then be structurally reviewed, reshaped and, at times, deconstructed to uncover further layers of understanding. In the context of this study, it is also a particularly relevant approach because in order to achieve the aims of the research, critical consideration must be given to our cultural knowledge and assumptions about parenthood, infertility and childlessness all of which have a strong bearing on the experience of involuntary childlessness. It is also my belief that these conceptual ‘foundations’ which, through social discourse, make up ‘the order of the day’ might, in our changing world, also need to be re-visited, and confronted with the reality of lived experiences.

Finally, although this inquiry is grounded in a constructivist and interpretive qualitative research paradigm, a blended approach was also considered most appropriate to explore and document the lived experience of involuntarily childless couples and their progression towards accommodation of this status. Designing this approach required creating a specific paradigm to form the interpretative framework or ‘net’ containing the researcher’s epistemological, ontological and methodological premises (Denzin & Lincoln, 1994). In the following pages I progressively explain the constitutive elements of this paradigm.

Constructivist and interpretivist approach of social constructionism

The epistemological foundation of this study is social constructionism which takes the view that knowledge is produced and ‘constructed’ out of human interactions (Crotty, 1998; Guba & Lincoln, 1981) and thus contingent upon social context and discourses (Gergen, 1985). The assumption, therefore, is that there are multiple apprehendable ‘realities’ which stem from social processes in historically and culturally situated exchanges amongst social actors. Culture which is instrumental in shaping human perspective, constitutes a reality of its own

that predates participation by human actors and maintains itself beyond them but is not “inert” and is thus continuously “in the process of being formed” (Bryman, 2001 p. 15). The different and sometimes conflicting ‘realities’ produced by human intellects are, then, understood to have the features of a dynamic culture where-in concepts can be in a constant state of revision “as the constructors themselves (both actors and researchers alike) become more informed and sophisticated in their observations” (Guba & Lincoln, 1981p. 111).

This particularly important premise of constructionism regarding the collective generation, construction, revision and transmission of meaning (Crotty, 1998) constitutes one of the major foundations on which the methodology of this study is based and the axiom around which the questions have been articulated. As I showed in the previous chapter, our state of knowledge about the experiences of infertility and involuntary childlessness constitute a ‘mosaic’ of observations and theoretical constructions produced from a range of diverging perspectives whose foci serve particular purposes. The premises of constructionism about relativism and plurality ‘equip’ the researcher with awareness about the ‘situatedness’ of these different pieces of the puzzle. Although this added value cannot lead to ‘ultimate’ or ‘objective’ truths but simply to another “situated’ construction”, as Crotty (1998 p. 82) argues, this understanding remains essential to sustain his/her efforts to uncover these constructions as expressions of social, moral, political and economic institutions or expose the ‘social reality in force’ (Littlejohn, 1992), in order to generate a more holistic and pluralistic view of the phenomenon under study.

Furthermore, the emphasis that is placed on the ‘cultural’ construction of meaning is extremely relevant to the observation of ‘childlessness’ as a growing phenomenon which, as I showed in Chapter 1, is constructed as a ‘social problem’ and ascribes, through representations that carry strong assumptions about the ‘naturalness’ of parenthood and its ‘essentialness’ for normative development, a particular meaning to this human experience.

The ‘generative’ approach to knowledge development that constructionism supports through critical reflection on existing scholarship, as well as on self as an ‘embodied’ and ‘situated’ producing agent (Gergen & Gergen, 1991; Guba & Lincoln, 1989), is thus an open invitation to make a contribution by “challenging conventions of understanding” and opening up “new worlds of meaning and action” (Gergen, 2001 p.116). It also encourages the researcher to be attentive to subtle variations of cultural contexts which can have a bearing on the subjective ‘experiential’ realities and on the particular meaning participants assigned to this experience.

Another fundamental tenet of constructionism is that in the process of generating knowledge the researcher and the participant are engaged in a collaborative process which is enhanced by their relating and purposive interaction but remains conditioned by cultural context. This emphasis on the relational self in the formation of knowledge, social identity (or identities) and realities, resonates strongly with my view that relations are a critical meaning-making activity for the construction, evolution and maintenance of personal selfhood. Selfhood is, in that sense, personally created, interpretatively elaborated and interpersonally constructed in specific cultural environments and settings. As Elliot (2001 p.5-6) points out, “in forging a sense of self, individuals routinely draw from social influences and maintain it through cultural resources”. Although both realistic and restrictive, this view of the outcome of research interaction is particularly useful for this study. It offers an opportunity to witness and indirectly participate in the ‘remedial’ identity activities that the involuntarily childless are purportedly engaging in, in the process of adjustment to childlessness and in their efforts to ‘position themselves’ in a cultural setting that exclusively and negatively portrays two ‘extreme’ positions in the spectrum from voluntary to involuntary childlessness.

There are other fundamental reasons to justify this social constructionism position in terms of the conceptualisation of ‘identity’ which is a theme that is closely interwoven with the questions that are being asked. First of all, as Elliott (2001) observes, there are very few areas that affect the self other than the areas of reproduction and family. Secondly, infertility and involuntary childlessness are often viewed as a life-crisis that involves loss of identity and has a strong impact on relationships which contribute to maintaining a positive sense of self. Thirdly, the transition to permanent childlessness is conceptualised as a process requiring identity transformation or ‘adjustment’ (see my discussion in Chapter 2) and the social context in which this may take place is thus paramount. I adhere to the social constructionist view that the knowledge we have of ourselves and of the world as individuals derives from interaction with others, and that constructions or ‘malconstructions,’⁴ as the case may be, that predominantly exist, impact on the way we experience the world, and situate ourselves within a broader social context.

In addition to constituting the epistemological foundation of this study, social constructionism also contributes to its ontological construction based on the view that adjustment to infertility and involuntary childlessness is determined, interpreted and

⁴ In their elaboration of the properties of constructions, the term ‘malconstruction’ is used by Guba & Lincoln (1989) to describe constructions that may be incomplete, simplistic or unformed.

negotiated through cultural and social constructs about the nature and consequences of these experiences and mediated by processes of social identity constitution and definition. From this perspective, it can be regarded as a dynamic and socially-conditioned process whereby couples come to define and interpret their particular situation, but can also have a potential impact on culture itself.

Of particular relevance is Giddens's (1991b) theory of structuration which offers a platform to reflect on the institutional articulation of socially derived practices related to family, reproduction, infertility and childlessness. It allows me, in particular, to gain an appreciation of some of the shifts that may be occurring in these practices as a consequence of the various changes in the global, psychological, political and economic context. To use Giddens's words, "studying how the interconnections are played out means seeking to identify how these conversions between institutional areas are reproduced in actual conduct". This can be appreciated through the experience of both the individual's as well as the couple's experience of their transition to involuntary childlessness and in the ways which they negotiate, personally and socially, with the dominant discourse and the cultural constructs that impact on their self-concept.

Finally, a constructionist approach is well suited for inquiry into both social and counselling work. From a broad perspective, social workers, like constructionists, seek to question the dominant knowledge structures and to understand the effect of historicity and culture on lived experiences with the aim of modifying dominant structures where they generate discrimination and prejudice. From a more individual clinical perspective, appreciating that 'lived experience' can only be understood within the beliefs, thoughts and perceptions of the individual concerned also allows the practitioner to give greater attention to individualisation and to the diversity of experiences and ultimately to promote self-determination and agency.

Based on this foundation, I have developed the grounds for this research enquiry and its methodological approach on theoretical assumptions which are underpinned by a number of different perspectives but largely related to the principles of social construction. As mentioned earlier, there are many theoretical influences on this study ranging from psychoanalysis and self-psychology to life-cycle and transition theories. I will briefly discuss, at the end of this chapter, how these have contributed to this study and provide more information on the influences they have had on my thinking when I present the findings (Chapters 5 to 10).

There are, however, two other major building blocks that have significantly contributed to the design of this study. These are phenomenology and post-modern feminism.

Theoretical perspectives

Phenomenology and post-modern feminism have been chosen to guide this enquiry because of the complementary contribution they make to social research and the analysis of human experience in social settings. Both of these perspectives strive to reflect the meaningful actions of individuals and the composite features of social and cultural contexts in which they take place. They also promote and facilitate methodological approaches and processes which can take into account both the 'micro' and 'macro' dimensions of human phenomenon and emphasise the significance of agency.

Phenomenology

Phenomenology, and in particular existential phenomenology, is comparable to social constructionism in the way that it considers that persons and environment cannot be studied in isolation and stresses how individuals and their world are involved in a joint constitution process with one another. These two approaches also share a dynamic vision of the relationship between people and their worlds and of meanings that are constantly re-created in interaction (Osborne, 1994). However, existential phenomenology has the added merit of being particularly suited to the pursuit of existentially relevant questions (Osborne, 1994) - such as those being addressed in this study - to the exploration of human experiences about which little is known (Colaizzi, 1978; Van Manen, 1997), and to questions which begin with a fore understanding or have an anticipatory dimension (Osborne, 1994; Van Manen, 1997; Wertz, 1984), all of which is the case in this study. It places equal emphasis on the multiple dimensions of 'being,' that is, psychological, social and historical⁵, and therefore provides, in my view, a 'balanced' sociological perspective (Schutz, 1967; Schutz & Lukmann, 1973), for observation from which all the intertwined elements of the involuntary childless experience can be examined.

Furthermore, the emphasis of existential phenomenology on individuals' consciousness (Dilthey, 1976), and 'intentionality' (Van Manen, 1997), constitutes a very valuable multifocal 'lens' for the introspective exploration of infertility and involuntary childlessness as a

⁵ As in Heidegger's existential analytic of Dasein (1962) to which Merleau-Ponty (1962) adds the expression of existence through our embodied spatial milieu.

biographical disruption that may, or may not, require adaptative changes from an 'insider conscious perspective' or 'inner world.' Finally, the recognition by phenomenology of the particular complexity of human phenomena and the uniqueness of persons' experience (Van Manen, 1997) was another major consideration for this choice. This prism serves, especially well, the purpose of this enquiry which is seeking its 'essence' in both the 'common' and typical structures of sameness (Polkinghorne, 1989; Wertz, 1984), as well as the 'particular.'

Post-modernism and feminism

Post-modernism and post-feminism theories are a useful adjunct to this framework because they make significant contributions to this research enquiry in two respects: in relation to the conceptualisation of self and 'selfing' activities; and by conceptual insights into the construction and 'deconstruction' of gender and 'multiply positioned identities.'

In relation to identity, post-modern feminist theory has been important as a source of inspiration that compliments my quest for an anti-essentialist and multi-vocal approach. There are essentially three main themes. The first is a reflection on the contemporary condition of human existence (in both the limitations and the opportunities that it generates for men and women today). Secondly, challenge to the concept of a stable and coherent self with the notion of multiplicity in the structure and construction of identity/identities. Thirdly, a strong invitation to review or deconstruct essential cultural constructs and develop an ability for 'double entendement,' or double-meaning, by recognising the existence of social differences which are inclusive of gender but no longer solely focus on it and instead emphasise 'diversity' (Bordo, 1990; Nicholson, 1995; Strickland, 1994; Whelehan, 1995). In other words, it offers researchers, like myself, a means to attempt to liberate our thinking from binary oppositions such as nature/nurture, male/female, single or multiple and stable or evolutive identity (Butler, 1990; Healy, 2000; Lemert, 1997). In ontological terms, post-modernism, with its belief in multiple realities, lends itself to a multi-focused approach from a humanistic perspective (Smart, 1992) and allows for the representation of the diversity of women's experiences (Fine, 1985; Letherby, 1999, 2002; Lott, 1986; Sandelowski, 1986a) and, by extension, of the experiences of both genders.

Feminism has contributed, over the past couple of decades, to the advancement of social science both as a political and intellectual movement, mainly by drawing attention to the fact that science and cultural practices have perpetrated incomplete masculine views of the world.

It has rendered more complex the questions related to identity and differences, raised and addressed some very poignant issues related to social and cultural marginality and even more pertinent questions about the social pressure to reproduce and the dangers of the 'medicalisation' of infertility (Arditti, Klein, & Minden, 1984; Donchin, 1996; O'Brien, 1981; Sandelowski, 1990b). This perspective, both on the issue of reproduction and marginalisation, is relevant to this study and to aspects that need to be taken into consideration in examining the experience of involuntary childlessness. The former because it lies at the heart of the subject and the latter because involuntary childlessness is often depicted as an isolating and 'marginalising' experience (see Sandelowski, 1990b and my discussion in Chapter 2).

But post-modern feminism goes further in challenging not only some of the assumptions of modernism but also of feminism. Building on the ideas of Foucault (1980), De Beauvoir (1975), Derrida (1978) and Lacan (1998), it adds, to the post-modern and feminism insights, an emphasis on plurality and diversity or difference (in the sense of multiple intersecting differences) by displacing unified categories and encouraging the explosion of binaries. Its conceptualisation of gender as the "social organisation of sexual differences" (Scott, 1988 p.2) and as a complex continuum (Haslanger, 2000) that is a fluid (Butler, 1990; 1992; Kessler & McKenna, 1978) rather than a fixed attribution, is instrumental to this research. In particular, it signifies that gender is multiple in its expressions of both masculinities (Connell, 1995; Pease, 2002) and femininities and constitutes only one (although important) of the many components of identity (Bohan, 1997; Jackson & Scott, 2002; Nicholson, 1995). Social research informed by post-modernism and post-feminism thus contains an inherent warning against gender categorisation (Bohan, 1997; Davis & Gergen, 1997; Whelehan, 1995) and has to engage with the analysis of gender in a more dynamic and less deterministic fashion that involves "interrogating how masculinities and femininities are constructed and operate in relation to each other" (Trinder, 2000 p. 50). It also has to attempt to move away from a reified and fixed gender notion and, on the contrary, 'open' a conceptual space that would enable us to capture diversity, contradictions and ambiguities of the gendered cultural field (Connell, Ashenden, Kessler, & Dowsett, 1982; Thorne, 2002). This is particularly important as I endeavour to study the stories of both men and women through infertility and childlessness, keeping in mind that previous research may have, as Greil (1997) suggests, over-emphasised gender differences (through the empiricist discipline of psychology which regards it as the most important distinction) but, overall, provides very little information on

men's experiences.

In other words, by highlighting the complexity of gender as being variously constructed, lived and experienced, rather than a homogeneity factor (Jackson & Scott, 2002), post-modern theories provide an extremely suitable perspective to consider how the uniqueness of a person's experience of infertility and childlessness, which can be profoundly affected by gender socialisation and 'role' construction, might also be shaped by individual and personal factors and attributes including the way his or her gender 'belonging' is experienced. It also provides the scope to envisage similarities and differences in experiences across and within gender categories.

These notions of differentiation and multiplicity are also instrumental aspects that have been incorporated into this study's perspective and design for two additional reasons. Firstly, because of the strong yet challengeable association that has been established between adult womanhood and motherhood (Ireland, 1993; Phoenix, Woollett, & Lloyd, 1991). Secondly, in light of the fact that feminism may well have, as several authors have pointed out in recent years, created unconstructive tensions in the debate that surrounds reproduction, by its 'failure' to acknowledge the diversity of women's childlessness experiences and recognise the need for the development and promotion of more positive discourses about woman who do not mother (Cannold, 2000; De Lacey, 2000; Exley & Letherby, 2001; Ireland, 1993; Letherby & Williams, 1999; Phoenix et al., 1991; Sandelowski, 1990a). Caution should also be applied, in my view, to the consideration of men's experiences because, as Wearing (1996 p.39) argues, when attention is turned to "deconstructing the opposition between woman and man, the diversity within each category and the commonality across them can be spoken".

Importantly, too, feminism's approach to research (like post-feminism) recognises and stresses its potential for 'emancipation' not only of women but of the human condition in general (Oakley, 2000; Trinder, 2000). This 'conscience raising' is meant to initiate a process of change, through the findings but also through the process itself, which encourages a joint reflection between researcher and participant about dominant discourse (Lathar, 1991).

Finally, a more specific contribution of post-modernism relates to the way in which flexibility and multiplicity are introduced in the notion of identity and the constitution and maintenance of Self through the increasing plurality of choices and the changes provided by the contemporary world, to shape, alter and transform, individuals' life projects (Bauman,

1992; Kellner, 1995). This theoretical perspective implies that, although ‘decentered’ and ‘multiple,’ the post-modern Self, less attracted by the fulfilment of predetermined roles and the progressing realisation of preset and fixed life projects (Bauman, 1992), is viewed as a open dynamic and evolving process receptive to constructive renewals (Giddens, 1991a). It retains a strong sense of agency (Derrida, 1981; Lyotard, 1984), has an increasing ability as well as opportunities to forge its own identity/ies (Touraine & Khosrokhavar, 1995) and a growing capacity for ‘reflexivity’ and ‘emotional re-grooving’ in order to continuously reconstruct a comprehensive biographical narrative (Giddens, 1991a; Lackley, 1992).

This conceptualisation is relevant in two respects. Firstly, because it does reconcile with some of the traditional psychological and psychoanalytical views on the evolutive and multiple concept of Self (which I briefly review in the last section). Secondly, its relevance is that it provides a backdrop to consider whether, in effect, the biographical disruption that involuntary childlessness constitutes, is approached with a similar degree of flexibility and ‘reflexivity’ even though the perception of ‘choice’ is removed and the aspiration to collective identity and membership (Giddens, 1991a; Tajfel, 1981) through parenthood cannot be achieved.

Methodological implications

Even though the theoretical contributions of these two broad perspectives differ, there is common ground in their insights into research conduct and practices. They both emphasise ‘empathic understanding’ of participants’ experience and focus on the subjectivity, the construction of meaning, and on the importance of language. The objective is to provide a descriptive and interpretive account of human experience which can be accessed through personal communication. This is achieved through qualitative research using accounts of personal experience gathered through in-depth and relatively unstructured interviews with participants (Osborne, 1994; Reinharz, 1992).

They also both emphasise the interpretive role of the researcher and caution against the influences he/she might exert on the research. They encourage the researcher to engage in a continuous reflective process aimed at recognising our own biographical ‘situatedness’ or ‘positionality’ and the assumptions or ‘predispositions’ that might be carried through the research in an attempt to let the data speak for itself (Lather, 1991; Osborne, 1994; Van Manen, 1997). There is no pretence of real objectivity but both approaches require the

researcher to reflect and openly examine his/her contribution in the interaction with the respondents as well as in the production of knowledge itself (Lather, 1991; Moustakas, 1994; Stanley & Wise, 1993). Self-reflection upon the constraining conditions of the enquiry is seen as paramount (Holway & Jefferson, 2000) because researchers remain human beings and, as such, use their consciousness, influenced by their beliefs, feelings, failings and moods, and their consciousness is the only medium through which research can occur (Stanley & Wise, 1993). Reflexivity, thus, is used as a research 'tool' (Alvesson & Skoldgberg, 2000; Baber & Allen, 1992; Bryman, 2001; DeVault, 1999; Lather, 1991; Nielsen, 1990). A "reflexive approach" as stated by Alvesson and Skoldgberg (2000 p.246) requires, in addition to the attention being paid to the researcher's possible unintended input into the process, a reflection on the "construction" of participants (subject and researcher alike) and on the social context that constructs them (society, language, paradigms and so forth). In the research context, the objective is to pay attention to all these aspects without "letting any one of them dominate".

Both feminist and phenomenology theories also give consideration to a 'different way of knowing' in which the researcher uses his or her own subjectivity. Whereas feminist literature emphasises women's different ways of knowing and going about generating knowledge (Belenky, Clinchy, Goldberger, & Tarule, 1986; Gilligan, 1982; Oakley, 2000), phenomenology invites the researcher to develop an intuitive way of knowing, using perception and imagination (Osborne, 1994; Van Manen, 1997).

These two approaches recommend an immersion into the research topic that fully engages the researcher, in the tradition of feminist scholarship as lived research (Fonow & Cook, 1991) and in the sense that the phenomenological question should be "lived" by the researcher (Van Manen, 1997 p.44).

They also invite the researcher to take a critical stance that pre-supposes a review of the existing knowledge, categorisations and existing typifications in relation to the object of the study in its larger context. In this respect, post-feminism methodology, in particular, has a political as well as practical dimension as it aims at creating social change and considers the practical implications of the research results (Fonow & Cook, 1991; Reinhartz, 1992).

Finally, phenomenology emphasises thoughtfulness, respect and tactfulness for the 'person' and its uniqueness (Van Manen, 1997) and, following the feminist tradition, post-modern feminism also pays particular attention to the relationship between the researcher and the

research participant, with the researcher being required to carefully attend to the power relationship in order to minimise the asymmetry (Finch, 1984; Olesen, 1994; Reinharz, 1992). Both perspectives foster the establishment of a special rapport, a trusting and caring relationship, where the phenomena are investigated and interpreted in terms of what is meaningful to respondents themselves and in which both researcher and respondent collaborate in the production of meaning (Lather, 1991; Nielsen, 1990; Oakley, 2000). Post-feminism also highlights the importance of 'affect' in the research process (Fonow & Cook, 1991) and encourages the researcher to become aware of the ways in which it affects the research participants and on the effects the research has on the researcher (Fonow & Cook, 1991; Reinharz, 1992).

The task for researchers, like myself, who adopt a post-modern perspective is to select a method which can produce multi-vocal, multi-dimensional and dialogical accounts of the lived experiences of participants (Lincoln & Guba, 1985; Schwandt, 1990). My intention, in taking up this challenge, is to develop, through a descriptive, reflexive and interpretive analysis of the data provided by the respondents, some reconceptualisation of the experience of involuntary childlessness that accounts for the diversity of that experience but also promotes a better understanding of the transitional path from infertility to permanent involuntary childlessness. It should be noted, however, that the emphasis on discourse analysis to highlight issues of power and agency in relation to gender which are central to post-modern approaches are not given prominence in this study. It focuses, instead, on a phenomenological documentation of the lived experience of participants.

In the following chapter, I give a more detailed account of the ways in which these common research insights, provided by these two broad approaches, have been integrated into the study design and process.

Psychoanalytical, developmental life cycle and transition theories

Another set of theories have provided a backdrop to this study. These are psychology and psychoanalytical theories that focus on the processes involved in the inner-dimension of Self, the human psyche, the psychological construction of reproduction and of mothering, in particular, and conceptualisations of psycho-emotional development and socialisation. They have also contributed to the development of this study's unique 'lens' for various reasons. They are complimentary to the phenomenological approach and also serve to re-establish,

against the emphasis that the sociological theories I have outlined place on the social nature of identity and experiences, an equilibrium with a perspective on the 'inner world' of participants. In particular, they are useful in this enquiry, to take into account the emotional dimension of the experience under investigation. They inform it with insights into the internal world of self experience, the possible conflicts that emerge from our attempts to reconcile our biological and social selves and with the understanding that our inner-world and experiences are conditioned by the psyche, images, memories, hopes and dreads which shape their contours (Elliott, 2001 chapter 2). They also establish that emotional biographies as well as emotions, memories, and desires might conflict or limit human reflective capacity and rational attempts to manage life projects and make sense of the world (Carveth, 1984; Elliott, 2001). A comprehensive review of their specific contributions seems to be unnecessary here but I will briefly highlight the ways in which they have been integrated into the conceptualisation process.

Psycho-analytical (Freudian and post-dynamic theories of the unconscious, the structure of the Self, human development and socialisation process) as well as attachment theories (Bowlby, 1980; Klein, 1984; Winnicott, 1960), combine to provide insights and a conceptual scheme to understand the development of participants' desire or ambivalence towards parenthood. These theories are useful to apprehend and appreciate biographical influences towards the resolution of infertility and the acceptance of childlessness. They also provide a focus for reflection around ideas of consciousness and unconscious symbolic representations of this experience as well as a vehicle to consider psychic roots and the motivations for parenting. And, most importantly, they provide a standpoint to review the conceptualisation of gender and, in particular, female identity and thus 'normative' development and concepts of 'social inadequacy' as rooted in psychological theory (see Ireland's extensive discussion 1993, and Badinter, 1992).

Self-development theories, on the other hand, offer a conceptualisation of multiple dimensions of Self that is compatible with post-modernism and encompasses, for instance, in the work of James (1892), Kohut (1971) and more recently Meares (2001), multiple structures in the spectrum of individual inner-identity dimensions; the 'Me' (partly known), the 'I' (partly knower, in consciousness and reflexivity that offers a means of unifying personal existence); and the 'Self,' experienced as inner or quality that comes to life in the space between Self and other and in interaction with social surroundings. These three dimensions are instrumental in framing an understanding of the transformational process and identity

work that might be involved in the transition from an anticipated identity of parent to the social reality of non-parenthood.

Developmental and life-cycle theories have also informed this study and engaged my reflection on the research question in fundamental ways. Firstly, in relation to the conceptualisation of parenthood as a crucial stage of adult development, and as an experience that is presumed to induce growth and development (Colarusso & Nemiroff, 1981; Galinsky, 1987; Gutmann, 1975). Secondly, in relation to middle and late-adulthood development with a particular emphasis on how parenting and, in this case, non-parenting, might affect the negotiation by the childless of the most relevant developmental crisis or 'phases' in this age group, ie, 'intimacy' and 'generativity' (Erikson, 1950; 1959). The consideration provided by more contemporary research about the ways in which life events impact on particular courses of development and emphasise the role of maturation in the process of adult development (Levinson, 1978; 1996; Colarusso & Nemiroff, 1981; 1990; Tyson & Tyson, 1990) as well as the double perspective in which development should be envisaged, with both an ontogenetic and a sociogenic dimension⁶ (Bengston & Allen, 1993), have also been instrumental in shaping my thinking on the research question.

I feel that I should also stress how my ontological position, both as social scientist and a practitioner, in the approach to any human subject and to reproduction in particular, places me at a cross roads or between positions that reconcile sociology and psychology and take a psychosocial view of the world and of human experiences. It is a position that recognises the various logical and rational elements of both sides of the dialectic but, in terms of structure, does not favour or promote any one particular focus on either the individual or the social. In that respect, I agree with Carveth's (1984) views, that taken separately, these two arguments can only provide an incomplete picture of human phenomena and that social examination needs to take into account, beyond the social dimension, the psyche and the importance of the human emotional realm. Of particular relevance is also the concept of autopoiesis' (self and creation) developed by Luhmann's (1986, 1987) and inspired by the work of the Chilean biologist Maturana (Maturana & Varela, 1988), as it replaces the dichotomy between individual and society with a distinction between living, psychic and social systems taking into account the individuality of persons. In addition, I subscribe to Elias's view (1994) that

⁶ Ontogenetic refers to developmental levels characterising individuals as they grow and change from birth to death from a life span and primarily psychological perspective. The term sociogenic applies to a complementary sociological life course perspective which takes into account the social and cultural dimension in which development occurs. For further discussion see Bengston & Allen on the Life Course perspective in the Sourcebook of Family Theories and Methods: A contextual Approach, 1993 New York Plenum Press: Chapter 14.

research should attempt to integrate a dual focus on both the ‘psychogenesis,’ as the process of individuals’ psychological development and transformation, and ‘sociogenesis’ or processes of social development that are inextricably linked.

My personal beliefs about the reconciliation of the biological and the social dichotomy which continues to exert considerable influence on our thinking (Bleier, 1984), and the risks of either biological or cultural ‘deterministic’ views on the world, are expressed in Berger and Luckmann’s (1975 p.68) statement of human condition as both “being and having a body”. Furthermore, I identify with the notion that there is not, and should not be, radical break between the ontology of biology and an ontology including cultural and institutional forms (Searles, 1995). As for the area of reproduction, my beliefs also reside in a socio-biology domain (Wilson, 1975) which takes into account both human and genetically determined behaviours and its reflection in psyche. In other words, I contend that the desire to reproduce is not necessarily universal but, when experienced, is multi-dimensional and includes a desire for the biological experience and social experience of parenthood and that it is the product of a complex interaction of biological, psychological, social and cultural motivations.

The developmental and life-course theories that have influenced my approach to the investigation topic and my reflection of the experience of involuntary childlessness as a ‘developmental transition’ are discussed in some detail in the context of the findings in Chapters 7 and 10.

This chapter has focused, in considerable detail, on the epistemological and theoretical framework of this study and its ontological underpinnings. I have situated this study and the search for ontological foundations at the intersection of major philosophical debates and reviewed some elements of sociological, psychological and feminist theories that are constitutive of this particular research paradigm and thus guide the research design and methodology. In the next chapter, I turn to the final element of that which Crotty (1998) considers to be the ‘scaffolding’ of the research enquiry that is, the research design and process.

CHAPTER 4

Research design and process

This chapter extends the previous discussion about the theoretical and ontological foundations of this study, and its objectives are to outline the research methodology, design and process. I have situated this enquiry in a qualitative, interpretive and reflexive framework and the following pages are devoted to explaining the rationale behind my choice, the data gathering method, including sampling and recruitment, and the principles that have guided analysis of the information.

Methodological considerations and choices

The research methodology is, as defined by Crotty (1998), a strategy or plan of action that translates into a design which both shapes, and illustrates, researchers' choices, their use of particular methods and the way they link them to the desired outcomes. It generally flows from the way in which questions are being asked (Darlington & Scott, 2002; Patton, 1997); and the conduct of research is also commonly a reflection of the issues and values embedded in the area of interest (Whitmore, 1994).

The case for a qualitative and interactive strategy

Given the epistemological and ontological foundations of this research (set out in detail in Chapter 3) and, foremost, the principle objective of this study which is to document a complex, dynamic and progressive component of human experience, a qualitative approach concerned with particularity rather than the universal seemed to be the natural choice. It has the distinct advantages of being naturalistic, inductivist, constructionist, and interpretivist (Bryman, 2001). Moreover, it uses natural settings as the source of data and the researcher's role is to use "empathic neutrality" in the observation, description and interpretation of phenomena, "in terms of the specific meanings that people bring or assign to them" (Patton, 1990 p.55).

Another compelling argument for this choice of methodology is that qualitative researchers strive for a 'holistic perspective' and for the exposure, as well as the preservation, of human behaviours as intrinsic complexities (Black, 1994). It serves to emphasise the subjective

dimensions of human experiences with an opportunity to describe life ‘from within,’ to capture it from the point of view of the actors themselves (Denzin & Lincoln, 1994; Patton, 1990), underscoring its uniqueness and also allowing for the ‘presence of voice in the text’ (Eisner, 1991 p.36).

In addition, it lends itself to research designs that not only apprehend individual experiences in their subjective dimension but also recognise the complex and dynamic quality of the social world in which they occur (Cronbach, 1975 p.124). Given the relatively low and recent attention to the social aspect of involuntary childlessness as a ‘lived experience’ (as outlined in Chapter 2), it seemed critical to choose a methodology that would allow me to reflect on its impact on the construction of these subjectivities. The attractiveness of qualitative research, here, lies in its ability to enhance the researcher’s capacity to capture an individual’s point of view and secure valuable and rich descriptions in the context of life effective constraints in ways that are highly compatible with modern sensitivities (Denzin & Lincoln, 1994).

A qualitative approach that is, moreover, ‘discovery-oriented’ in character is most appropriate to this study in building on a body of knowledge whose focus, almost exclusively, is on the ‘infertility,’ rather than on the ‘involuntarily childlessness,’ aspect of individual experiences (mostly of women) and has not documented, in any comprehensive way, the transition by infertile couples to non-parenthood. Hence its relevance when the phenomenon cannot be observed directly (Darlington & Scott, 2002); when previous research has been primarily quantitative/or when little is known or has been researched about the subject (Colaizzi, 1978; Osborne, 1994; Strauss & Corbin, 1990; Van Manen, 1997).

Importantly, qualitative research defines the researcher’s role in terms of an ‘instrument’ of the inquiry (Lincoln & Guba, 1985 p.107; McCracken, 1988 p.18) and one whose ‘perspectivity,’ ‘positionality’ and presence are manifest, thus leaving a mark on the research process and its outcomes (Roth & Breuer, 2003), and making it more meaningful, too, for the reader (Lincoln & Guba, 1985; Stake, 1978). This has been an important factor in my reflective approach to research, in general, and to my involvement with this topic, in particular.

Furthermore, qualitative interactive research promotes ‘engagement’ with another. As the terminology suggests, it involves an experience in which both researcher and informer become part of one another’s world. Momentarily, then, two different ‘ontological entities’

form a type of dialectical unit. The researcher works in a manner that involves (like psychotherapeutic listening) a dual level of consciousness; one that is focused on the investigation and the other that expands awareness about what he or she brings to the process, and how it affects understanding. This is very important in terms of the ethical demands of a qualitative approach, and has been decisive for me as a 'personed' researcher investigating a relatively familiar topic. The respect with which this 'meeting of worlds' should be managed, as well as the high level of integrity and reflexivity required, are qualities that I highly value and strive for as a researcher.

I will have more to say about 'reflexivity,' and its relevance to the conduct of this study, in later paragraphs but at this point I would like to pick-up a theme of Roth and Breuer's about the qualitative researcher being 'an embodied social researcher in interaction' (2003 p.6). In other words, the principles and methods of qualitative research recognise the importance of the researcher's professional and personal experience in the inductive development of knowledge. This means that in addition to the 'theoretical sensitivity' researchers need to develop (Glaser, 1978; Strauss & Corbin, 1990 p.42), they are encouraged and, at times, required to use a 'reflexive approach' (Darlington & Scott, 2002) as biographical and professional issues or positioning can affect the research process and possibly even cause shortcomings or departure from it. The aim of the researcher is, therefore, to develop through this instrumental interpretative and reflexive process, an awareness of the subtleties of data, an ability for insights and discernment, and the capacity to give it meaning (Strauss & Corbin, 1990).

Choice of methodology

Whilst qualitative research is considered to be a distinctive research strategy (in contrast to quantitative research), it is generally agreed that it does not contain a standard methodological approach, framework or descriptions, and there is a wide range of choices and variations in the way research can be conducted (Patton, 1990; Silverman, 2000). Quantitative research can, thus, be defined as being 'multi-method in focus' (Denzin & Lincoln, 1994:2). A common element, though, is a commitment to naturally occurring data (Silverman, 2000 p. 23) and, generally, to the use of inductive data analysis (Lincoln & Guba, 1985).

Its essence, too, lies in flexibility. Rather than being rigidly predetermined, research design in qualitative enquiries is allowed to emerge in an iterative approach whereby the methods can

be altered as the study progresses and in light of the information obtained. That flexibility in approach which illustrates another strength of a methodology that remains sensitively dedicated to the richness and variability of the subject matter (Denzin & Lincoln, 1994; Eisner, 1991), has been an important consideration in determining the most appropriate data collection strategy for this study. I have adopted a purposive and participative approach to knowledge creation and enhancement, and sought to include participants able to provide insights into the transitional process at the core of the enquiry, and invited them to collaborate in the description of their experiential journeys.

My choice of in-depth, loosely-structured, individual interviews was largely influenced by my ontological framework as well as by previous clinical and research experience. As a researcher and counsellor, I found that attentive listening on the part of the enquirer was instrumental in entering the subjective world of the 'other' and that a purposive dialogue allowed the two participants to progressively develop shared constructs of meaning which are essential for a respectful and accurate interpretation and representation of human experience. The interactive interview method is also an appropriate means of gaining an in-depth and intimate understanding of people's experience in cases of emotionally charged or sensitive topics (Ellis, Kiesinger, & Tillmann-Healy, 1997), such as the one I am investigating. Its effectiveness to elicit powerful and rich narratives has been widely demonstrated.

As previously mentioned, this approach also left me the option to modulate my strategy as the findings progressively emerged, and to either expand, restrict or redirect the scope of enquiry in order to obtain not only meaningful and rich data but a comparably significant level of data for each of the participants as well. The interview strategy provided the most appropriate means of managing a reasonably-sized sample whilst maintaining the ability to capture, in a meaningful way, both retrospective and current information about experiences of involuntary childlessness illustrative of the 'trajectory' of the participants.

Challenges of sampling and recruitment

Typically, qualitative research focuses on in-depth information gathered through small samples that are purposely selected (Patton, 1990) with serious theoretical and practical considerations (Darlington & Scott 2002).

The main guiding requirement in sampling is that participants must have a good knowledge and understanding of the experience under investigation and the capacity to provide as full a description as possible of the phenomenon (Bryman, 2001; Colaizzi, 1978; Polkinghorne, 1983; van Zuuren, Wertz, & Mook, 1987; Wengraft, 2001). Ideally, they should be ‘information rich’ cases that ‘intensely’ manifest the phenomenon of interest (Patton, 1990). In addition, though, because there are many possible experiences of a phenomenon, it is important to include people likely to represent a range of views and understandings. In this case, the gaps in knowledge that were identified in the literature, and my conclusions about the under-representation of some population groups (men, individuals from diverse backgrounds, non-treatment couples, and couples most likely to become permanently childless as suggested in my Chapter 2 discussion), significantly guided my own recruitment objectives and efforts.

There are, however, a number of recognised practical constraints that researchers must contend with, one of the most significant being to be able to locate and recruit appropriate participants (Darlington & Scott, 2002). I was aware of the difficulties that a number of researchers in this field encountered particularly in finding male participants (see, for instance, Baker, 2003; Sullivan, 1993; Woollett, 1985). Notwithstanding my own optimistic, yet cautious, outlook I encountered more challenges in the recruitment process than I had anticipated initially.

At the outset, and considering my own professional involvement in infertility counselling and connections with local clinics and networks, I was relatively confident of being able to locate a ‘snowball’ or convenient but purposeful sample (Bryman, 2001; Minichiello, Aroni, Timewell, & Alexander, 1995), and of drawing on participants’ own contacts to supplement the sample, if required (snow-ball or chain sampling). Accordingly, I prepared written information on my research and distributed it widely through local community networks, health services, referral centres, infertility clinics and personal contacts as well (see Appendix 5).

Selection criteria

I developed selection criteria, the first of which was the requirement for participants to recognise themselves as ‘involuntarily childless’ (in other words, they had to have wanted children and tried (as a couple) by whatever means, but failed). Secondly, I wished to talk to couples, not individuals only, and both partners had to willingly participate, but in separate

interviews. Thirdly, biographical age was important and, ideally, participants had to be aged between 35 (preferably over 40) and 60 years.

The rationale behind this age criterion was that the transitional process to involuntary childlessness would have begun and, if not already completed, participants' memory of such a significant theme in their life journeys would be fresh enough to recollect the experience in some detail. Moreover, the age threshold was introduced in an attempt to ensure that the sample group would be able to provide actual and experiential insights into the 'adjustment' process. Informed by the knowledge of field practitioners who consider that women are less likely to pursue motherhood after 40 (because the success rate of infertility treatment is lower and also because it constitutes a significant cultural threshold in relation to motherhood (see, for instance, De Lacey, 2000), I arbitrarily set the threshold age at 40¹. I do acknowledge, however, that hope may not be given up until the onset of menopause. Another consideration in this choice was Coble's (1985) observations that couples' adjustment to involuntary childlessness is very progressive and it may take them years to reach the 'Acceptance Phase'. A further underlying assumption was that participants would no longer be pursuing parenthood, either through treatment or adoption. I recognise, however, that age alone could not constitute a guarantee that participants had either fully abandoned their pursuit for a child², and/or that they had effectively 'adjusted.' But combined with other criteria, age was a means of narrowing the field of prospective participants to those who most closely matched the general definition of involuntarily and permanently childless.

I further refined the profile of the sample group by seeking couples who were 'effectively childless,' that is, not having their own biologically related children but no adopted children, or children from a previous marriage or relationship, either. Although I did not set any specific timeframe from the point of the last treatment (when infertility treatment was sought), the time elapsed was effectively a minimum of 18 months and longer in most cases. Finally, the length of the relationship was not used as a criterion either, because I considered that this may have restricted the field too much.

Recruitment process

There was an initially high, and encouraging, response rate but the numbers reduced as I

¹ This was then revised to include slightly younger participants who met all the other criteria.

² In spite of fertility decline with age, there is also statistically a significant increase in the age of first time parents (ABS, 2002a).

screened out those who did not match the research criteria³ either because they had given birth, were still in treatment, or had step children, did not meet the age criteria or they were not in a relationship. Several prospective participants also told me that their partners were not interested, or were 'unlikely' or 'unwilling' to take part. After screening, there were seven couples who satisfied all the selection criteria as well as another two couples who, although just shy of the age threshold, met all the other criteria. Regrettably, one of the couples withdrew after originally agreeing to participate and, despite using snow-balling techniques, I was not able to replace them. I was unsuccessful, too, even using the main-stream media⁴, at recruiting anybody else in the Australian Capital Territory (ACT) which is when I widened the search to include NSW where, ultimately, I found another three suitable couples⁵. One couple withdrew after happily conceiving their own child and, in the case of another couple that separated, one of the partners withdrew from the study.

Relevant observations

Following an intensive and extended recruitment period, the final sample group comprised eight couples (of which three were known to me through my infertility group work, or prior research, but I had never counselled any of them) plus a single, female participant who separated from her partner only days before I was going to interview them both. The information she provided was so valuable that I decided to keep her in the sample group. The ages of those in the group range from 37 to 54, making an average of 43 years.⁶

Furthermore, considering that typical sample groups for studies about infertility and involuntary childlessness are middle-class, Caucasian, well-educated and, often, urban dwelling and predominantly women (Bliss, 1999; Greil, 1997), I extended my outreach through community networks to include regional and rural state areas as well. Regrettably, as valuable as it might have been to include participants from smaller communities, this simply did not transpire.

It warrants making some relevant comments on the recruitment process, and the respondents themselves, if only in the interest of future research in this field. Firstly, it was surprising in light of the criterion how many initial respondents were keen to participate

³ In effect, my experiences were similar to previous research on infertility. A number of those who expressed interest in participating (particularly women) while eager to talk about their infertility and treatment did not qualify as research participants because, since that experience, they had either given birth to their own children, or had adopted.

⁴ I was interviewed, for example, on a Canberra radio talk-back program and although many listeners called in, it did not result in any new recruits.

⁵ Through contacts and advertising in the Access infertility support group.

⁶ Women's age range is 39 to 54 and men's varies between 37 and 54 (with the average being 44 and 43, respectively).

despite having separated from their partners ‘over this issue.’ Secondly, a number of women came forward who would have readily taken part but were not convinced that their spouses would agree. In all cases, it was women who contacted me in response to the information campaign and, moreover, they expressed strong beliefs in the value of the research. I can only surmise that it was not a view that their respective partners shared, hence the apparent lack of interest by men to participate. Even the make up of the final sample group makes me wonder whether the male participants might have been ‘volunteered’ and even ‘convinced’ to take part.

The recruiting difficulties I experienced raise a number of questions. Considering the current rate of childlessness in Australia and assumptions of its involuntary nature (see ABS, 2002a; 2002b, and Chapter 1 for further discussion), the low response level is puzzling. Certainly, the research was initially confined to the ACT which, despite its small population, has the highest incidence of childlessness, nationally, so perhaps issues of confidentiality and anonymity may have affected the response rate.

There are three other possible explanations. Firstly, infertility and childlessness are extremely personal and sensitive topics and it may have dissuaded some from coming forward. Secondly, it not unreasonable to assume that for those who experienced infertility they simply wanted to put it behind them, and not revisit it again. Thirdly, it is also quite possible that those who had made the transition to permanent childlessness see themselves as being voluntarily rather than involuntarily childless as some of the clinical literature suggests (Alexander, Rubinstein, Goodman, & Luborsky, 1992; Jeffries & Konnert, 2002; Letherby, 2002; Monach, 1993). In effect, as Merlo (2002) and Merlo and Rowland (2000) point out, the distinction between voluntary and involuntary childlessness is often difficult to establish, even for respondents themselves, as there is considerable flux, across the life-span, in parenting intentions. Despite the many difficulties involved in finding a suitable sample, I believe that it offers sufficient case variation to explore the breadth of experiences sought. In addition, this research sample does include people from diverse backgrounds and a small proportion of non-IVF treatment couples.

In the following pages I will canvass the methods and ethical considerations that were applied to the process of gathering data from the informants.

In-depth interview as a purposive dialogue

I have briefly outlined earlier the considerations that have guided my methodological choice in favour of the interview as the main tool to gather the data. Here, I would like to emphasise the advantages of the particular approach I have adopted for this study, with in-depth and loosely-structured interviews, discuss the way I have attempted to address its inherent 'risks,' and elaborate on the process itself.

The in-depth interview option addressed one of my main objectives in that the expertise required to report on 'lived-experiences' lies with the informant (Fontana & Frey, 1994) and that the researcher is, thus, able to access the meaning people make of their lives from their own and unique perspective (Darlington & Scott, 2002; Reinharz, 1992). Skilfully used, in-depth interviewing is also recognised for its ability to yield particularly rich data (Taylor & Bogdan, 1998) and, in under-researched areas such as this one, its potential to uncover unexpected data can be further enhanced (Becker & Geer, 1967). In this respect, open-ended questions and unstructured interviews are, as Janice Raymond suggests, most likely to 'maximises discovery and description' (cited in Reinharz, 1992 p.18).

Furthermore, in-depth interviews, conducted face-to-face, have a relational quality and the immediacy of the process gives additional flexibility to the data collection (Darlington & Scott, 2002). The interactive and responsive qualities of this method allow for the creation of an introspective and reflective space in which subjective experiences can be uncovered and expressed. It is also often the most appropriate and effective way to address issues that are potentially emotionally laden (Guba & Lincoln, 1981). Moreover, it also promotes explicit and active collaboration in the meaning-making process where both parties can explore meanings, and knowledge is co-constructed (Brenner, Brown, & Canter, 1985; Gubrium & Holstein, 1997). It can become a qualitative moment in human relations guided by a joint desire to seek understanding rather than explanations (Fontana & Frey, 1994 p.366), and with opportunities to address and minimise misunderstandings or distortions (Brenner et al., 1985 p.114).

There is also an important chronological dimension which only the in-depth research interview can capture (Bryman, 2001 p.329). It is particularly relevant to this inquiry because the phenomenon (the transition to involuntary childlessness) needs to be considered over time and with both a retrospective and anticipatory perspective. However, Darlington &

Scott (2002 p.50) are correct in cautioning that the researcher should be under no delusion about accessing the past considering that the only perspective obtainable is of the present reconstruction which is, in itself, a transient and unique perspective. Nonetheless, this was a particularly important consideration in the choice of method for a study that aims to develop a sense of the transitional process, as it is experienced and reflected upon, at a particular time in a respondent's life.

Finally, non-standardised information gathered in this way enables the researcher to make full use of differences among people (Reinharz, 1992 p.19) and I judged it to be the only realistic method available to use in order to capture and reflect the diversity of experiences in involuntary childlessness.

The inherent risks of this approach

There are a number of issues, of course, that must be considered in managing the process and, in this regard, feminist researchers and post-modernists, in particular, caution about the issue of 'power' and control in such interaction and the danger of the researcher being positioned as the 'expert' (Bryman, 2001; Fontana & Frey, 1994; Minichiello et al., 1995; Reinharz, 1992). Oakley (1981) stresses the need to foster a trusting and intimate relationship (including through disclosure when appropriate) with a view to minimising status differences. In the same vein, Fontana and Grey (1994 p.373-374) remark that, as a result of researchers' philosophical and methodological considerations, the interview rapport is one that should no longer be seen as an interaction between 'knowledgeable stranger' and 'subject' but one that involves "two full colour human beings both equally engaged at a personal level in a collaborative process". Particular care was taken to 'balance' the relationship, in terms of the format and conduct of the interviews, particularly with the two couples who already knew me as a group counsellor, so as to 'enlist' them in the joint production of a new field of knowledge and deflect potential positioning as an expert.

Another relevant consideration is that the importance of gender should be acknowledged not only in the general conduct of the research and conceptualisations but also within the research act itself (DeVault, 1999; Fontana & Frey, 1994; Nielsen, 1990). In that respect, I have already pointed out that my decision to study involuntary childlessness, from the couple's perspective, was motivated by an interest in the dynamics of transitional adjustment but equally by the fact that, in this area of research, the voices of men are seldom heard. I am, nonetheless, aware of the possible limitations and risks in undertaking cross-gender

research as a gendered researcher myself. As several feminist authors have argued, the woman-to-woman relationship tends to be a more conducive, even a privileged one, for research particularly if enquirer and respondent share a similarity of experience (Finch, 1984; Oakley, 1981; Reinharz, 1992). But this unavoidable gender consideration must also extend to an awareness of the additional risks of over-identification and/or over-emphasis which could potentially impact on both the interviewing process and the data analysis. As Seidman (1998 p.85) contends, there is no escaping the gendering of the interview moment and its potential influence on the actual research results, but trying to contain and acknowledge its effects is a critical element of good research conduct (see my discussion on the limitations of the study in Chapter 10).

Finally, my approach to interviewing has been influenced by contemporary scholars, including feminists and post-feminists, who stress the importance of developing an empathic approach that promotes an understanding of the language and culture of the respondents, facilitates an introspective dialogue and attempts to minimise the researcher's influence on the study by way of unstructured (or semi-narrative) interviews. Consistent with their recommendations, I have 'cultivated,' during the course of this research, openness to the subject matter and reflexivity as essential components of the process (Bryman, 2001; Darlington & Scott, 2002; DeVault, 1999; Fontana & Frey, 1994; Minichiello et al., 1995; Reinharz, 1992; Seidman, 1998; Wengraft, 2001).

Process and procedures

The research process and objectives were explained in a letter of information sent to prospective and suitable participants (see Appendix 2). In accordance with strict ethical guidelines, which were reviewed and approved by the Australian Catholic University Ethics Committee (see Appendix 1), they were advised that it was possible to withdraw from the study process at any time and, as mentioned earlier, a number of them took up this option and withdrew before the interviews took place. They were also required to sign consent forms (see Appendix 3). The interviews were lined up with each of the participants by telephone, and at times and locations that were most suitable to them.

The proposal included the suggestion of separate (and preferably consecutive) interviews with each of the partners, thus allowing them to talk more freely and openly about their experience (Reinharz, 1992; Rubin, 1976). They were given the option of choosing whatever

location they wanted for the interviews but most preferred to do them in their own homes. Interviews were generally conducted consecutively and, on a one-to-one basis, with some exceptions. In the case of one couple, the time that each partner selected was different and they preferred to be interviewed separately at their respective offices. In another case, one of the partners was interviewed at work and the other at my consulting rooms, a few days later.

The interviews were carried out in 2002 within a period of 5 months. The length of interviews varied from between 70 minutes and 130 minutes, averaging about 90 minutes each. They were focused but largely unstructured and used open-ended questions, thus providing a greater 'breadth' of information (Fontana & Frey, 1994 p.365). In accordance with the principles of 'phenomenological inquiry,' the interviews were conceived and ultimately conducted in a manner that, essentially, would allow the interviewee to guide the investigation of their own 'lived experience' (Sandelowski & Pollock, 1986; van Kaam, 1966) and thus its 'reconstruction' (Seidman, 1998 p.9). The interaction was sufficiently flexible to be able to digress, follow-up or clarify matters or raise complementary issues as the interview progressed. However, it was not always possible to gauge ahead of time how willing or articulate some of the participants would be, and so an interview guide was developed (see Appendix 4).

At the outset of the interviews, I explained the general objectives and design of the research and outlined the two broad themes that I wished to cover, namely, their experiences of infertility (and medical treatment, if relevant) and of the transition or process of adjustment to childlessness. I invited questions and, after offering to address any concerns they might have had about the interview process or issues of confidentiality, I asked their permission to tape the interviews.

I recognised the potential for confidentiality issues to arise from individual (as opposed to couple) interviews. I treated every interview confidentially, and stated this to each of the participants at the beginning of the interview. I also informed them that none of the information provided would be passed on to their respective partners at any point in the research process. There was only one instance in which a respondent being interviewed wondered aloud what the other partner had said. In this case, I restated that interviews were confidential and any disclosure was strictly a matter for the partners to agree between themselves. For participants who wanted to, transcripts of their own interviews were available on request.

In some cases, I also gathered additional biographical data to supplement the information already provided in the initial contact, as an ‘ice-breaker,’ but by and large that information was given spontaneously in the course of the conversation. Generally speaking, my opening question invited participants to talk about their backgrounds which gave me an opportunity to gauge the importance of notions of family and children in their lives. In this manner, participants could choose to spontaneously address most topics through conversation and I used follow-up and probing questions, as required. A number of them launched directly into discussion about their infertility journeys, whereas others began by talking more substantively about their own family histories and experiences.

On the whole, interviews with women were significantly unstructured and most of the questions I asked were ‘clarificatory’ rather than probing (Darlington & Scott, 2002). The interview guide was used, mainly, as a back-up or to ascertain that nothing had been missed. However, many of the interviews with the male participants had a less narrative and discursive quality, and it was used more often for prompts, even though the phrasing and sequencing of questions may have varied slightly from case to case. As I progressed through the interview schedule and began analysing data from the first few transcripts, a number of questions were added in subsequent interviews, for instance, about how they defined themselves with regard to traditional notions of a ‘family.’

The conversations with participants (17 in all) were, by and large, about their parenting intentions, experiences of infertility and treatment, relationship(s) issues, the ways in which they were coming to terms with childlessness (or else had already) and their respective experiences of involuntary childlessness. All interviews were recorded on tape and later transcribed, and frequently reviewed too. Individuals could also access their own tapes and/or interviews. Observations and notes written after the conclusion of each of the interviews were also included in the data analysis.

Considerations about positionality

As Darlington points out, effective interviewing requires particular skills and people with formal training in communication and counselling skills are at an advantage (2002 p.57). My counselling background and familiarity with the topic were certainly beneficial. It allowed me to ‘enter the field’ (Minichiello et al., 1995 p.183), to quickly engage with the participants and create the space of safety and trust needed to deal with this intensely personal subject. But although the evidence-based practice and potential role of the practitioner-researcher have

become more recognised and accepted (Darlington & Scott, 2002 p.5), this duality of role can also be conflicting, as it can generate confusion, affect the balance of the relationship, create ethical dilemmas and ultimately compromise the research process (Patton, 1990 p.354). It is something, therefore, that must be taken into account and carefully considered by researchers who have a background similar to mine. In this case, I followed Darlington and Scott's advice and attempted to draw as clear a line as possible between my practitioner knowledge and skills, and the conduct of the research (2002). This daunting task was uppermost in my mind during the interview process. I endeavoured to delineate these two functional roles by adjusting my questioning skills, resisting the temptation to provide 'advice' and refraining from any 'therapeutic interventions.' Listening to the recorded interviews was an effective way of 'catching myself' in the act, so to speak, and to identify potential 'slip ups' and this, I should say, proved to be an effective method of keeping myself in check. I also made provision for the participants to have access to an independent counsellor, if they needed it, through a standing referral (as outlined in the information letter in Appendix 2).

Many of the interviews contained, as anticipated, very strong emotional content but I apprehended my role as that of an interested human being researching a topic, practicing reciprocity in the relationship through the investment of personal identity rather than professional expertise⁷. As challenging as this adjustment was, I believe I managed to maintain a friendly and empathic stance and provided the necessary emotional safety without engaging with the therapeutic role (Weiss, 1994). Reflective and clarifying skills were used to gently encourage introspection but not with the objectives of counselling. Fortunately, none of the participants displayed any sign of distress, and none of them took up the offer of referral.

It is interesting, however, to note the subtle 'therapeutic' effect of such interactions. A number of related studies have noted the willingness of women participants to share with strangers who have some empathic understanding of their experience, and how they express the benefit they derive from it (Daniluk, 2001b; Darlington & Scott, 2002; Finch, 1984;

⁷ There is a wide range of factors likely to influence the nature and quality of information obtained from participants in interview research; personal attributes, skills and gender being amongst the most important. It is, therefore, not possible to determine in what way and to what degree, in spite of the provisions I made to avoid this dual role conflict, my standing as a professional counsellor in this field affected the data. With regard to the interview process, I must add that beyond practical provisions such as the one I made and the use of reflexivity, there are no effective ways in which professional and personal identities can be neatly detached. Also, I am under no delusion that my prior personal and professional understanding of the topic did not, in any way, 'taint' or influence the final analysis.

Letherby, 1999; Spector, 1985). In this study, as well, several participants (and not all exclusively female), stated that they had found the process of reflecting on their experience with 'someone who knows what it is like' both useful, and beneficial. For my part, I must admit that hearing their stories and their struggles also gave me a sense of the progress I had already achieved in my own personal childlessness trajectory, and strengthened my determination to contribute to the development of a better clinical understanding of such journeys.

Some of the respondents expressed particular interest in my own experiences of infertility and treatment, and two women specifically enquired about 'my own transitional journey' and wanted to know how I had come to accept, and become 'comfortable,' with my childlessness, and how long it took. They were also keen to find out whether their own experiences were similar to mine and to other participants⁸ as well. In both instances, it was too early in the process to make comparisons, but I answered the questions from a personal point of view because I considered that self-disclosure could be a good 'dialogue' practice for fostering a good rapport of equality and cooperation (Oakley, 1981; Reinhartz, 1992). I paid attention, however, to answering questions from the perspective of 'another human being who had shared a similar experience' rather than from a practitioner's or expert's point of view.

I did, nonetheless, feel the need to remain extremely attentive to my own reactions and emotions during the entire research process. In particular, I reflected on issues of potential 'identification' with participants' stories which all had, in one form or another, resonances with my own. My concern was to try to ensure that any kind of 'pre-understanding' would not lead to preconceptions or assumptions or distortions on my part and prevent me from capturing the uniqueness of their experiences and meanings. This relates to the pertinent issue of the insider/outsider researcher, often evoked in ethnographical studies. If the 'insider' researcher can gain better and closer access to the field of observation, and is privileged in terms of 'group understanding,' he or she must also guard against assuming a 'taken-for-granted stance' towards those meanings, languages and concepts (Minichiello et al., 1995). In this case, as an 'insider,' I may have possessed a penetrating discernment that allowed me to investigate the topic at a deeper level, but I also had to be conscious not to

⁸ Beyond the interest expressed in me as a person, these questions are also indicative of the level of anxiety they experienced about the length of their adjustment process and how little information is available to them about its pace and complications. This would allow them to rationalise or normalise it and to mark progress against others' trajectories.

restrict or contaminate the knowledge I was generating with possible prejudice and personal interpretations. I will elaborate, after my explanation of the data analysis, on the steps taken to minimise these risks by incorporating reflexivity into the methodology.

Data analysis

The many theoretical influences that contributed to the choice of an analytical and interpretive method (outlined in the previous chapter), place their emphasis on different aspects of data analysis requirements. Their common ground, however, can be found in a striving to understand the practices and meanings of participants from their perspectives (Silverman, 2000; Ezzy, 2002; Osborne, 1994; Van Manen, 1997) and in their tendency to let the data speak for itself (Wertz, 1984). The examination of this research data was predicated on these precepts and was performed through multi-levelled and layered analysis, using the principles of phenomenological research and elements of grounded theory.

The data consisted of 17 taped interviews with the participants; transcripts of these interviews; my personal notes and observations made during the interviews as well as a 'work in progress' notebook in which I recorded my thoughts on strategic choices, questions and emerging concepts and themes. It also included notes from supervision as well as a reflective journal in which I noted my own personal reactions and thoughts about the process.

Given the dual objective of this study, namely, to document in a phenomenological fashion and from a holistic perspective, the transitional process about which little is known while at the same time finding its 'fit' within existing theoretical conceptualisations of the experience under investigation in order to expand them and provide new perspectives, the methods of analysis were adjusted to serve these two purposes.

The interpretation of the interview transcripts included both inductive and deductive analysis and was informed by the principles of existential phenomenological research (Moustakas, 1994; Osborne, 1994; Osborne, 1990; Van Manen, 1997) and elements of grounded theory (Alvesson & Skoldgberg, 2000; Strauss & Corbin, 1990). This involved various levels as well as layers of analysis.

In accordance with some of the recommendations of the grounded theory approach, the data analysis was initiated after the first two interviews with both chronological markers and preliminary concepts used as general data categories to ensure both consistency and coverage

across the data⁹. These categories were then reviewed and refined as consecutive sets of data were collected.

Systematic analysis was then conducted on the bulk of the data. My first step was to determine contextual elements that were specific to each individual case in the form of a table (including socio-economic data but also biographical data including length of the relationship, infertility circumstances, period of active effort to conceive and type of treatments (where relevant), and time since efforts to conceive had been abandoned). I treated this as a particularly important step and one that would capture the elements likely to reflect the diversity of participants' experiences and allow their 'positioning' (May, 1993 p.127). This information was then supplemented by additional information gathered from the transcripts in order to develop a short case study for each of the participants.

Using the method suggested by Osborne (1994), the next step was to conduct a 'within persons' analysis by which each transcript was analysed separately with a view to identifying all the major themes for each of the participants and sorting them into thematic clusters with an 'open coding' system (Strauss & Corbin, 1990). Once this process was completed, I conducted an 'across persons' analysis to abstract themes that were common or comparable for all participants, retaining second level themes that were shared by most, third level or occasional themes and fourth level or low recurrence themes using the approach of 'empathic generalisability' (Patton, 1990)¹⁰.

That is to say that despite the differences of facts or context in each set of data, affinities and 'sameness' in meaning were sought and progressively emerged from the initial multi-perspective view, and a structure started to emerge (Wertz, 1984). The procedure I used advocated by Osborne (1994), is in many ways, similar to the process followed in the grounded theory coding using both in-vivo and in-vitro codes but, in this instance, I used a mixture of analytical and interpretative category themes (such as, for instance, 'managing emotions and interactions,' 'identity work,' and 'kids in life.') along with themes that more specifically qualified, in phenomenological terms, 'structures of experiences' (Van Manen, 1997 p.79-93) such as 'ending the chaos,' 'still the two of us,' or 'constructing a way to be.' Some of the themes were taken directly from participants' comments or quotes and were chosen for their aptitude at describing, in the best and most complete way, the nature of their

⁹ By this I mean that my preliminary review of the first two sets of data served to guide subsequent data collection in a thematic way (meaning of parenthood, personal affect, relationships, etc) but also in a chronological fashion (experience of treatment, decision, consideration of options, stages in adjustment, etc).

experiences. However, the task of amalgamating these themes across the participants proved to be very challenging and required the use of broader analytical, and less descriptive, themes such as the ones provided in examples earlier. As this part of the analysis progressed, it became increasingly evident that the richness of the data lay as much in differences and variations as in commonalities. But although there might have been tentative hypotheses and interpretations used at this stage, I chose to ‘delay’ theoretical formulation until ‘the data was thoroughly examined through successive scanning’ (Osborne, 1994 p.181) and, in this case, also subjected to a separate analysis.

The tapes and transcripts were reviewed as part of a new analytical and comparative process that looked at cross-sections of age group, gender and across gender categories. In this way, I was able to analyse the data from two perspectives, that is, both with and without reference to the themes that had already emerged. The purpose of this additional process was to review the data in its full context and to highlight commonalities and differences within and outside of these broad categories. For instance, in examining age groups, I considered the way in which participants spoke about the distance they had taken from this experience and the relative impact of their involuntarily childless status on social relationships. Similarly, in reviewing gender, I looked at statements of affects, the specific language they used to describe it, and their strategies. Category-specific themes were established in this manner. This overall reading was also done against the theoretical background of the existing literature (see Chapter 2) particularly with regard to its useful but restrictive insights on gender divergences in this experience, as well as its examination of ‘grief’ and ‘identity work.’ My objective was to make both vertical and horizontal comparisons, that is, to re-examine the data and emerging themes, within groups, between groups and across groups in order to test categorisations and expand the understanding on variations. To this effect, gender comparatives were reviewed against the two age groups¹⁰ and against the themes and categories previously retained to qualify the nature and extent of individual experiences. In other words, I was looking for differences as well as similarities and paradoxes in this process, and analysis consisted of an exploration of both consistency and inconsistency, in

¹⁰ The number of main themes and sub-themes retained at this point was 54.

¹¹ A distinction was made between a younger group of individuals aged 37-45 which comprised 11 individuals (five women and six men) and an older group aged 45-54 made up of four women and two men. In addition, in the analysis of the data pertaining to the couple’s transition and the social aspects of their experience of involuntary childlessness, I established two comparison groups based on age. The ‘younger’ couple group comprising four couples (37-43) and an ‘older’ group comprising the remaining five couples aged 43-54. The difference in the threshold established for these two categories of age groups is meant to compensate for differences in partners’ age, and this particular category also takes into account other time factors such as the length of the relationship and the time since the pursuit of parenthood had been abandoned.

emerging themes and patterns (Trinder, 2000).

As saturation was reached and I was no longer discovering anything new about the established categories, the themes were re-examined in a global context in an attempt to draw links. Patterns then emerged on two levels, namely, the interpersonal level where the relationship between personal meaning of parenthood and adjustment experiences and strategies became more obvious, and on the intrapersonal level where specific dynamics were uncovered along with commonly recurring themes.

This dual perspective approach to the data obeyed two significant principles of phenomenological and reflexive research.

The first involves balancing the research context by considering each part within and in relation to the whole (Van Manen, 1997). This meant applying the principles behind the hermeneutic circle of understanding where the 'meaning of part can only be understood as it is related to the whole' (Alvesson & Skoldgberg, 2000 p.53). The method used was intended to allow me to shift focus from the parts to the whole and back to the parts in an effort to better understand and account for the context of participants' experience.

The second was the principle of the 'fusion of horizons' advocated by Gadamer (1994). In order to overcome the difficulty posed by the intrusion of 'pre-understanding' as an obstacle to understanding the explored phenomenon, I consider that this dual level of analysis which required me to alternate between the 'merger' perspective of the participants world (or the other's horizon) and my own reference system (both theoretical and personal) was extremely useful to process, but at the same time preserved, the fullness and diversity of the data collected (Alvesson & Skoldgberg, 2000).

The final task was to amalgamate, in the best possible way, these different layers of findings and present a rich description of the phenomenon which also contained theoretical components. In this respect, it is clear that the presentation of findings or the 'representation' of the phenomena observed, remain closely associated with the interpretation and analysis (Denzin, 1998). The choice of structure I made to present these findings is a reflection of the analytical and thematic 'funnelling' process. I also believe it to be the best compromise to present the data in its richness and diversity. The decision to represent these 'lived experiences' in three dimensional aspects, the personal, the joint and the social, originated from the cluster of themes that emerged from the data but coincidentally also resembles my reading and structuration of the main themes presented in

the literature review¹². This ‘compartmentalisation’ of findings is, nonetheless, the fruit of a personal reflection on the dual purpose of this study and in the way they can be discussed and considered as an expansion of knowledge on the subject.

Having discussed the fundamental principles that have guided the research design, its implementation and its processes, I would like to end this chapter with some additional considerations on the ways I have endeavoured to build-in reflexivity in my methodology.

A reflexive stance

Given the weight of considerations about ethics, trustworthiness and authenticity in my previous discussion of the research process, from recruitment to data analysis, it would come as no surprise to the reader to learn that self-reflection has been a critical component of methodology in this research.

This reflective stance is predicated on the notion that the research is inescapably marked by the researcher (Alvesson & Skoldberg, 2000; Hammersley & Atkinson, 1995). It is about acknowledging that we are, as researchers, unavoidably written in the text and are “always on some corner somewhere and that there are no privileged views on getting the truth” (Smyth & Shacklock, 1998 p. 7). Good research methodology should, thus, include efficient and consistent self-reflection upon the specific (and often constraining) conditions of the enquiry (Alvesson & Skoldberg, 2000). In addition, considering the absence of reliable standards to assess qualitative research, the introduction of ‘reflexivity’ in the methodology is one of the main elements of trustworthiness and one that ultimately ‘empowers’ both the researcher and the research (Smyth & Shacklock, 1998).

‘Reflexivity,’ however, if it is a term frequently used in qualitative methodology literature in relation to this ‘awareness,’ is rather poorly defined (Atkinson & Coffey, 2003) and as observed by Bryman (2001), it has several meanings and emphasis in social sciences. According to this author, it implies that researchers should be “reflective about the implications of their methods, values, biases and decisions for the knowledge of the social world they generate” (p.470). But the feminist tradition, on the other hand, considers

¹² The literature review was shaped and written at the beginning of the interview process and updated without changes to its structure and I cannot honestly determine whether the information obtained influenced my reading and presentation of the main themes or whether the presentation of findings organised, in some way, my analysis.

reflexivity as a source of insight even though it promotes reflection upon critical examination and analytical exploration of 'the nature' of the research process (Fonow & Cook, 1991) and invites researchers to pay attention to their own reactions. Phenomenological and post-modernist approaches, equally, encourage a growing reflexivity in considerations about the conduct of research (Bryman, 2001; Denzin & Lincoln, 1994; Manning, 1995) but with a view to avoiding the researcher's position of dominance and his or her "implication through the stance he assumes in relation to the observed" (Bryman, 2001 p.470) and ultimately to produce a dialogic and multivocal account of respondents' experiences (Lincoln & Guba, 1985; Schwandt, 1990).

Although not contradictory, the difference in emphasis between these perspectives is confusing and has led me to my own personal definition of the 'reflexive stance' that I have taken for this research which incorporates these various elements and is largely inspired by the clarifications provided by Rice and Ezzy (1999).

In light of my professional background and personal involvement with the investigation topic, I considered, at the outset, that it was essential to maintain a high level of reflexivity in order to develop a greater awareness about the elements I was 'injecting' into the process. Not only my interest, purpose, and prior conceptualisations, and both 'metaphysical' (Fonow & Cook, 1991) and 'political' (Rice & Ezzy, 1999) commitments but also, as I have shown, with the methodology and design and, importantly, also in interactions with participants and throughout the interpretation of the data.

A reflective stance does, in my view, require the researcher to 'cultivate,' in consciousness, an enquiry about the relationship between his/her commitments and the ways in which research is conducted (Rice & Ezzy, 1999). It also refers to the practice of subjecting his or her roles, as well as the choices and decisions made about the conduct of the research, to questioning, critical analysis and scrutiny, in order to ensure the soundness of the design, and give the research validity and credibility (Rice & Ezzy, 1999).

This has meant, for me, a continuous process of self-reflection on the constraints of the study, and attempts to identify and address, where possible, its limitations, as well as acknowledging them. In the previous chapter, I deliberately emphasised, in some detail, the underlying epistemological assumptions which have led me to formulate the research questions in the way that I did, as well as the relevance of my own personal and professional experience which underpins my 'commitment' to the topic. In doing so, I am acknowledging

the role of my beliefs and values in the selection of the research methodology and the methods of inquiry. In this chapter, I have also explained how I have gone about seeking the answer to the research questions in a particular way.

But this alone is not enough and, throughout the process of interviewing, data gathering and analysis, I have made deliberate efforts to follow the basic recommendations for good research as illustrated by Spiegelberg's (1982 p.682) metaphoric phrases of "opening eyes, keeping them open and not getting blinded". I have continuously questioned, at every stage of the process, the choices I was instinctively led to make, from the inclusion of the single participant, to the way I labelled themes and categories, chose excerpts from participants' accounts and wished to present the findings. This can only be achieved through what I suggest to be a 'reflexive stance,' both epistemological and personal, by living the research question and the research process intensely and through practical self-questioning and introspection.

Reflexivity was in effect a substantial process in this thesis, aided by several techniques including journaling, supervision and discussion with peer groups. One of the most significant exercises undertaken at the outset was to reflect, for instance, and document my own expectations of the research in order to identify and bring to the fore any preconceptions and expected outcomes both in terms of my epistemological and ontological perspectives in relation to the subject (drawn from research and clinical practice) and from my personal experience. These were also discussed in supervision. The resulting notes allowed me to focus throughout the analytical process on expanding and re-directing the examination of research material. It served as a tool to heighten awareness of any natural tendency to search for, and thus emphasise the 'expected', and guided my review of the data, time and again, in search of relative objectivity by keeping both eyes and mind open to the unexpected. The findings (discussed in the following data chapters) were, indeed, surprising both in terms of the 'expected' and 'unexpected'. It is worth mentioning, at this point, that the diversity of lived experiences, the varying degrees of grief and bereavement felt and expressed, the role of ambivalence in coming to terms with childlessness and the peripheral process of identity reconstruction, as well as the 'alternative' personal development path were significant outcomes that I had not expected. Throughout the data analysis process, I also drew on the notes that I had taken capturing initial impressions of my first encounters (and interviews) with the participants. These impressions were based largely on identification and personal recognition of the respondents' experience. This also proved to be a useful tool to

enlarge and repeatedly reframe the examination of the data beyond these primary ‘filters’. It helped me to progressively expand my understanding and analysis of their statements and my presentation of them as participants.

I have also articulated and incorporated in this document, wherever possible, the reasons and considerations for my choices in a ‘spirit’ of transparency because I strongly believe that this gives validity and credibility to the research but also because I believe it is extremely important to inform, as comprehensively as possible, any potential future studies that might consider building on this contribution, to expand knowledge in this field. They would need to take into account all this information to determine the limitations, some of which I believe I have acknowledged and recognised, in attempting to ‘parenthesise’ myself in this work, and of being ‘a human being researcher’ investigating a complex human phenomenon.

Finally, it is important to state that the analysis and presentation of the data also took confidentiality requirements into consideration. Each participant was given a pseudonym and the inclusion of information from which identities could potentially be drawn (such as professional occupation and social position as well as any other potentially ‘identifying’ details) were carefully pondered and personal judgments made about their ‘relevance’ versus risks. I discuss further the limitations of confidentiality on the thesis in the ‘values and limitations’ section of the final chapter (Chapter 10).

The focus of this chapter has been on the research design and procedures. It has explained the rationale for choosing to locate this inquiry within a particular qualitative, interpretive and reflexive framework and discussed a number of practical considerations regarding its process. I believe the paramount value of this methodology lies in its interactive approach which has allowed me to gather and present a rich collection of personal accounts which served to compose a complex picture of how individuals and couples experience, within a contemporary social context, their transition from wishing to be parents to childlessness. The following chapter will set the scene by presenting the participants.

CHAPTER 5

Involuntary childlessness: definitions, comparisons and insights

Introduction

Historically, the involuntarily childless have been largely invisible to researchers because infertility already seems to have defined who they are. It is frequently assumed that if they are childless then it is a matter of choice, and not for a lack of options and alternative avenues to parenthood. However, this chapter presents data which is challenging to our existing ways of thinking. It reveals just how diverse the involuntarily childless actually are and the different meanings that parenthood has for them in terms of desire, anticipation and commitment as well as where it fits into their respective life projects. In this context, I introduce the notion of a ‘baseline position,’ the significance of which will become increasingly obvious later in the chapter as I begin to critically discuss the generic assumptions underpinning our concepts of involuntary childlessness.

Firstly, though, I provide brief histories of the individuals and couples in my study which describe the respective journeys they embarked upon in pursuit of parenthood, their experience with infertility and adjustment to involuntary childlessness, and draw on their own assessments to highlight some of the major elements that define the various pathways they have taken. It provides a personal perspective of the couples themselves who tell their own stories in language and terms that offer preliminary but important insights into the unique circumstances of the involuntarily childless, where they stand in relation to parenthood and non-parenthood, and how they adjust to life without children¹.

Elena and Garry

Elena and Garry are a couple in their early fifties. They have been together for 20 years. Both have satisfying careers (oriented it should be said towards community work) as well as busy personal lives. A rural retreat they built for themselves provides peace and solace. They find life meaningful and fulfilling.

They were in two minds about parenthood to begin with. Garry was strongly ambivalent

¹ The real names of the participants have not been used for reasons of confidentiality.

which he attributes to the influences of his early childhood and an abusive father, but he never dismissed parenthood altogether. He put his own self development first, including career, and it took Elena years to convince him to consider starting a family. Despite some initial ambivalence of her own, she had always counted on being a mother. They had to terminate an unexpected pregnancy which both agreed, came “too early” in the relationship but there would come a time when parenthood would be right for them. Unfortunately, Elena experienced fertility problems, including several ectopic pregnancies, and following the exhaustion of surgical interventions and many years of unsuccessful medical treatment she finally came to the decision to stop. Elena describes these as “years of dashed hopes” and “awful, terrible, grief-stricken times.” Garry was supportive although, on reflection, felt that he could have done better. Elena then took the lead in exploring adoption, with Garry’s acquiescence, and when it was about to eventuate, she backed down. It proved to be a significant moment. Elena recalls how considering adoption forced them to take a close, hard look at themselves, at the relationship and the meaning of parenthood. In effect, their quest for parenthood was over. “We must have let go of the idea,” Elena remembers, “let go of the perfect picture and the thought of a couple of children.” From there on, they would define their lives not around infertility but around the absence of their own children.

Garry found it relatively easy to accept, in retrospect, as he was not “massively keen on it,” though “not against it either” but just “going along with it,” so that “not having them” would suit him too. But Elena had to work hard to come to terms with being childless. She experienced it as a long, active “awakening” process of “emotional development” that continued into her forties. After taking stock of all that was positive in her life, she developed creative and artistic interests as well as a career that gave her both recognition and satisfaction. She pondered, at length, what it would mean not to experience the “promised land” of motherhood or the special relationship between a mother and child and finally concluded that life could be rich and fulfilling nonetheless. It is now a view that both Elena and Garry share. Over time, Elena’s emotional attachment to parenthood had begun to recede then fade. It was a gradual process of “acknowledging, accepting, resolving, moving on” and living life. In essence, Elena’s struggle had been to “construct a way of being in the world without children and still achieve.” Garry accompanied her on her journey but for him it felt like an “easy resolution” compared with other issues he has had to deal with and one that made the relationship become “easier.”

As a couple, Elena and Garry today are far from being childfree. They have embraced their

respective roles as aunt and uncle and welcomed children of friends into their lives. It is important for them to have this ‘connection’ to the next generation, and seek out these experiences. Elena’s work is another avenue she found to be a “universal mother.” Her only regret, though, is not having known sooner that “life would turn out all right.” Garry is not concerned about genetic continuity or lineage. Nor does he ever think that children would have been some sort of guarantee against a lonely old age. At this stage in life, his relationship with Elena and the core values and understanding they share are paramount. But he also underscores the importance of self-development and making the most of what life has to offer. Garry’s profession gives him the opportunity to show his expanding “nurturing side” with staff and to work for the good of the community.

Peter and Alice

Peter and Alice are both approaching their forties and have been married for 14 years. For ten of these they tried unsuccessfully to have children. They are now well on their way to reconciling themselves with being childless. It has been especially difficult because they both come from large families and married young with every expectation of having children soon after. Despite some lingering hurt and pain, they have managed to redefine their lives around personal and professional pursuits and are displaying a positive and healthy outlook on life and the future.

They were of one mind from the very beginning. Both of them wanted children, and used to talk about it even before their engagement. “It was like a mindset, all fixed,” they say, “all mapped out; that’s pretty much what you do, get married and have kids...and it was going to be a perfect life.” Alice had factored motherhood into her life plan. She wanted them early enough to still have time for a career, and to reach her full potential. However, the experience of a miscarriage, two ectopic pregnancies and repeatedly unsuccessful IVF procedures all proved to be “too much to take.” For years, she felt “driven” to “achieve” a pregnancy, encouraged by the hope that medical treatment had to offer. Because the problem was “hers” she also considered she owed it to her husband to persevere. Though initially overwhelmed by it all, Peter was committed, devoted and supportive, pinning all his hopes on treatment. It was like being on “automatic pilot,” Alice recalls, “totally disempowered and engulfed.” Peter also remembers it as a “horrible” experience, not only in terms of Alice’s health and in dealing with the overwhelming emotions and failures, but also the strain that their relationship was under. They felt they were riding a roller coaster, being “pregnant one minute, then not.” It was a case of “brush yourself off, go back and

start again,” they recall, “then feeling like jumping off this cliff.” Alice needed to stop and “get off the train” but needed to hear it from Peter. They were at the end of their tether. It was time to let go of the plan about “having their lives all filled up with giving life to those kids and providing for them.”

But their susceptibility to grief and the many external factors that can trigger it still remains. Friends their age are having children. They themselves continue to come under pressure to keep trying for a family of their own, even to adopt. There is still a private experience, and Alice and Peter think that to some extent it is misunderstood, or not understandable, by others. This sensitivity to community attitudes gives them a feeling of being ‘out of the social norm,’ isolated and marginalised, even out of step with the world of parents. They keep to themselves to avoid situations that remind them of their circumstances and make them feel “excluded.” The grief they still experience periodically manifests itself in anger or sadness, though the “sense of a little void” is gradually fading. Alice admits that finding an identity now is a bit of a struggle. Motherhood was, for her, “always mixed up with identity...with being a mum” and an area in which she feels she will never “achieve.” She is consciously aware, though, that she would “not be where she is today”² if she did have children. Nor is she sure that it would have made her “entirely happy either.”

Alice and Peter are on the road to ‘recovery’. They feel they are making more progress than not after having suffered what Peter terms the “greatest loss.” On the whole “they are on track,” and accept that this might be “their path” in life. Alice and Peter deeply regret missing out on sharing the experience of pregnancy and bringing up children together. But they are coming to terms with it, and experiencing a “new start.” They have overcome the difficulties with their relationship, and are happy with the way they both are as individuals and as a couple. There are fewer restrictions, more freedom and more time for each other. They do have children in their lives, too, nieces and nephews. Reflecting on her life, Alice remarks:

“If I could have seen that the future without children could be happy, I could have or would have made the decision earlier...it’s okay not to have children... you have to be comfortable with your decision to combat the negativity that goes along with not having kids, but it’s a damned good life without them too.”

Alice and Peter have achieved a sense of quiet contentment. They have a new house fitted

² In terms of her career and academic achievements as well as in terms of self-fulfillment.

out the way they want, and pet dogs in the back yard. Both of them are studying, too. Alice is also contemplating new career horizons. Peter talks about a job that involves working in support of the community or children.

Alison and Alistair

Alison and Alistair married in their mid to late 20s and are 39 and 42 years old respectively. Even before they met, neither of them wanted to have children. This was something of a condition of their relationship. They were content not to have children.

In Alison's case, it was because of her upbringing and the influence of an earlier generation of women in her family. She received encouragement in her childhood to pursue academic studies and grew up to be strongly independent. Alison felt she was not "motherhood material," nor was she a "traditional woman" who "measures herself by a man and having babies." Neither did she want "to be her mother" and "do the time for a child." She was most concerned not to "lose herself" in motherhood and become "less of a person." There were no role models, either, that Alison recognised who inspired her and whose example she could follow to balance womanhood (including a career) and motherhood. Alison wanted a life of achievement, using her intelligence, even if it meant giving motherhood a miss. Alistair also had other interests and being a father was not one of them.

Then their circumstances changed. They thought Alison might be pregnant. It was unplanned and unexpected and it dawned on them that "bang, change within a day...we'd like to have a baby and once committed, we kept going." The experience stirred up new emotions as they both realised that Alison's "biological clock" had "exploded" and was 'blowing up in her face.' There was no pregnancy, as it transpired, but life had taken a new turn. It even provided credible new role models for Alison who saw that she could retain her self-identity, achieve her potential and still be a nurturing mother. After all, nurturing came naturally and it would be "okay to deal with the softest part of the world as well." It was a new emerging side of her, and Alison felt she could become a mother; they could become parents. Alistair knew deep down that he would "make a good father."

But they were dealt a serious blow. Alistair found he carried a genetic disease and needed medical treatment to father a child. It was totally unexpected and devastating news. Alison felt that their lives had been shattered; fallen apart. Their only recourse was surgery and IVF. But this only brought further disappointment. They looked at the options rationally, identifying the risks. "Maybe it was the natural order of things," they thought, "maybe it

wasn't meant to be or it's nature's way and they had to accept it?" Alison and Alistair talked it through and decided jointly not to pursue the medical route any further. Neither was third party reproduction or adoption the answer. They wanted their own biologically related 'wonder' child.

Thereafter, they worked through the issues together; re-anchoring themselves over and over again to the decision they had made. It was "the right decision," they told themselves, in spite of what other people might think or say. There was a legitimate reason to give up. They assessed the meaning it had for them and gradually regained control of their lives. In some ways, according to Alistair, "it was going back to the way it was." He was able to move on quite quickly, come to grips with it, and "bounce back." There was no yearning, no strong sense of loss and probably no deep regrets either. Alistair asserts that "why and what if scenarios" are useless. "It's now all about being happy with what you are doing with your life," he says.

It took Alison longer. There were triggers, occasional doubts and the lingering desire to have a child that was hers. But she wants to accept, move forward, and every day takes the pain a little further away. She refuses to be bitter and tries to be responsive to children, to welcome them into their lives like she does her nephew with whom she "plays family" from time to time. Alistair worries about the affect their experience still has on Alison. He understands it is something more fundamental for her. The heartache remains but Alistair is comforted by the thought that they have come through very well, without bitterness or anger, and that the experience has made them more resilient, stronger and closer.

Alison and Alistair are now in their early forties. They have put the issue to rest. Both have successful public service careers, similar hobbies, a cozy house and two pet dogs. They feel content with their lives. Both agree that they were relatively lucky to manage this transition. There was little uncertainty. It was a "cut and dried case." They had most of the answers on which to base their decision to "call it quits." The closeness and deep understanding they have of each other also kept them on track. Most of all, they felt that as individuals, or as a couple, they would never be defined by having a baby. After all, "it's just another way of being," they remind themselves. "It's okay not to have children," Alison says "we are not less (of a woman and not less of a man) for not having kids; we are still who we are; we are alright, good people. I don't feel deprived...I am okay with me."

Linda and Ian

Linda and Ian have been married for 14 years. They are 39 and 41 years old, respectively. Both grew up on the land. They had no great desire to have children at first. It was “unaffordable,” and they needed to settle down. Besides, “life was not going to be the stereotypical sequence of a first kid after two years of marriage and two years later, a second,” they recall. However, both assumed “it would happen some day...down the track.”

Linda never quite felt that she “fitted the mould.” Even at an early age, she was not “one of those people who had a very strong sense about going to be a mother.” Rather, she imagined having a job, and doing something with her life. “I was probably always ambivalent,” Linda says now, “motherhood wasn’t ever the absolute pinnacle or the Holy Grail...I didn’t have that burning desire.” The extended family environment that she grew up in gave her “a strong sense of immediate family” but it was also experienced as “restrictive.” In his days as a young man, Ian envisaged himself being a father but became a little more ambivalent as time passed.

After six years of marriage, and having decided to “let’s see what happens,” they found that Linda suffered from fibroids. She was diagnosed with early menopause too. It might not be possible, they were told, to have children. Linda had surgery in which she risked having a radical hysterectomy. They then refocused on trying to have a child. By then, Linda had made up her mind; she was ready for the next stage. It was what she wanted to do and “it was going to happen.” She approached IVF with her characteristic determination, doing everything that had to be done, and “doing it right.” She was “giving it her very best shot.” But the cycle of hope and disappointment of repetitive unsuccessful IVF treatments also brought a sense of failure she had never experienced before. The treatments left her “empty handed, pretty devastated and rung out.” Ian remained aloof but supportive leaving it to Linda to decide “whatever you want to do.” Time was moving on, though, and neither of them wanted to end up being aged parents. They were running out of hope and gradually coming to the point of acceptance. Linda stopped treatment after reaching the quota of IVF cycles that she had limited herself to at the outset. They considered adoption but only “half heartedly,” according to Ian. When they could not agree, they decided to “call it quits.” It was time to devote their energies to “other things....to spoil themselves.”

They each made their own adjustment. Ian expresses his feelings with the observation that “it would have been nice...bringing the next generation into the world and passing on family

things,” that they would “have fulfilled your life completely” and “there is always going to be that little void there now.” But he reasons that “it wasn’t on the cards” and “we have never been to the point of suicide over that...you just accept that’s the way it is, put it behind you and move on, and not let it intrude.” Linda, on the other hand, experienced what she later recognised as being a “grieving process.” She had not suffered a tangible loss, perhaps. It was, rather, the dream, “the notion of going to be a mother,” that she had lost. The choice had been taken away. Linda had to “adjust,” to think of herself as “a person who wasn’t going to have children,” and what it meant for her interaction with others. It involved a process of questioning how fundamental her belief was in being a mother, and returning gradually to some of her earlier ways of thinking. Linda realised, too, that if she was going to revitalise her life it would make a difference to take up a new project: a hobby farm and a house to renovate. This would give them a new direction and a focal point to establish a new equilibrium. Linda and Ian live in the city but spend weekends on their farm. “We have the best of both worlds,” Ian says. They are closer than ever following their experience, and share core desires and values. Both accept that theirs is a “different path.” They have companionship and a meaningful relationship together. In an otherwise busy lifestyle, these are what make them most content.

Mark and Amanda

Amanda and Mark are in their late thirties. Amanda met Mark 12 years ago when she was visiting Australia from her native Ireland. She stayed and married him. Amanda was brought up a Catholic and, unlike Mark, was inculcated with strong, traditional family values.

They wanted a ‘family,’ but not immediately. Of the two, Amanda’s enthusiasm for children was greater. She could not imagine marriage without them whereas Mark was never “one of those who love children that much.” He felt more ambivalent and simply assumed that he would eventually become a father “some day.” Mark was preoccupied with becoming established, settling into his career and maintaining the “good life” for as long as possible. Amanda recalls her surprise to learn that Mark’s attachment to family and children was not nearly as strong as hers. “It took me a little while,” she says, “to talk him around” and “I felt that he was going along mainly to please me.” Mark confirmed Amanda’s suspicions. He was “going along a little begrudgingly, for her sake.” He was in two minds about pregnancy. On the one hand, he hoped it would not happen, at least not too soon. On the other, he was conscious that the time had come. Amanda, for her part, was full of hope. She expected to be pregnant immediately. They tried for three years without success.

They sought medical advice, but the diagnosis of “unexplained infertility” was inconclusive. They began basic treatment which gradually intensified leading to multiple IVF procedures. Amanda took the lead and was determined to succeed. Even so, she gradually lost faith in medical science’s ability to help them. Amanda describes the experience as “a great deal of emotional chaos; an unbearable chaos.” It was difficult to give up. But hope had become the “enemy,” she asserts. The doctors were encouraging, “too encouraging perhaps.” Eventually, Amanda came to the realisation that she was at the “end of her rope.” She had “reached her limit” and it seemed “too much to give.” She felt “empty,” and her life was “miserable.” Amanda “didn’t want to be a human sacrifice.” As important as it was to have a child, she wondered whether it was worth the cost and decided to “quit.” It was not final, however. They agreed to take some distance, leave the “door open a little while,” and revisit the decision again later. After all Amanda still had time. But it was already apparent to her that she would not “be able to go there again.” Amanda was receptive to adoption, though not wholeheartedly so, whereas Mark was against it altogether.

It was a relief “getting off the band wagon.” But it was not over yet. Amanda describes experiencing “a grief-like death” for the better part of a year. Then, with help, the manifestations became more recognisable and it was comforting to know that the grief would eventually subside. Mark supported Amanda during the infertility journey. What he found hardest to deal with were her emotions, the “ups and downs,” and the disappointments as well as his own powerlessness to “fix” anything. He felt “sad for her” more than he did for himself.

Amanda’s was a dynamic transition. Layer by layer, she shed years of conditioning - the guilt and the blame - letting the process unravel and opening herself to life again. She recalls her experience with the observation that “I had to change my old ways of thinking, in order to grow and get over it...question the way I was feeling and freeing myself from it.” She also redirected her energies and gradually recaptured feelings of joy and happiness. “There is now more of me to enjoy life,” she says. “I don’t want to be bitter. Life isn’t so serious anymore. I feel happy and my life is rich and fulfilling and complete with or without children.”

It is 18 months since they achieved some form of closure. But Amanda continues to struggle whereas Mark seems more at ease. She still feels uncomfortable in “family environments.” Her instinctive reaction is to shield herself from painful reminders and intrusive questioning. There is “still a little way to go yet,” Amanda reasons, before she comes to terms with her circumstances enough to open up. Nevertheless, Amanda recognises that she has already

come a long way towards healing. “My life is very important...it’s okay to live the benefits. I am almost relieved in a strange way, a small part of me thinks I am off the hook,” she says with a laugh. “It wasn’t my chosen path but we’ll go on this one and have a good life.” There is no shortage of children in her life. Amanda is a devoted school teacher and she interacts with her pupils daily. As for Mark, he is relieved that the worst is behind them and they can get on with their lives. He has managed without major adjustments. And neither does he dwell on the experience. “A child would have been an unexpected bonus,” he says. “Maybe we would be more fulfilled with children...it would be ultimate completeness, but you have to resign yourself...it’s a matter of focusing on what you have and enjoy it...we are quite happy with the way we are...we have a good life.”

Celia and Oliver

Celia and Oliver come from similar backgrounds. They both have immigrant parents who settled in Australia from Europe following the Second World War. It exposed them to a culture of strong family values and an ethic of striving “to do better.” Now in their early 50s, they have been married for 30 years. After working for most of her adult life, Celia is contemplating early retirement. Oliver is a consultant and works overseas for much of the time. They travel together frequently and continue, as they have done, to discover a new country or continent every year. Both of them are social and outgoing, naturally curious about the world around them and eager to enjoy the most that life has to offer.

Despite her exposure to strong traditional influences, Celia has always considered herself as an “independent thinker.” In her view, motherhood is not such a central role for women nor does she view herself as a “career woman” either. Celia remembers that she never felt the “overwhelming urge” or “burning desire” to have children of her own and was “never besotted with babies and kids.” However, she has a great attachment to the “sense of a family” and only wishes she could have had more of a family life experience. Oliver recalls that children were neither his, nor “their,” priority at the outset and that to some degree, in the early days, they were even “predisposed” to remaining childfree. “We must have seen kids as trouble or something then,” he says. “But still, I think it was in the back of our minds. We would have probably shifted later and had them in our late 20s and... there was a lot of (social) pressure.”

As it turned out, there was really no choice. Celia was seriously injured in a car accident in the early years of their marriage and required surgery. The prognosis was not good and she

would have serious difficulties becoming pregnant, or sustaining a pregnancy. It took years before this hit home, though. Celia and Oliver found themselves surrounded by colleagues and friends whose lives revolved around children and family life. They were left feeling somewhat isolated and remote. “We thought, later, we probably should have a kid,” Oliver says. But assisted reproductive technologies were not readily available at the time and there were few chances but risks. Celia says: “I decided not to undergo any treatment.” Adoption attracted them, particularly Celia. But well into the process it became long, bureaucratic and tiresome. This dampened their spirits and the enthusiasm simply “fizzled out.” They were running out of options. Some of the decisions were made, no treatment and no adoption. But the meaning and significance of childlessness only came gradually.

Celia and Oliver occasionally have second thoughts but on the whole they believe it was the right choice. “It’s your decision,” Celia explains. “The ball is in your court and you have to come to terms with it.” Oliver recalls: “We didn’t really hang on to the idea...we were more accepting...we just thought that’s our life and we got on with it...it’s just something I coped with within life.” He admits, now, that if he had had the choice, he would have “preferred to have kids” and sometimes feels he has “missed out on something...mostly the sharing.” But there are also compensations, including “a strong relationship” and “companionship.” There are also nieces and nephews and they are involved in their lives. Celia continues to ponder, sometimes, what family life might have been like. She occasionally has niggling doubts, spells of sadness and some regrets that they “just drifted along.” If she had her time over again, she would adopt. Past fifty, she began feeling an “emptiness” she had not experienced before. It is neither “painful” nor “consuming” but just noticeable. Yet she is convinced that the decision was right at the time. She is generally happy with her life, and with her “special relationship” with Oliver. They share interests with equal passion and life is never “dull.”

Robert and Anne

Anne and Robert married 13 years ago after meeting at a sports club. They lead busy professional lives and kept very active with outdoor activities until the time they decided to try to have a child. They are respectively 47 and 37 years of age and this significant age difference between them has played an important influence on the ways they came to consider parenthood but also in the way they have come to view childlessness.

By the time she met Robert, Anne already had well developed views on marriage and family

life. She wanted to have children and though this was not a major preoccupation, Anne was confident that it would happen. The subject came up early in her relationship with Robert. But he was younger, and his career had just started to take off. The issue was put on hold for a few years until they felt settled enough and the time was right. Even then, Robert was still in two minds about parenthood. On the one hand, he wanted to have children. On the other, it rekindled childhood memories of his turbulent family life and he felt it was “too early.” Anne was 38 by then. Notwithstanding the march of time and the added complications of fibroids, Anne felt that given her state of health and fitness she had every reason to be positive and optimistic. They tried without success and months of disappointment and let downs turned into five years of struggle. The best doctors could offer were basic procedures because at Anne’s age the success rate of IVF was considered too low. They were on the verge of giving up all hope.

Then, when they least expected it, Anne found she was pregnant. They were both caught up in the joy of the moment. “It was real,” Robert exclaims. “I saw the big expectation it brought up for her and for me as well, I admit.” But there were complications and Anne miscarried. The experience was very traumatic for them both. The strength of his reaction even surprised Robert. Thereafter, four years ago, Anne fell ill when her problem with fibroids worsened. She had to have a hysterectomy. Robert summed it up when he says: “The miscarriage and then the operation punctuated the end of that pursuit, of that phase of our life.” It gave them some sense of closure. They also closed off alternative avenues, such as adoption. After all, it was not as if “they must have children at all costs.”

Anne has difficulty coming to grips with childlessness. “I still act and think somewhat that we could have children,” she says. Anne reflects on her own unconscious conditioning with the remark: “I had confidence, so much confidence it would happen...and I must have had such a construct about it...because the kid bit is still with me in my head.” She continues to struggle with the “terrible feeling” that overwhelms her and takes her to a “bad place, where you end up feeling so different.” She feels that instead of grieving, and making a “big fuss,” the two of them might have immersed themselves in work, to “lick their wounds,” perhaps. Anne is not sure that they even know how to begin to come to terms with their circumstances.

Robert acknowledges the unresolved hurt in their lives. Personally, though, he expresses no feeling of “turmoil” or “emptiness,” only the regret that he “didn’t agree earlier.” They like children and enjoy the company of nieces and nephews and Robert says interests like these

keep them both going. It has crossed his mind that he could leave if he wanted a child with somebody else. But he rules that out as an option. The relationship is paramount. He concedes, nonetheless, that they have “not yet faced up to the consequences” of being in a long-term relationship without children. “There is no biological imperative anymore,” he says, and “the struggle is to find another rationale and reinvent ourselves.” Anne still feels sensitive and vulnerable and is concerned about what he might be missing out on because of her inability to give him a child. She also wonders how it will affect her own self development and Robert’s as well. “Will I turn into this weird person...become less of a person?” she asks. “Will we end up shriveled, under-developed, immature, self-obsessed, not really knowing how to give?” But overall she is reassured that “it is all getting much further away than it was.”

John and Yvonne

John and Yvonne are in their mid 40s. Though only married for five years they had known each other for some time. They each had well established professions and social circles as well as strong views on marriage and parenthood. Yvonne was, and is, a successful career public servant but resists being labeled as ‘a career woman.’ John presents himself as being strongly influenced by his immigrant background and his experience of various cultures. He had worked hard to achieve a sense of belonging and just as hard on his career. His pre-marital days of adventurous travels provided him with an “exhilarating sense of freedom.”

Neither of them wanted to rush into a relationship. John says he “wasn’t one of those men focused on marriage and having children from a young age.” It was only in his early 30s that he felt ready to make a commitment. And then it was a question of finding the right “soul partner.” Yvonne depicts herself as having been “a bit of a loner” and, compared to most, as “less focused on relationships” too. The thought of having children was never a preoccupation either. She remembers feeling that her own mother “wasn’t entirely happy with being a mum.” Certainly, Yvonne never pictured herself playing the exclusive motherhood role. She was not entirely convinced that becoming a mother “gives you everything.”

When they met, John’s thoughts turned to family and parenthood, however Yvonne had no such desire. She was not attracted to having children. And she was only receptive to it because of John. It is her recollection that it was a case of “everybody has one, so I want one too.” But the imperatives of married life prevailed until Yvonne’s ‘biological clock’

caught up with them. At 42, Yvonne was diagnosed with early menopause. She was not a candidate for IVF. Other options were sought including oocyte donation but fell through. They quickly ran out of options. John wanted his own genetic child so it ruled out adoption.

Yvonne found herself in a situation of not being able to go back to the way she was. She had her mind set on having a child. Yvonne says: “The mental adjustment was made, starting to think about having children and being a mother and then deciding that I wanted to have them, only to find out I couldn’t.” The experience heightened Yvonne’s sensitivity to the disappointment and sadness of other infertile and involuntarily childless women because she, herself, feels “a little bit the same.” But in seeking to clarify her own motivations for motherhood, Yvonne found that it was more a case of wanting to please John and his desires for parenthood and family than any strong wishes of her own. The prospect of growing old without children does not concern her. She is almost “relieved” and consoles herself with the thought that having a young child in her mid 40s would have been quite exhausting. She knows that John would still like to have children and his occasional ‘melancholy’ is a symptom of this. But they came to the conclusion 18 months ago that all possible avenues have been exhausted.

John is gradually ‘letting go’ as he takes stock of the experience. “I accept that for a long while, the energies and the struggles lay elsewhere,” he says. “I was never one to chase for a family, maybe this wasn’t meant for me.” He is past the “self-bashing stage” as well as “the period of self-pity.” He has reached a new level of understanding. It is now a matter of finding a fresh purpose and meaning in life as well, and perhaps “steering” the relationship in a “different direction.” John is an uncle, and this helps. He has not completely given up on the hope that a ‘miracle’ could still happen but trusts his ability to adapt. He is not resentful that Yvonne did not give him a “beautiful gift of love.” The thought that he could still father a child with somebody else is in his consciousness even though being the “man of principles” he is, leaving the relationship for this purpose is simply “not envisageable.” As a member of a childless couple, he experiences the social circles as “difficult,” “excluding” and “with less space.” The prospect of loneliness and isolation later in life, concerns him greatly.

The episode seems to have brought John and Yvonne closer. They have redefined important aspects of their lives, and developed greater intimacy. But according to John they still face the challenge of deciding how they want to “spend the rest of their lives.” The vision would seem to include nieces and nephews and a revival of their social life but at this stage it remains a ‘plan.’

Jane and Michael

Jane and Michael were both to have taken part in this study. Prior to interviewing Jane, I learned that they had separated after 15 years of marriage. It was Jane's decision and she still wanted to go ahead with the interview. She says it was important for her to do so³. I never had the opportunity to interview Michael and I cannot say whether he had been 'volunteered' to take part or not.

Jane was never in any doubt about wanting to have children. She recalls how, growing up in an extended family environment, babysitting the youngsters always came naturally. Unlike her sister, Jane was always the "mothering one." She says: "It was always instinctive in me, always has been a fundamental part of my self-image; so it's instinctive rather than learned." Jane simply "loves babies." She married young but it did not last. There were no children, and early signs of medical problems to come had already appeared. Jane spent the next few years achieving her career ambition of becoming a successful business executive and had decided she wouldn't remarry. But she still wanted children. Moreover, she would do it as a single mother, and still have a career as well. It was all worked out: artificial insemination with donor sperm; a big new house; and live-in help to care for the baby when Jane was working. Everything was set and ready to go, until she met Michael. They were married within a year. Jane was then 32. She told Michael at the outset the importance that children had for her. It was a "deal breaker."

Jane recalls that despite Michael's reticence because of his own "appalling" childhood and doubts about being a good parent, he finally agreed. But she understood that it was not his natural inclination to have children. Jane stopped taking the oral contraceptives she had been on to regulate her cycles. When after two years she had not become pregnant, Jane took fertility drugs but without success until tests revealed a condition of the pituitary gland which left her with no choice other than IVF. They had considered adoption but it did not suit Michael. Jane achieved two pregnancies in her three attempts at IVF but neither was full term. She had postponed further treatment to recover from the physical and mental exhaustion when she experienced an ectopic pregnancy naturally and had to have surgery. By then, Jane was approaching 40 and this time Michael agreed to consider overseas adoption though given the complex procedures and restrictions they felt it might have been too late. At 44, Jane became pregnant again. It was "unbelievable," she recalls. This time,

³ The information provided on this couple's journey to parenthood and subsequently to childlessness is thus based exclusively on her account.

she hoped, it would be different. Jane followed her instinct and resigned from her job, having a child was what she wanted above all else. Two days later she found out that she had another “advanced ectopic pregnancy.” It was devastating. Not only was it her last chance to have a child but she was jobless as well. Jane was at “rock bottom.” She had “run out of puff.” It was so bad, she recalls, that she did not want to live any more. Jane planned meticulously to end her life: the timing, the note. It would not “hurt anymore,” she thought. It was all worked out. But having devised a plan, Jane no longer felt she needed to carry it out. She consulted a counsellor instead, found a new job, and involved herself in teaching. Life started to take a turn for the better. Jane was grieving, certainly. The wound ran deep. She had lost “a part of herself” and knew she would need to make “a fundamental but painful change” in the way she saw herself. It may not be the ideal future scenario, but she could find a way to include children in her life, sharing, learning, tenderness, and fun.

Jane turned to fostering and she and Michael cared for two little girls, one of whom was an infant, on a six month trial. The baby stole her heart, and Jane recalls that when the time came to give her back it was ‘the hardest thing she had ever done.’ She felt, however, that from her last failed pregnancy, she and Michael began drifting apart, and started leading separate lives. They stopped being “emotionally dependent on each other.” She felt lonely in the relationship. “The scariest thing,” she says, “was realising that he didn’t understand it and me; that he didn’t have the grieving.”

Jane is a high achiever and a ‘bouncer back.’ Now 47, and notwithstanding her ‘absolute acceptance’ that she will never have children of her own, Jane feels she has suffered a “tremendous loss.” Central to her rehabilitation is the need she acknowledges to “rebuild a different life picture” and “integrate” this experience. Jane is actively ‘reinventing’ a single life for herself. But she accepts that “there is always going to be a void.” She says: “It doesn’t drive my life anymore, but I know it will always be there.” She recognises that she will live without the satisfaction of fulfilling the fundamental desire of being a parent and makes no apology for feeling sorry about it, but it no longer has to distract her from experiencing joys in her life. She has even modified her house to make it more “child friendly” when friends come to stay. She relates naturally to children of all ages, from infants to teenagers, and after the grief she has experienced Jane is embracing her new-found “Aunty May” role, and loving it.

Initial observations

For the purpose of this study all these couples have agreed to define themselves as ‘involuntarily childless.’⁴ Furthermore, in ‘positioning’ themselves, during the interviews, individual participants considered that they fitted this definition as people who, at some point in their lives, had decided they wanted children but circumstances prevented them from becoming parents. From a practical perspective, they have much in common. More of them, than not, expected to parent, sooner or later. They do not have children, adopted or otherwise. For all except one or, maybe, two male participants, procreation is no longer regarded as a ‘live issue.’ Typically, all alternatives to parenthood, including adoption were considered, and discarded or abandoned. But in spite of the presumption contained in infertility self-help literature that this should mean that they have ‘opted for a childfree life’ (for instance, Carter & Carter, 1998), none of them see or define themselves as ‘childfree.’⁵

Their stories bear significant similarities with respect to the ways in which they arrived at a the decision to ‘attempt’ and then ‘pursue’ various avenues to parenthood. The women more often than not, signified their wishes, signaling time constraints and took the lead in the exploration of options. Their descriptions of infertility-related affects, and of the range of emotions and the stress experienced during this phase of their lives (and in particular with IVF treatment), have many similarities, too. Several refer to the ‘little void’ they experienced, or continue to experience, without the children they hoped for, and ways in which they have attempted to ‘fill it.’ They also consistently observe that ‘being childless’ creates specific social challenges. But this is basically where characteristics indicative of any form of homogeneity seem to end.

If, for most, becoming a parent was a ‘given,’ something they expected and assumed would be part of their life course, it is also clear that, for a large majority of participants, coming to the decision to parent was also the outcome of personal and practical considerations of timing and conditions, and the result of internal negotiations and compromises. Furthermore, a number of them had, at some time, clearly articulated their intention not to parent and ‘revised’ their position in the light of circumstances, pressures felt from the ‘biological clock’ or to attune to their partner’s wishes.

⁴ Although, as I observed in the previous chapter, there can be no presumptions that all men have clearly recognised themselves as such in a decision to participate in the study because it would appear that this choice was largely made by their spouses and that, in many instances, they might have been ‘volunteered.’ They did, however, in the interview process, identify themselves as individuals who had made the decision to pursue parenthood and would have preferred to be fathers if circumstances had permitted it.

⁵ I discuss this particular point in more detail in the following chapter.

Some initial observations can thus be drawn from these personal and couple narratives in relation to the limits of ‘similarities’ and their extent of differences. They illustrate most of all, a variety of routes to the parenting choice, just as many diverse circumstances and infertility journeys, and ultimately many different pathways to the acceptance of childlessness. The question as to whether we can consider and construct involuntary childlessness from the perspective of a ‘homogeneous category’ is then raised. These variations all point to the need to refine our cultural constructions of involuntary childlessness, largely influenced by stereotypical portrayals of infertile couples’ ‘desperation’ during infertility treatment, and to critically reconsider clinical presumptions of their ‘unbounded’ desire for a child (presumed to be influenced by ‘traditional values’) and of its ‘mutuality’ (see my discussion in Chapter 8 as well as De Lacey, 2000 p. 172-197).

From the particular historical point at which their stories were captured, none of the participants thought of themselves as being ‘desperate.’ Although some were evidently more strongly motivated, both personally and as a couple, than others to pursue parenthood, in spontaneously qualifying their desire for a child, the overwhelming majority of them resisted such notions of ‘desperation’ or of a ‘burning desire.’⁶ There is also no evidence of feelings of desperation in the way they describe their lives as non-parents today.

Furthermore, the common expression of ambivalence that features in these accounts also requires particular consideration as it strongly challenges our cultural notions of involuntary childlessness and its portrayal. It is important, in this respect, to remember that this enquiry is based on a ‘reconstruction’ of their infertility and involuntary childlessness trajectories, thus ambivalence might be, to a certain extent, a ‘by-product’ of their attempt to adjust to this status. However, I believe that it also an indication that parenthood is increasingly becoming a personal and couple ‘choice’ rather than being felt as a ‘social mandate.’ Also, that it is no longer systematically regarded by contemporary generations as the ‘natural’ and ‘necessary’ outcome of the relationship. Generally speaking, they viewed children as an expression although not the sole purpose of a relationship⁷.

In the following sections, I examine in further detail these differences as they are instrumental to the understanding of their respective pathways to the acceptance of childlessness.

⁶ I discuss in more detail this particular aspect of the findings in Chapter 9.

⁷ I accept, however, that these positions might also be partly influenced by the subsequent rationalisation of their involuntarily childless status.

A range of baseline positions towards parenthood

In an attempt to investigate the many variations in the way women understand and experience childlessness, Leslie Cannold (2000), (drawing on Gerson's (1985) study on women's life choices (1985), devised the notion of a 'baseline orientation' (or otherwise dominant orientation) towards parenthood, as a way of determining the place, durability and stability that motherhood had in their 'imagined future' and identity (Cannold, 2000 p. 157)⁸.

This concept is particularly relevant in scrutinising the difference that also exists amongst this sample in the expressed degree of their desire and commitment for parenthood and in considering the way in which these couples dealt with relevant issues in making their decision to pursue parenting.

The notion of parenthood as an absolute 'given' in a 'predetermined life course' is, for instance, supported by the accounts of participants like Elena, Peter, Anne, Amanda, Alice and Jane. The sentiments they express convey the importance of parenthood both in terms of their own self-concept and anticipated future as individuals and couples as well.

Elena, for instance, "always thought" she would have children and says "it was always a part of who I was." For Peter "it was a mindset" and "pretty much mapped out." Anne felt that she "bought the whole concept, box and dice" and "always thought she would end up with kids." Amanda, too, remembers that "it was always part of life, a must, a duty" and that she "couldn't envisage married life without them." For Alice, as well, it was "very important, fixed, you set yourself up that way." As for Jane it was "instinctive and a fundamental part" of the way she saw herself and her life. She even thought that regardless of whether she "did or did not find a man" who she wanted to spend the rest of her life with, she knew she wanted "to have a child."

For the majority of other participants, however, parenthood seems to have been, at the outset, a 'more distant' objective and more of a 'background assumption' (Cannold, 2000 p. 164). As we might expect to find in the wider community, participants like Yvonne, John, Robert, Garry, Alistair, Linda, Ian, Oliver, Celia, Mark and Alison express greater ambivalence towards parenthood. Although they were not ruling it out, they clearly

⁸ The 'baseline orientation' is an expression of Cannold's I use throughout this document to determine an individual's particular position in the spectrum of commitment to parenthood within their own life project (2000). Although I have not envisaged building categories around this differentiation, as she has, it is an important concept to describe the variability and the fluctuating nature of individual desires for parenthood particularly across genders. In addition, I use the word 'position' rather than 'orientation' to illustrate that if some participants' orientation remains on an individual basis, generally constant then the position itself is likely to fluctuate and sometimes generate a significant change in orientation even if ambivalence is retained as a component that later facilitates adjustment to childlessness as illustrated in the cases of Alison, Yvonne and, to some degree, Robert and Alistair.

remember being rather 'indefinite' about it, sometimes even having a predisposition against it, and generally inclined to leave the choice until later in life (but not necessarily to circumstances). In that sense, their baseline position is not that dissimilar to the 'waiters and watchers' observable in Cannold's study sample (2000).

Even though all of them assumed and hoped, somewhere along the way, that their future life scenario would, at some point, include children as part of a natural life course, they were less driven towards that goal by personal aspirations and anticipated life scenarios. For instance, Oliver and Celia, as well as Linda, stressed the fact that they never felt 'a burning desire' to have children. They, like Alison and Alistair, also recognised that they were, at the beginning of their respective relationships, rather united in their 'predisposition' against it.

Yvonne also states that "she never had that strong wish" and was "never preoccupied with it." For John, the general idea was "to get married and have kids" but he concedes that he was never "focused on it from a young age." Robert remembers feeling "undecided" and "in two minds about it." Garry also remarks that even if he had always thought he would become a father later on, he "did not feel ready for a long time" and it was not "a driving factor." Linda describes herself as "not one of those people who had a very strong sense that they were going to be a mother." She explains that initially she did not feel "madly drawn or committed to motherhood" but simply maintained the assumption that "it would happen some day, down the track." Mark also recognises that he was making the same "assumption" but admits always being rather ambivalent and "never big on the idea."

Importantly, as part of the reluctance expressed by both genders towards parenthood, many men provided, through their accounts, evidence of grappling with personal issues and 'biographical ambivalence' in deciding whether to have children. It was couched in terms of their 'lack of readiness' or concerns about 'good parenting' but often related to their own childhood experiences. For instance, Robert talked about his family history that "would have stopped him from having kids young" and his anxieties about having children of his own given that he "did not experience a sane family life." Similarly, Garry mentioned that because of his background he was "a little fearful," with a part (of him) wanting to have children and another, quite happy "not having to confront these issues." Ian also voiced his concerns about "not reproducing bad parenting patterns." Jane provided insights into her husband's reluctance to embark on the parenting route by explaining "he was worried that he wouldn't be a good father because he had an appalling childhood, didn't receive any parenting himself and grew up in an environment where kids were an inconvenience."

Women also expressed biographical ambivalence towards motherhood but, overall, the major barrier to motherhood seems to be consideration of ways in which they may be able to reconcile their own personal and career aspirations with the demanding role of mothers. The majority did not harbor 'open' ambivalence towards that role and expressed readiness to embrace it. Routinely, though, they expressed their concerns about their 'capacity for good mothering,' the sacrifices it meant, whether it would deliver the promises of ultimate happiness and fulfillment, and how they would be able to 'balance' their lives.

Alice, for example, conveys the idea that she never wanted to be just a mother when she says: "I was never brought up to be someone who would just settle for that, staying home and having kids, I knew I wanted more." Similarly, Linda observes: "I always had a sense that I will work and do something with my life and had to work my way through how I would reconcile my work and motherhood; somehow I was confident I could but wasn't sure." Alison also explains the way she worked through this dilemma: "I didn't want to do the time for a child and loose who I was, until I saw examples that it could be done, I could be a mother and still be me plus, I saw I wasn't like my mother and how I reacted differently to children." Yvonne thought the "vibes" had come from her mother who was entirely happy being a mum and remembers the soul searching that went on "whether it would provide everything I needed in life."

My view, based on participants' recollection of their journeys towards the decision to embrace the parenthood goal, is that the various individual baseline positions have fluctuated with circumstances. In some cases, being in the relationship or attuning to partners' needs and desires was sufficient for a positive joint position to emerge as in the cases of Mark and Amanda, and John and Yvonne. In other instances, this decision was arrived at through lengthy negotiations as the cases of Garry and Elena and Jane and Michael illustrate. It is also noteworthy that these couples did not 'rush' into parenthood and that for many it was not viewed, for some time, as a 'priority' or the 'first thing on the agenda.' There were often, in these couples' early relationship history, more immediate preoccupations with timing including securing themselves financially, getting 'on top of the mortgage,' establishing careers and 'having a good time together.'

But, in most cases, it was the 'biological' and/or 'social' clock that seems to have been decisive in making the judgment that they would join 'the procession of parents to be.' Irrespective of their baseline positions and combination of positions, participants all acknowledged this influence in their decision. They describe it as a feeling that 'it was time'

or that ‘time was running out.’ Its recurrence in the narratives is significant and can be explained in terms of almost a ‘physical waking’ of the motherhood desire or else as a ‘sense of urgency’ that conception becomes harder with age.

Alison, for instance, talks about her biological clock “blowing up” in her face. Celia felt it “ticking away,” suggesting that some sort of action was necessary. Linda also describes her decision as “maybe dictated by the biological clock,” as she became more determined that “it was going to happen.” John and Garry although not ‘desperate’ about the outcome for them felt, equally, that there were ‘biological clock constraints.’ This is illustrated by Garry’s remark that “we got to the stage we thought we should have a child.”

Also to be considered is the fact that the discovery of infertility and the exposure to prolonged periods of attempted conception (with or without medical assistance), and the experience of pregnancy is very likely to have awoken, or strengthened, in them the desire for children. Robert provides a good example of this when he recalls his reaction to his wife’s pregnancy and subsequent loss: “All of a sudden, it became real, and at this point I realised I pretty much would do anything, it was the actuality of it all, a possible new life...you connect very quickly and the connection is obviously strong and that made me realise how much I maybe wanted my own children.”

Similarly, the women who had undertaken treatment explained how much their resolution to secure a pregnancy was continuously being reinforced and they felt ‘driven’ by renewed hopes that the next treatment would succeed.

Challenging stereotypical depictions of the involuntarily childless

My intention in highlighting the observable differences in participants’ baseline positions on parenthood is not to ‘moderate’ or diminish the emotional dimension of the involuntary childlessness experience but to underscore how far more diversity and variability this experience encompasses than the clinical research suggests. So far as decisions relating to fertility and the pursuit of parenthood are concerned, they are neither a distinct nor homogenous category. On the contrary, they are generally representative of a wider community in which motivations for parenthood are not always clearly articulated and parenting aspirations are subject to biological as well as psychological and socio-cultural influences and subject to practical considerations that do not differ from the norm in the way in which couples arrive at the decision to pursue parenthood (see, for instance, the discussion

provided by Weston, Qu, Parker, & Alexander, 2004).

The concerns they express and their variability in adhering to the social norm of parenthood (the desire or commitment to parenthood) are arguably commonplace in our society (amongst those who become parents or not). The carefully weighed and negotiated decisions and the fluctuations experienced by this sample are similar to those that Peggy Orenstein (2000) observes, for instance, in her study on Contemporary Women's Attitudes to Motherhood. Moreover, the clarity with which they articulated the meaning of childlessness in terms of personal loss was often matched by their rationales for non-parenthood versus parenthood.

Infertility imposed new imperatives on them. They explored available alternatives and, through a process of what might be described as a sequence of 'negative' decisions, came to the point where they had to contend with the reality of childlessness (I examine this particular process in the following chapter). However, irrespective of their baseline positions and of the decisions they made along the way, it remains clear that they do not regard this 'acceptance' as a positive choice for 'childfree living' and retain their attachment to the description of involuntary childlessness as expressive of their absence of choice in acceding to biological parenthood and of the fact that they are 'survivors of infertility.' They do not, however, correspond or respond in any way to the stereotypical descriptions of this experience in terms of 'desperateness.'

The stereotypical depictions and descriptions of the childless, in general, of the non-mother (as reviewed by Letherby & Williams, 1999), and of the involuntarily childless in particular, need to be reconsidered and overhauled as they do not capture, through this differentiation, the multiplicity and complexity of paths to childlessness.

The variety of baseline positions on parenthood, the fluctuations that occur, as well as the circumstances that influence individuals and couples in their commitment to parenthood are, indeed, very important factors to consider in examining the transition to non-parenthood. They provide insights and views into a range of journeys into unchosen non-parenthood. These determine and shape specific and unique trajectories in the transition(s) to childlessness which, as we will see in the following chapters, can vary from a profound and prolonged emotional and existential crisis, on the one hand, to practical adjustment, on the other. Where the involuntarily childless fit along this spectrum depends partly (but not strictly as some researchers have led us to believe) on gender, as well as on the importance of

the parenting goal in their self construct and anticipated life project. It is also reliant on their ability to reconstruct, as individuals and as couples, a life project without the children they wanted.

Summary and conclusions

This chapter introduced the participants and provided significant clues by which to understand their particular route towards the active pursuit of parenthood and their subsequent infertility journeys. In that respect, I have illustrated that, unlike the hitherto stereotypical descriptions of this ‘category,’ they are not unanimous in their desire and commitment to that goal.

What is also already evident is that it is only after exhausting all the available and appropriate avenues to non parenthood that the involuntarily childless can begin to ‘move out of infertility’ and, at some point thereafter, begin to adjust to a life without children. It is the importance of that point to our understanding of the transitional process that I discuss in the following chapter and introduce the notion of a ‘threshold’ which, as the term suggests, must be reached, then crossed, as a prerequisite to adjustment.

The processes by which the involuntarily childless disengage from medical treatment and explore parenting alternatives have been touched upon in this chapter already, as has the notion of a baseline position. Considering how significant these are for adjustment to occur I will be discussing them in greater depth in the following chapter in terms of the significance and influence they have for ‘moving out’ of infertility.

The importance of diversity, a key theme in this chapter, for the understanding of the experience of involuntary childlessness cannot be emphasised enough. Recognising the variety of routes that lead couples to pursue parenthood, and the specific dynamics that define it, is critical in guiding the work of those who, increasingly, will be called upon to provide assistance with adjustment in cases when attempts to achieve parenthood fail. This applies to practitioners, social workers and those who might devise programs, in clinical or other contexts, to assist this transition. But, more broadly, opinion makers and society at large also need to acknowledge, recognise and account for this diversity, allowing for the expression of ambivalence and ‘non-desperateness’ to more accurately represent this experience, in ways the involuntarily childless can recognise themselves.

CHAPTER 6

Moving out of infertility:

Reaching and crossing the ‘threshold’ to childlessness

A key determinant of whether the involuntarily childless are actually able to reach the stage where they begin to consider the inevitability and permanency of their childlessness seems to be their ability to ‘move out of infertility.’ This in itself depends, as we saw in the last chapter, on considering, exhausting and abandoning the options of medical treatment as well as other available and appropriate alternatives to parenthood. Yet, the infertility literature generally posits that the ‘resolution of infertility’ effectively equates to ‘adjustment’ to infertility and childlessness alike or is, even, tantamount to a decision to live childfree¹.

This ‘simplification’ is not borne out by this study’s findings. To support this contention, I discuss ‘moving out of infertility’ in terms of one set of processes and the transition to involuntary childlessness and adjustment, as another². These two, sequential sets of processes (ie, ‘moving out of infertility’ and adjusting to childlessness) occur, as illustrated in the following chapters, within loosely structured but nonetheless definable frameworks. Separating the two is a ‘threshold’ which, in effect, marks the point at which one set of processes ends and the next ones begin.

In addition, there are many relevant variables to consider as they impact on the overall transitional process. Not least is the ‘baseline positions’ introduced in the previous chapter, and the influence of gender attitudes and positions in choices and decisions about ‘biological’ and ‘non-biological’ forms of parenthood, (that is, medically-assisted and third party reproduction as well as adoption). So, although this ‘threshold’ is effectively a notional idea rather than a particular and identifiable sequential point, it is instrumental in understanding the progressive trajectory from infertility to involuntary childlessness. It encapsulates the notion of ‘moving out of infertility,’ and all that that it entails, as being a precondition to ‘adjustment’ which is a whole other process on its own.

¹ Whilst obvious, it is interesting to remark that if couples had followed this prescribed recommendation to ‘shift’ position’ and accept their circumstances by deliberating choosing to ‘become ‘childfree,’ they may not have participated to this study. This argument can be extended by considering the fact that it is women’s decisions that seem to have been instrumental in dictating couple’s participation in this enquiry and they may have identified themselves more closely with ‘involuntary childlessness’ than their partners for the reasons I elaborate in this chapter. But it remains that the series of ‘negative’ decisions that were presented as ways to resolve infertility and discard unacceptable alternatives to parenthood do not, in their view, constitute a deliberate decision to resolve and possibly negate infertility by a ‘decision to live childfree.’

² Although I regard ‘moving out of infertility’ as a distinct set of processes, it precedes and has a strong bearing on adjustment.

From infertility to the consideration of childlessness – introducing the notion of threshold

Before presenting the data which has led me to establish this important distinction, a brief review of the assumptions underpinning the clinical literature which folds these two processes into one is required. It is against this background that I discuss how the participants describe their experience of arriving at this threshold which marks the abandonment of the active pursuit of parenthood.

The ‘text book’ concept of ‘infertility resolution’ is constructed around three principle options, namely, assisted reproductive technologies (an alternative that offers the prospect of a biological or biologically-related child); adoption (the so-called ‘second best’ option for having one’s own yet non-biologically-related child) and the ‘choice’ of a childfree life. In the case of the latter, infertile couples are encouraged to make the empowering, deliberate and active decision to become childfree. This ‘alternative,’ in particular, is constructed as a way to positively resolve lingering uncertainties and anxiety about fertility, by promoting a positive shift of position on the voluntary/involuntary childlessness continuum or, in other words, turning involuntary childlessness into voluntary ‘childfreeness’ (Carter & Carter, 1998; Johnston, 1994; Menning, 1988; Salzer, 1991; Sewall, 1999). It assumes, however, that couples are united in their desire and commitment for parenthood and negotiate this transition together. It would appear that, in practice, it is not quite as simple as the ‘good guidance’ on infertility suggests.

Another important underlying assumption in this proposition is that failure to ‘resolve’ and ultimately embrace the childfree ‘option’ would hinder ‘acceptance’ and ‘restitution’ (which is thought to bring the grieving process to its conclusion) and pose the risk of ‘passive resignation’ (Becker, 1990) and of ‘drifting into a childless future’ (Johnston, 1994).

Yet, the few studies which investigate the impact of failed infertility treatment and consider the transition that women and couples experience as they attempt to come to terms with biological childlessness (previously cited in Chapter 2) only provide a partial view, and a short time line as well, of the processes at the centre of this inquiry. Also, because most of these other studies include adoptive and prospective adoptive parents as well as childless participants (eg Daniluk 1996). They do not clearly address the issue of the overall transition to non-parenthood leaving many questions unanswered as to the process that occurs between the realisation that treatment cannot provide a ‘conventional’ solution to the point

of 'acceptance' and 'adjustment.' There is a presumption that some couples, particularly women, may be guided by the specific nature of their desire for parenting and where the primary focus is on the biological experience of pregnancy and childbirth rather than on the parenting experience, for instance, adoption is not considered to be an option (Salzer, 1999). It is not known, however, how these alternatives are considered and jointly negotiated. Similarly, in cases of couples who accede to parenthood through third party reproductive technology and donor gamete, the research focuses essentially on the implications of this form of parenting (for donors, parents and child) and on issues of disclosure but sheds very little light on the considerations that have led to that choice³.

As most of what we currently know about childlessness derives from research surrounding infertility, what happens after assisted reproduction fails until the time of 'acceptance' for couples who do not resort to alternative forms of parenting is still largely unknown. There is really scant information that would provide us with a fuller picture not only in terms of assisted reproduction but other alternatives to parenthood, namely, third party reproduction and gamete donor as well as adoption and, more critically, how individuals and couples come to make the choices and decisions that they do. Yet it would appear from the evidence gathered in this study that consideration of all the available and appropriate options is a critical step in 'moving out of infertility' and progressing towards the 'threshold' from which they can begin to reconstruct reality, reach acceptance and accommodate their childlessness.

Far from a choice to live childfree, the processes by which couples worked through infertility included several stages of considered decision-making to abandon conventional medical treatment to conceive their own fully genetically and biological-related child, as well as other alternative forms of parenting. Moreover, it emerges that the 'resolution of infertility,' through the pursuit of full biological parenthood, on the one hand, and alternative family building options such as third party reproduction and adoption, on the other, were regarded as a 'different deal' and involved clearly differentiated gender positions and attitudes and a definite bias in favour of 'conventional' forms of parenting only. The various steps and stages in the process of deciding to 'abandon,' 'quit,' and 'move on' although signifying the end of the solution-seeking for reproductive impairment, is not constructed or described as a point of 'acceptance' but as the beginning of another process which supposedly leads to acceptance and to 'getting used to' rather than 'embracing' childlessness. These 'negative' or

³ This literature will not be reviewed here as it falls outside the scope of this project but it is worthy to note that it deals essentially with the ethical and moral dilemmas couples are faced with in considering highly sophisticated treatment and third party reproduction (Burns & Covington, 1999 p. 325-375; Cooper, 1997; Singer & Hunter, 2003).

‘no’ decisions, are nonetheless, critical because as I will show, they act as an ‘anchor’ and an inducement for sustaining their efforts to move towards realisation, acceptance and finally adaptation.

While individual circumstances differed, most participants in this study described their progression from being fully engaged in attempts to conceive to the realisation that they would not become parents as a complex and lengthy process which necessarily involved the consideration of all available alternatives. Those who had taken the ‘medical route’ found it particularly difficult to ‘disengage’ from treatment and to ‘move out’ of infertility and all carefully examined and discussed each and every alternative ‘parenting’ option before ultimately abandoning them. The extent to which participants pursued those alternatives depended on how strongly committed they were, as individuals and couples, in their desire for parenthood, the values and meanings they assigned to parenting, as well as on negotiation and, at times, compromise. It also depended on the options available to them (fewer in the case of older women, for example, because of fertility considerations), including the appropriateness or applicability of third party reproduction and donor gamete or adoption. In many cases, the perceived ‘normative’ age for parenting was also a matter of consideration particularly for those who were approaching or were over 40 years of age. However, their accounts provide no evidence to support the widely held notion that couples are united by an equal level of commitment to parenthood nor that they are ‘desperate’ to have a child. The choices that couples make clearly indicate they were prepared and keen to become parents, but under certain circumstances. In addition, as already pointed out, they do not construct the set of decisions they made as a ‘choice’ (to live childfree), but as a sequence of negative decisions leading them to a ‘threshold,’ as a point of resignation from which they could begin to move towards acceptance.

The point at which they abandoned their quest for a child was commonly described as an experiential sense of ‘letting go.’ Interestingly, this seemed harder for women who, more than their partners, exhibited a greater readiness to consider non-fully genetically-related biological parenthood⁴ and adoption as alternative ways to build a family, and they struggled to give up on motherhood. Although participants used the expression ‘letting go’ interchangeably with terms including ‘end of the road,’ ‘closing the door,’ ‘quit,’ or ‘move

⁴ Through donor gamete, Artificial Insemination by Donor (AID) and/or oocyte donation (OD)

on,' it was not at any point consciously framed as a deliberate decision to live childfree⁵. It appears, however, that reaching this 'end of the road' or, as Daniluk suggests, a point of 'hitting the wall' (1996 p. 442), constitutes the threshold that needs to be reached and then crossed for the transitional adjustment to childlessness to begin. Certainly, it provided them with enough sense of closure to ponder the permanence of their childlessness, even though for many there was no absolute finality and ambiguities and hope were not fully removed. Eventually, too, it would become apparent that childfree living had its benefits. But generally it was a case of 'learning to accept' a life and a future without children, or 'becoming used' to it, rather than a perception of having chosen a 'childfree' life.

In the following section, I examine, in more detail, the descriptions they make of their progression towards this threshold.

Not a neat closure but graduated decisions to 'quit'

Although typically couples appear to decide major issues together, the voices of women are predominant in the following paragraphs as they seem to be the ones who took responsibility for the reproductive effort as well as exploring parenting options and alternatives. In many cases, they framed the decision to discard or not to pursue further medical treatment as one they took themselves, or in consultation with their partner. The main reasons they gave (as other researchers have previously noted (ie, Bergart, 1997; Braverman, 1997; Morley, 1993) included losing faith in the medical solution, health concerns and the high physical and emotional demands of treatment, concerns about the relationship and the need to regain control and move towards closure. Their proposals and considerations of alternative family building options, examined later in this section, are also indicative of their specific struggle to relinquish the motherhood 'role' which, even if it was not seen as being essential or central, left a 'void' that they might not have yet felt prepared to confront and address.

Ending medical treatment

Whilst some gradually progressed to the point of 'enough is enough,' others who found difficulty 'closing the door' to medical options suspended treatment until they could revisit their decision at a later stage, and/or possibly consider alternatives to standard in-vitro

⁵ It may well be that this presentation and the extensive discussion they made of the exploration of alternatives was influenced by social desirability bias and their willingness to distance themselves from 'voluntarily childless' representation. I remain, nonetheless, convinced that these considerations are a necessary preliminary step to 'adjustment' and constitute the pathway to the critical threshold point I have described. In addition, as a further indication of the absence of a deliberate decision to 'become childfree,' the clinical and self-help literature recommendations to implement this choice by way of using contraceptives to prevent risks of accidental pregnancy did not seem to have been followed by the participants.

fertilisation (IVF). Generally, when talking about medical treatment, women strongly emphasised 'loss of control' and the impact of 'failure' in explaining how the decision to 'quit' came about. Following are some typical cases.

Amanda eventually came to the point where she found that medical treatment "demanded too much, mentally, physically, spiritually, emotionally" and it is the thought of not wanting to be a "human sacrifice" that ultimately led her to decide that she would not have a child at "any cost." Linda, on the other hand, had imposed limits on herself at the outset with a finite number of procedures that she thought she could 'endure.' The prospect of being an "older mother" was not attractive either. But it was the experience of "devastating" failures that finally tipped the balance and she chose to "stop."

Alice's personal relationship was suffering and it was her partner's request to stop treatment that was the "wake up call" she needed; otherwise she might simply have kept on going. Alice subsequently came to recognise that it was "time to get off the train" and despite "agonising" over the decision they made together, she ultimately felt "empowered" by it, as it meant ending the period when she felt "engulfed," "powerless" and "out of control." She describes this period as a "pipe dream" and "being in the fog."

Ending medical treatment was also, for several of these couples, punctuated by the need to "take a break" or "recover" and, in several cases, the door was left open for a while to revisit options, more treatment, alternatives or adoption. This is indicative of the increasing difficulty that infertile couples experience today in giving up medicine's ever more sophisticated options (Bernstein, Brill, Levin, & Seibel, 1992; Koropatnick, Daniluk, & Pattinson, 1993) and illustrates, as well, the dilemma that some find themselves in about 'relinquishing' the goal of a having their own biological child.

It was 'particularly difficult' for Mark and Amanda because of their 'unexplained' infertility diagnosis, hence the choice they made to "leave it open" and not make it "final" for a while until after exhaustive treatment, and considering adoption too, Amanda came to the conclusion that it was time for her to "get off the band wagon." In hindsight, she had become increasingly convinced that she would not have had the ability "to go there again" and to continue to deal with this never ending cycle of hope and despair.

Similarly, Alison and Alistair decided, at first, to leave "a window of opportunity open" but they had set a time limit on it because they were both sensitive to the fact that by not

establishing a time-frame to ‘move-on’ they could find themselves “in a non-person situation.”

Jane, as well, needed to “take a break” after her third IVF failure but her comments clearly intimate that this was not, in any way, closure because at this point she felt there would be “nothing stopping” her in her quest for a child, until the last “devastating” experience of ectopic pregnancy when she finally “ran out of puff” and sank into depression.

Considering alternatives

When the conventional⁶ medical option was not appropriate or exhausted, couples gravitated towards other alternatives including third party reproduction and adoption, with the women more commonly taking the lead in deciding when to ‘quit’ or ‘give up’ and ‘move on.’ As can be seen from the following examples, these ‘negative’ decisions are not articulated as opting for a ‘childfree’ or ‘childless’ life but framed, instead, in terms of a progressive relinquishment of the parenthood goal.

Celia had rejected fertility treatment because it was “too traumatic” and was well down the track to adoption when she finally decided to rule it out for fear of ‘imposing’ her terms on her partner who seemed to be “contented with the relationship.” The “ownership” of this late and difficult decision (she has since come to regret) is, nonetheless, in her view what allowed her to begin to “move on.”

Elena, who had endured “years of doctors and surgery” eventually decided against further medical treatment with a view that adoption was the “answer.” But as it was about to happen she also became ambivalent (possibly because of her husband’s lack of commitment as well) and, concerned about its inherent difficulties, she made the decision to ‘back down.’ She experienced this decision as a sense of “letting go,” but like many of the women in this study admittedly continued to hope for “a little miracle” for years, until she and her partner convinced themselves that “they were a family as they were.” Jane and her husband considered adoption as well but felt they may have left it too late and after parting with two foster children, including a baby, which was “one of the hardest things” Jane had ever done, she decided never to repeat the fostering experience again. It was only when all the alternatives to having her own child had been exhausted, and fostering proved to be “too

⁶ By ‘conventional’, I mean medical procedures aimed at producing a biological child that would be genetically related to both partners, in contrast to procedures involving a third party which seemed to be considered by these couples as a completely different ‘deal.’

hard to take,” that she felt “able to begin accepting” that she would never be a mother.

Yvonne’s health and early menopause diagnosis left no option but to rule out IVF. Her sister’s refusal to donate oocytes closed off that possibility as well. Her partner did not want to adopt. In many respects, these were ‘imposed’ decisions but even so, and notwithstanding her own “growing ambivalence” about having children, Yvonne does not consider that she made a conscious choice to ‘remain childless’ but rather that she, and they, were trapped in circumstances that prevented them from “looking any further.”

Anne was never a good IVF candidate either because of her age and Robert, her spouse, was “not keen on it.” He also was against adoption. The hysterectomy Anne had to have later most definitely closed off any possibility of producing a biologically related child. But in spite of this physical evidence, she struggled to reach a sense of “closure” that would allow her to “let go,” and recognises that, to some extent, she might be still be “in denial.”

This data concurs with De Lacey’s (2000) findings that women tend to assume ‘moral responsibility’ for reproductive work, and confirms earlier observations on their tendency to take the lead in the decision-making processes around reproductive choices, irrespective of their baseline position on parenthood. It is also indicative of the more significant difficulties they experience and express in ‘abandoning’ their quest for a child and relinquishing the notion of motherhood. Moreover, the need to satisfy themselves that they have done ‘all they could’ in considering alternative pathways to parenthood is clearly expressed as a pre-requisite before they are able to ‘let go’ and confront childlessness. Their narratives contain, as well, evidence of an ‘enduring cycle of hope’ (Bergart, 1997) or persistent ‘magic thinking’ (Bernstein et al., 1992), and whilst some, like Amanda address the issue head-on and attempt to ‘extinguish’ the hope by ‘stepping out,’ for others it had to come to a natural exhaustion. The progressive decision-making, and especially taking ‘ownership’ of those decisions, does, however, seem to have a direct bearing on ‘reality reconstruction’ as a crucial component to ‘kick off’ the adjustment process.

Men, for the most part, recognised that it was their spouse who drove decision-making although they described the decisive steps in their journeys from the expectation of parenthood to the abandonment of this pursuit in terms of “we.” These not unexpected findings align with Bergart’s (1997) conclusions that women’s choices to cease fertility treatment prevail and that their partners, in leaving it to women to decide, support the decisions. However, as we will see in the following section, the men were more definite

about non-genetically related options to parenthood and strongly influenced the final decision on adoption. For most of them, the decision ‘to quit’ (either treatment or the consideration of adoption) seems to be equated more definitively, with ‘finality,’ and was welcomed with a sense of relief as a form of ‘acceptance’ of a change of course which they expressed in terms of ‘getting-on with life.’

Ian simply states that “we decided that was it,” and to “move-on with our lives.” Alistair who was diagnosed with infertility talked of it as a joint process to “give each other time and space” which led ultimately to the decision “not to go on” and to “get-on with life.” Garry recognised that because of Elena’s influence it was a relatively “easy decision” for him not to adopt, because “dropping the idea” meant that they could “get on with our lives.” He compared it to the “relief” that comes when a “bad relationship” ends and “you have done with all the pain.”

Negotiating third party parenting options

As noted earlier, women more than their partners were prepared to contemplate non-biological alternatives to achieve parenthood. In three cases they proposed third party reproduction but only on terms and conditions that they felt would have been acceptable to their respective spouses.

Alistair thought about “stepping aside” so his spouse, Alison, could have a child by means of Artificial Insemination with Donor (AID). Although it never eventuated, he struggled with the idea that it would not be his “own” child and felt the need to make it clear to his partner that he could not commit to the way he would “feel about it.” He then concludes that “our main philosophy was that we wanted our children so, all the other options were not the same. She is not desperate for a baby, she really wanted ours.”

Yvonne also considered egg donation from her biological sister knowing that although her partner, John, was not overly keen, he would go along with an option that gave him a child with his own genes. When it fell through, it signified that all options had been exhausted. Similarly, Jane knew that her partner, Michael, would only agree to her sister’s offer of surrogacy because it was a “known gene pool.” In examining, more closely, the issues likely to arise in the context of her relationship with her sibling, she decided not to go ahead.

The male participants did not mention that they had any thoughts or concerns about third party reproduction, and generally tended to play down or even dispute the importance of

biological continuity and lineage as a motive for parenthood. However, they did express a distinct lack of readiness to accept adoption and non-biologically related parenting as alternatives to childlessness.

Adoption as a considered alternative

Women also appear far more willing than their partners to consider adoption. They took the initiative and responsibility, as they had done with fertility treatment, to propose, explore and take up adoption. However, in most cases it was met with either strong resistance or a distinct 'lack of enthusiasm.'

Whereas women were rather unclear as to why they considered, and ultimately rejected, adoption other than to cite the positions of their respective partners, men were more prepared than women to say what they thought, sometimes referring to it in terms of decisions that "we" took. Only two women, Alison and Alice, whose motivations towards motherhood were more clearly aligned with the desire for the biological experience of pregnancy and child-birth and their own genetic child, dismissed adoption as an alternative and lined up with their partner's respective position.

In citing reasons, men noted the difficulties, delays and risks inherent in the adoption process itself as well as their concerns about accepting and relating to a non-biologically related child especially having heard 'bad stories' about adoption. They regarded both third party reproduction, as well as adoption, as 'extreme alternatives' and a mismatch with their own desires for parenting. They empathised with partners about their unwillingness to consider a 'different deal' in terms of taking on 'someone else's child' or 'someone else's problem.' They were uncertain, too, about being able to develop an attachment to a child that was not biologically related to them, and feared not being able to successfully bond.

Alison, for instance, echoed the sentiments of her partner who expressed the view that "other options like adoption were no use for us. It's okay for some people but we knew it wasn't right for us." Implicit in this statement is the notion that only a biologically related child corresponded to their wishes and would be acceptable.

Alice's main objective was the physical experience of pregnancy and child birth as an expression of "women's ultimate achievement." She also wanted to share this "meaningful" experience with her partner, and this strongly influenced their decision not to adopt.

Amanda was in two minds about it. On the one hand, she was concerned that embarking on

a quest for an adoptive child would delay her getting “off” this distressing “bandwagon” but she could see that it had some attractions, too. But her husband’s position was definitive. He saw adoption as a “genetic lottery” and did not want to take the gamble.

Similarly, Anne’s partner, Robert, rejected adoption outright and it seemed pointless to try to convince him otherwise even though he described it as a joint decision that “it didn’t mean that much that we would adopt. We thought that if we had kids on our own we were going to be really happy but we weren’t going to pursue other course as if we must have children at all cost.”

Linda was equally ready to consider overseas adoption but not knowing where her partner really stood, she decided to “let it go.” Ian was not expressly opposed but wasn’t altogether convinced, either, saying “I don’t actually know whether you can put as much of you in an adopted child as you could for one of your own.” Celia and Oliver agreed to overseas adoption because it was well-suited to their ideals and “philosophies” and concerns about over-population but after completing all the processes, Celia started to doubt Oliver’s interest and withdrew from the process. She has some regrets about it and if she could do it again “would have gone ahead,” but for Oliver “it just fizzed out.”

Elena and Garry were also well along the path to overseas adoption but Garry is unequivocal about the fact that it was “what she wanted,” and although “I didn’t have any problems with doing it, I was committed, but ultimately I didn’t care if it didn’t happen either.” Elena’s own ambivalence surfaced and when their approval came through she concluded that she did not want to go ahead with it. It did not take long to decide ‘no’ that she actually was not going through with it. “So that was it,” she remarks about the final decision that ended her pursuit of motherhood.

No longer seeking but still open to parenthood: the enduring cycle of hope

Although having reached the point where they were ready to relinquish the active pursuit of parenthood (which does not equate to a deliberate decision to ‘remain childfree’) the participants appear to harbour for some time, to a greater or lesser degree, the remote possibility that they may still become parents. In that sense, their comments allude to the fact that the idea and goal of parenthood are not entirely dissolved and that they remain open to the possibility of a ‘miracle.’

Elena, for instance, continued to hold out hope of “a little miracle” for many years until she

reached menopause. Despite his partner's clear medical diagnosis, John also wondered with some anticipation whether she "might get the shock of her life" one day. Amanda spoke of her continuous attempts to overcome "irrational hope" about unexpected pregnancy. Alison, like several other younger women, felt that there were 'triggers' that every now and then rekindled her desires and her doubts about "giving-up."

Men, in particular, gave the impression that they did not definitely rule out fatherhood when it was their wives who were infertile so that fatherhood was not altogether out of the question (discussed further in the following chapter). Two couples saw themselves as potential 'parents in waiting' to children of friends or relatives. Although none of them, in any way, wished for the circumstances that might bring about this form of 'inheriting' children, the possibility of becoming de facto parents through a 'possible turn of life' remained in their consciousness.

In search of closure and reaching the 'threshold'

The data also clearly indicates that participants felt the need to move towards some form of closure, both individually and jointly, and the exploration of alternatives to achieve parenthood was a way to remove ambiguities about their infertility and childless status.

The clinical literature on infertility postulates that lengthy treatment processes (and, by extension, the exploration of other alternatives to parenthood) whilst providing the infertile with a sense of active participation (thus increasing the locus of control over their situation), create a dangerous continuum of hope (such as the one I have discussed above) and can hinder the grieving and adjustment process (Koropatnick et al., 1993). It thus promotes the virtues of an intentional choice to become childfree as a way to 'definitively' move out of infertility. Whilst this might be theoretically valid and clinically desirable, there are no studies that document this recommended 'shift' from involuntary to voluntary childlessness.

On the contrary, it is evident from this study that irrespective of how long participants have lived with infertility and involuntary childlessness no such shift has occurred and, moreover, it may not be necessary for a positive adjustment. Even though the 'risk' of delaying 'acceptance' by continuous engagement in the pursuit of this goal was acutely felt by the participants during infertility treatment, and the need for closure perceived and expressed as a powerfully motivating factor to 'quit,' the exploration of other possibilities was also considered to be an imperative before they could begin to relinquish this goal and put this

‘phase’ of their lives behind them. Amanda, for instance, explains that in thinking about adoption after treatment failure, she wanted to “work it out” for herself and “from a strong place” but eventually ruled it out. It was not only because she felt she “would have to argue a strong case” to her partner but mainly because it would mean that she would be “back on the merry-go-round again.”

Furthermore, though participants do not fit the stereotypical depictions of ‘desperateness’ and express ambivalence about parenthood (whether as a highlighted factor in retrospective accounts or not) and women are not strictly ‘traditional’ but rather ‘transitional in their approach to motherhood,’ (Ireland, 1993)⁷ the findings point to the fact that the extensive exploration of parenting options and removing ambiguities and lingering uncertainties, are prerequisites before the process of adjusting to involuntary can begin.

The experience of reaching and crossing the ‘threshold,’ then, is significant in a number of respects. Firstly, as mentioned earlier, it provides the satisfaction that they have done ‘all they could,’ or “everything bearable” and reassures women especially that they have attempted to fulfill their ‘roles,’ in every manageable way and possibly, too, the expectations of their partners⁸. Secondly, it constitutes the only point from which to reconfigure and redefine their identity and role and to re-envision a different future. Thirdly, even if a deliberate decision to become childfree has not been made and the hope, however, vague (yet expressed) remains that life could take a surprising turn and include children, the ‘negative’ or ‘no’ decisions are a strong anchor in the process from the ‘not yet pregnant stage’ to the actual transition to non-parenthood that ultimately forces ‘reality reconstruction’ around non-parenthood.

Anchoring decisions – beginnings start with endings

This study shows that it is only when all the options have been exhausted, and ambiguities largely resolved, can individuals and couples begin to contemplate the finality of their circumstances and look ahead towards their adjustment to childlessness. This then is not only a ‘threshold’ point but, importantly too, an ‘anchor’ point around which the adjustment or transition to childlessness is articulated.

Alice found that revisiting her decision to cease fertility treatment provided the “grounding”

⁷ In her book ‘Reconceiving Women,’ Ireland (1993) makes a distinction between “traditional” childless who strongly and rather ‘strictly’ endorse feminine sex roles and identify with stereotypical gender identity, and “transitional women” who more readily express an ‘alternate’ female identity in their aspirations to social and career possibilities and are more ambivalent towards motherhood.

⁸ I discuss these points in more detail in the following two chapters.

she needed whenever doubts or regrets arose, and was essential for her to “move on.” Linda also spoke about avoiding backsliding by returning time after time to the decision she had made to discontinue treatment, reminding herself of the intense feeling of failure she would not want to re-experience. Amanda’s determined decision to end “years of misery” also acted as a powerful reminder for her that she “wouldn’t go there again” and that she was done with “the heaviness and the seriousness of life” that weighed her down during those years. Looking back she remains steadfastly convinced that it was “the right decision” for her.

Celia kept referring back to her “decision not to adopt” whenever she had “regrets, doubts or sadness” and although she would have gone ahead, if she had her time over again, she is adamant that “it was the right decision at the time” and it helps her to accept. Celia does, however, recognise that even in ‘owning’ and sticking by this decision, it has not completely “stopped niggling thoughts.” For Alistair, there were no second thoughts because his genetic condition allowed him to rationalise it as “a cut and dried case” and “as clear as it could be.” But the rationale behind the decision that he and his wife, Alison, took was talked through, again and again, whenever she had doubts and needed to reassure herself that they had made “the right decision,” in order to “move forward” as well. Robert also appeared to be anchored in the thought that he and his partner had tried “everything rational,” and in their decision to “leave it at that.”

Summary and conclusions

The data indicates that ‘moving out of infertility’ is achieved progressively and that it involves painstakingly working through the ‘text book’ options for medical and non-medical alternatives to parenthood when these are appropriate and, indeed, available to all those involved in the process. The degree of intensity and effort applied differs depending on personal life histories and individual dispositions towards parenthood, ie, ‘baseline positions,’ as well as on gendered attitudes and positions. But there comes a point in the process of ‘moving out of infertility,’ both a ‘threshold’ and ‘anchor’ point, around which adjustment to childlessness can begin to be articulated and which provides a forceful reminder of the reality of non-parenthood. The ‘reality reconstruction’ would then seem to occur progressively at two levels. The first, identified by Matthews and Matthews (1986b) and Daniluk (1996), involves couples redefining themselves as a couple for whom biological parenthood is not a possibility. The second which relies on achieving a more definitive closure on parenthood,

entails coming to terms with the consequences of ‘negative’ or ‘no’ choices and beginning to reconstruct their reality, identity and future around childlessness. These distinctions are critical if we are to understand individual and couple adjustment trajectories towards acceptance, and the complex dynamics that shape them.

My discussion around this notion of a ‘threshold’ also has significant clinical implications. It draws our attention to the fact that ‘resolving’ and ‘moving out of infertility’ is a process that takes time and, for each couple, happens at its own pace. It cannot be hastened, or ‘masked,’ by encouragement to make a deliberate decision to become childfree however ‘empowering’ that step might be. Also, coming to terms with infertility, by exploring all the alternative avenues for parenthood, is a necessary step for many couples as this ‘threshold’ is the only point from which they can begin to deal with the prospect of their childlessness and engage with it. Furthermore, it is important for people working in this field (and the general public at large) to understand that being involuntarily childless does not mean being prepared to have a child at ‘any cost.’ In working with individuals and couples alike, health practitioners need to explore and understand the motivations and concerns that lay behind their decisions to end or reject medical treatment and to consider or dismiss non-biologically related alternatives to parenthood. The gender considerations and bias I have highlighted also need to be taken into account to promote open and joint resolution in examining these alternatives. Further research on gender approach to non-biologically related parenthood would, in this respect, be useful. But most of all, it is important to remember that this ‘moving out’ process is one that cannot, and should not, be confused with coming to terms with childlessness. Promoting adjustment to childlessness before this ‘threshold’ is reached would be premature and, possibly, detrimental.

In the next chapter, I begin to explore the transitional process in greater depth, initially from the perspective of the personal processes involved and on which couples build to adjust to childlessness and socially reintegrate themselves.

CHAPTER 7

The personal dimension of adjustment to childlessness

Just as resolution of infertility occurs within its own loosely structured framework so, too, does adjustment to childlessness. As discussed in the immediately preceding chapter, the notion of a 'threshold' is important in understanding not only the distinction between the two but, moreover, where the respective adjustment and resolution processes begin and end. The framework in which adjustment to childlessness takes place is the main focus of this and subsequent chapters and is discussed in terms of three critical and interactive processes, namely, personal, couple and social. None of these dimensions alone fully accounts for adjustment to childlessness which is effectively the sum total of all three parts, hence the need to examine each process separately if we are to understand adjustment as a whole.

The processes are each subject to many variables so it is not a case of 'one size fits all' but rather because personal, relationship and social influences are so diverse, adjustment to childlessness is a uniquely individual experience. In developing this line of thinking, I categorise participants as 'prompt accepters,' 'movers-on' or 'battlers,' depending on the nature of their adjustment process and on the intensity with which they experience it¹. Also, the novelty of this perspective invites supplementary analytical tools and, so, in addition to the traditional loss and bereavement model which has its limitations, I incorporate, in the conceptualisation of this transition, notional tools from life and goal readjustment theories. I then go on to discuss where gender differences fit in, and explain the critically important personal adjustment process on which couples then base their 'reality reconstruction' work and adapt, or readapt, socially as well.

But before embarking upon the analysis of the data, I would like to situate this thinking on variability in a theoretical context of adjustment and transition. I begin with theoretical considerations about the ways this transitional process of adjustment from 'threshold' to adaptation might be conceptualised to account for the variations found and discuss them in this chapter.

¹ These categorisations are not intended to be applied in a positivist sense but could serve as a useful tool for practitioners called upon to assist in this process by offering an understanding of the diversity of the journeys and the particular challenges that involuntarily childless individuals face.

Theoretical considerations on the variability of adjustment

In an effort to identify individuals considered to be 'at risk,' the literature on infertility adjustment argues that there is a series of situational and individual factors which are likely to mediate or influence individual responses to infertility, and complicate the adjustment process. Gender is posited as a main influential factor with the underlying assumption that because motherhood is inexorably linked with women's identity and femininity, they are more likely to experience greater levels of distress linked with this 'role failure' (Greil, 1991b; Greil et al. 1988; Lasker & Borg, 1989; Miall, 1986; Ulbrich, Coyle, & Llabre, 1990). McEwan et al's (1987) study suggests, for instance, that women exhibit poorer levels of adjustment than men, and that younger women as well as those who have not been finally diagnosed are likely to experience greater levels of distress involving feelings of guilt and self blame.

Psychological approaches to the study of infertility such as Kikendall's (1994) also draw attention to the fact that the complicated relationship between motherhood and women's sense of self-identity holds the key to understanding the range of emotional responses that can be experienced by women through this personal crisis, and can be traced back to the discrepancies that exist between the different Self-States². Koropatnick et al. (1993), on the other hand, establish a correlation between age, low self esteem and what they refer to as 'undifferentiated sex role' to develop a profile of individuals who may be particularly challenged in negotiating this transition and adjusting positively.

Whilst the theoretical contribution of these studies is extremely valuable, it is important to remember that the descriptive studies are based on samples involving those who have sought medical assistance for infertility and only deal with the early phases of adjustment to infertility. They do nonetheless, point to some elements of variability in the process of adjustment to infertility and, thus, to involuntary childlessness. Time is also regarded as a critical factor in adaptation as is the particular nature of this unfolding process of adjustment which is mediated by both intrapersonal and interpersonal factors.

From a theoretical point of view, Schlossberg's model of transition (1981; 1984) is useful to conceptualise this process and attempt to represent it. She suggests that individual adaptation (to any transition) depends upon the balance of available personal, social and environmental resources and deficits, as well as on the differences between the pre and post-

² This particular study is an application of Higgins' Self-States discrepancy theory (1987) that explores dissonances between 'Real Self,' 'Idealised Self' and 'Ought Self' in relation to infertility and non-motherhood.

transition environments. Furthermore, she argues that the process of adaptation should be conceived of as being mediated by three characteristics, namely, those inherent to the particular event or transition or in the pre and post-transition environments and those of the individual.

The theory proposed by Livneh and Antonak (1997) which focuses on the adjustment to chronic illness and disability can also be adapted to illuminate individual variations in psychosocial adaptation. In the context of this study, it is a useful instrument to understand the individual transition to involuntary childlessness as well. Using this theoretical framework, I propose that in the case of adaptation to involuntary childlessness, four broad classes or categories of variables, should be considered as mediators to the adjustment process (in terms of this study sample and in a generic sense as well), namely, those associated with:

Firstly, the infertility history itself (whether one or the other of the two partners is diagnosed with infertility and whether it is largely certain or ambiguous, eg, unexplained infertility), and also the time spent in active pursuit of parenthood or treatment which is likely to affect the commitment to parenthood and mediate the degree and quality of the adjustment;

Secondly, the socio-demographic characteristics of the individual such as gender (which appears to be particularly important), but also age, maturity, ethnicity, socio-economic status, level of education and skills, career and job prospects and aspirations;

Thirdly, the individual's personality attributes: coping strategies, perceived control and locus of control, personal meaning of loss (and losses), values and beliefs, self concept and self esteem and previous experiences with crises or difficulties of a similar nature; and

Crucially, a fourth category that intersects with these three 'personal' variables characterises the physical and social environment in which each individual lives, that is, the cohesion of couple and family units, informal and institutional support systems and cultural and attitudinal barriers or supports (more closely examined in Chapters 8 & 9).

These multiple variables are at play in the personal, couple and social processes involved in adjustment to childlessness and whilst it is not easy to isolate them, they give collective 'personal meaning' to childlessness and to 'loss(es)' thus contributing to the adjustment process and to individual response and adaptative strategies.

Furthermore, in line with the contentions of the same authors, I argue for the need to

consider the psychosocial adaptation process involved in adjustment to childlessness from the perspective of growth modelling which rests on the assumption that this process is idiosyncratic, fluctuating in nature, and likely to change over time.

Identifying and examining all these variables, their interactions and their impact on the adjustment process is well beyond the scope of this exploratory study and my methodological concern has also been that such an approach would have detracted from the investigative and narrative quality of the study. However, this global framework has informed me in the analysis and interpretation of the data presented in this chapter.

As I will show in the following sections, the nature of the ‘transition’ itself, and the extent of work in which participants had to engage in order to negotiate it, appear to be largely dependent on gender and role identification. Whilst the gender criterion is, in itself, insufficient to account for these variations, the study confirms what several other studies have found which is that on the whole women, more than men, do experience greater difficulty in detaching themselves from the anticipated ‘parenthood identity’ (see Chapter 2). However, this differentiation cannot be a foregone conclusion as some specific cases in this study illustrate. The explanation for variations must go beyond gender lines and my contention is that the complexity of this transition and the amount of individual work that it involves, for some, can be traced back to the degree to which children feature in the ‘life project’ of individuals and couples. In other words, there is a distinct relationship between initial ‘baseline positions’ on parenthood (including anxiety) and the extent of active work required to manage this transition.

An individual and highly variable process

The personal adjustment to childlessness does not always involve the trajectory of grief which most of the clinical literature on infertility describes and rarely includes a sense of completion or ‘recovery.’ While the ‘phases’ or ‘markers’ identified through such studies are useful to develop an understanding of what is sometimes a complex trajectory, this study shows principally the great variety that exists in the ways that individuals respond and adapt to involuntary childlessness. The differences do not strictly follow the gender line but, instead, the complexity of this process and the need for deconstruction of the ‘parenthood concept’ as well as the reconstruction of reality and an alternative life scenario largely depend on the place that parenthood had in anticipated and ‘envisioned’ individual life projects. For

some women, there is clearly a greater identification with the role and aspirations of motherhood and, having projected themselves into this anticipated reality, they experience the transition as a drawn-out and intensive process, requiring cognitive and emotional work. However, not all do, and some men also describe similar difficulties in 'letting go' of idea of parenthood.

In order to conceptualise and illustrate the variability and diversity found in this sample, I have grouped the respondents, based on the perceived 'nature' and 'extent' of the transitional process as they experienced it, into three categories, namely, the 'prompt accepters,' 'movers-on,' and 'battlers.' The gender factor is pertinent and recurs in this analysis, however, these categories or groupings also have merit in highlighting the fact that gender (discussed further in section 4) cannot, and should not, be regarded as a predictor of 'affect' or as a determinant of the complexity of this process for individuals.

'Prompt accepters' - what adjustment? Back to the way we were...

For the first group of respondents which I refer to as 'prompt accepters' (mostly men), acceptance of a childless future (in the context of their respective personal relationships) appears to have come relatively easily and has required no particular personal changes or adjustment. Although having children represented a viable option, it was not necessarily a path of preference, and thus they were able to embrace this 'alternative path' without too many difficulties. In a sense, the realisation that their life would not include children of their own meant, for these individuals, going 'back to the way they were.' Amongst all the respondents, Mark, Garry and Yvonne are perhaps the best examples of 'prompt accepters' who could 'shift' their focus towards the obvious benefits of childlessness that featured in their conscious argumentation when pondering their parenthood intentions.

Mark described his experience of reaching the "end of the road" as a relief, of returning to "the smooth and steady" and getting on with life. He explains:

"There was no major adjustment from my point of view needed, not even in outlook. I suppose you just resign yourself at that point and if we had had a child then it would have been an unexpected sort of bonus. I think changes would have happened if we actually did have children, changes in outlook, so in a way it's more of a continuation of a way we already were, we don't really have to go back one step....it would have been nice and it would have been preferable, but it's not the end of the world for me. Obviously things have turned out differently than they could have but we can still have a good life. It's a matter of getting on

with it... There was always the fall back position if you don't have children, you still have a pretty good life and there are offsetting benefits, compensations. You just run through the pros, you got a happy life together, still doors opened, it's only one part of your life that you miss out on. There are plenty of other things. You can't become obsessed just with that one part."

Garry expressed similar sentiments in terms of his own adjustment and continuity neither of which he appeared to have found overly difficult:

"It was time to get on with our lives. I didn't have that much trouble accepting that we wouldn't have kids. It was like okay, that's where we are at, that's fine, suits me too. Part of me, in fact, was almost relieved because I could focus on getting on with what I wanted to do. If kids had come along, I would have made the most of it but I am not fussed, it doesn't matter. I haven't given it much thought since we gave up on the idea. We essentially just got on with everything else in our life. I didn't dwell on it...we worked out that life is fulfilling in other ways and we have been fine since. I guess it is one of the easiest resolutions in my life (referring to other more traumatic and emotionally-loaded issues). Even the issue of genetic continuity doesn't bother me, it doesn't matter to me."

Garry's experience of acceptance and adjustment is strongly moderated by the fact that his life project did not include children at the outset. In addition, the reference he makes to 'other difficult issues he had to resolve' suggests two possibilities. One, that he might have developed particular strategies to deal with potentially emotionally-loaded issues and, secondly, that the significance of this 'change' in life prospect and the affect associated with it, are measured against more traumatic events and situations, thereby the conclusion that "it has been one of the easiest resolutions." Nonetheless, his choice of the term "survive," in the following paragraph, suggests a distinct sense of unspoken 'loss' even though it is placed in the perspective of parallel benefits:

"When I experienced my girlfriend being pregnant there was that emotional feeling that some part of me was growing inside someone else, it's excitement but I don't need it. I liked it but I don't need it. I can survive without it. There are benefits."

Yvonne also considers that accepting her childlessness did not require a major adjustment:

"For me really the mental adjustment was to start to think about having children, being a mother. So in a way, it felt like going back where I was before but not exactly because I had consciously considered it and could identify with some of what other women who couldn't

have children felt. But it wasn't a huge adjustment. I didn't cry too much. In a way, I am relieved."

For Mark and Garry, like for Yvonne, having children was not a big part of their anticipated life project. It was a "given," something "you end up doing" because it is "assumed" but not necessarily something that was closely associated with the way they envisioned their adult life. There seems to be no great personal emotional investment in the pursuit of that goal but it had been something they agreed to for their partners. Although it would have been a 'preferable option' and clearly something they could have adapted to and got to enjoy, there had been no strong 'projection' into a life scenario that included parenthood, and all even express a sense of relief. They were able to recall their moments of strong ambivalence and thus renounce, viewing the 'childless option' simply as a continuation of the way they were. The absence of children did not, and does not in their view, constitute a lack of viability in their relationship with their partners, nor does it represent a major departure from their initial life project. They were already convinced that living without children could be a pretty good life even if they had not made a deliberate choice to be childfree.

'Movers-on' - reaching acceptance and moving on

The second group described this transition as simply 'moving on with life,' hence the term 'movers-on' that I apply to them. Although they had conceived their lives with children, they do not regard childlessness as a tragedy. 'Movers-on' might still harbor some regrets and feel that they have 'missed out' on an experience and opportunity but they have 'reasoned it through' and life goes on. There is no sense of looking back or dwelling on the issue. They are often able to return to an earlier experience of ambivalence and thus take responsibility for their status and see, more clearly, the benefits of a life without children, but notwithstanding some 'blurring' with 'prompt accepters,' in this regard, it is a distinctive group, nonetheless. Although infertility and the prospect of remaining permanently childless are not constructed as a 'tragedy,' there is a deeper sense of loss. The repeated use in personal accounts of the term 'coping' (in the context of adjustment to childlessness rather than infertility) is, for instance, suggestive of another qualification in the nature of the transition experienced. Rationalisation is for those within this category the main strategy by which they manage or covet emotions associated with prospective childlessness but overall the childless life scenario becomes an acceptable and manageable one. Ian, Oliver, Celia, Alistair, Alison and Robert all qualify as 'movers-on.'

Ian, for example, stresses that having children is a thought that he cherished, but life has taught him to be “realistic” and even perhaps “suppress emotions” to accept his lot:

“We decided to get on with life, no use crying over it. I didn’t feel like going to jump in front of a bus. Sure, it would have been nice bringing a next generation into the world but it wasn’t to be. You have to accept that it simply wasn’t on the cards. I tend to put things behind me...you have to keep going on with life and not let it intrude, keep doing what you are doing. Maybe I tend to block stuff out, I don’t know, as I had my share of problems (referring to other emotionally-laden family issues he had to deal with). It would have been nice, and there is always going to be that little void now, but you have to be realistic, we are not getting any younger and we have drawn the line. You have to play the cards you are dealt, get on, take some time but accept it. You can’t get hung up on it, let it get to you or it will rule you and your life; time to spend our time doing other things like spoiling ourselves.”

Oliver, though contemplative and thoughtful, talks of ‘going with the flow.’ He also oscillates in his comments between the ‘we’ and the ‘I’ to qualify inclusively the nature of the adjustment:

“We were more accepting or something. We just thought that’s our life and get on with it so we didn’t hang on to the idea...I am kind of more accepting, I think, you kind of get along in the river of life, along you go... It wasn’t like a major issue, in my head I kind of accepted it and moved on. It would have been good and sometimes you felt ‘I have missed out on something here;’ looking back and thinking ‘it would have been nice, terrific,’ but that’s how it goes. We would have had to adjust if it did happen and that wouldn’t have been too hard, that would have been just living life... I don’t recall having any real grief over it; if I did it would have been temporary, nothing lingering. It hasn’t really eaten me up or become a major issue... It’s just something that I coped with within life, and I knew I could cope with it quite comfortably and adapt... If I had the choice I would prefer to have kids rather than not have kids but the fact that I don’t have them, well I’ve got to move along.”

Celia had not overly projected herself into the motherhood vision either. Rather than realising the full impact of her infertility at the time, the consequences and meaning of her loss became clearer as time went on:

“We kind of drifted along but at one point you hear these voices coming into your head, kind of ‘wouldn’t it be nice to have a family.’ I have to say there are definitely regrets, an emptiness I didn’t feel before but you force yourself to accept it, face reality. I made the decision not to have treatment and that moved me along one step further in the process. I

guess once the decision was made, no treatment no adoption, the ball is in your court, it's your decision and you have to live with that...and you have to come to terms with it. Still, it doesn't stop the niggling thoughts or that feeling of sadness. It's the same thing as when you have to end a relationship, it hurts you to end it but you know you have to do it. So you accept it but it doesn't mean to say that regrets or loss go away, they don't but that's the path you have chosen and you accept it. You can't really go backwards or change the deal and I really feel that a lot of people make themselves ill by not accepting...if you don't...where is it going to lead you?"

Alistair explains how he has tried to be honest with himself in rationalising his personal affect and issues arising from his circumstances:

"I feel I have had all the answers it's a clear cut case...maybe it's just wasn't meant to be. I am pretty comfortable we have come through well, recovered considering. I don't think the adaptation process that occurred was too great. Nothing has changed really, maybe because I wasn't overly engaged (as she was). Plus the heartache is not really engrained in me. I don't yearn at having lost an opportunity; it wasn't such a big issue. I don't think I sub-consciously have hidden anything away. When I see a baby, it's sort of a disappointment but there is not like a total 'what it would have been like!' I am not fussed, more of a kind of go with the flow sort of person. Maybe I lean towards the scientific view. I have come to grips with it. You can't measure these sorts of things (affect) but I think in a day to day clearly for me it's sort of back to a normal ripple. You have to pass it by and leave it behind. There might be some things that I miss out but there are others I don't and maybe that is the selfish part of me...you let it through. It's a just a disappointment, that one little bit of thing doesn't work and I didn't have a choice on this. You just have to take the knocks in life."

For Alison, however, there is a more profound grief that needs to be worked through as there are many situations that trigger the realisation that "she is never going to be a mother and have that!" Unlike some other female participants, Alison came to the idea of motherhood quite late and had for many years envisaged her life and her relationship without children:

"You can't allow it to dominate your life. I needed to rationalise it in my head and work through it. Going back to the decision we made. But I still know who I am; it isn't such a big part of who I am. We are going to live with the fact that we are not going to have children and accept that some things do not work out. In that sense, we didn't have to undo anything...there is no other way, other than revisiting the future: so you see the future going here, well, just hook it again over to the side, close the road and after hearing someone saying

that's the grief process, you think okay we had hopes and dreams, you grieve for that and you move back to your new path with your life."

For Robert, as well, the adjustment has been relatively minor although not altogether emotionally insignificant:

"Eventually the baby was not to be and I was very upset for a short amount of time and quite unexpectedly. One night, I broke up quietly in tears over losing my potential child or something...that came as a complete surprise to me it was like I slowly realised how much I maybe wanted my own children even after, that I did really want to have children. It was interesting the strength of the response, that sort of unexpected outburst. Really sad, and I think it was the actuality of it all a possible new life. When the child is there, you connect very quickly and the connection is obviously very strong because when it was disconnected it really hurt and also there was the expectation that had built up."

In spite of Robert's ambivalent position and his lack of 'readiness' to embrace the prospect of fatherhood, this brief 'connection' made it more difficult for him to disengage from a vision of the future which as he realised, included biologically related children:

"I don't think I had massive grief over this or suffered badly. I guess I am reasonably logical about things and I tend to say well, we had our chances; we used it now it's time to get over it and get on. I don't feel I am in a terrible sort of turmoil over it. I wasn't really sure about it; I think maybe a lot of males are not really sure; it's just easier if it happens and then you adapt. The adjustment would have been if we had really decided we must have children...but since it did not happen as cleanly as that I don't feel there has been a big adjustment. You can't continue to worry about what happened in the past. It's one of these things where grass is greener on the other side of the fence maybe...still there is always that niggling feeling that having kids is sort of like you made your own life and you are now transferring that energy into someone else's life."

For this group of participants, having children and becoming a parent has not, necessarily, been a personal life-long-held goal, but rather a path that they embraced later, and with a certain degree of ambivalence as well. Having children is, for them, equated with normality and seen as a natural outcome of a relationship. Grief is experienced and recognised as such, although to various degrees. Although the long-term implications and thus the personal meaning of the loss may not be fully integrated, these individuals have worked through some form of adjustment via their own individual meaning-making process, reasoning through and taking responsibility for their decision, or lack of decision (delays). Confronted with the 'end

of the road,' they are able to minimise the importance of that loss, anchoring or returning to a position of ambivalence they had all experienced. Re-envisioning their own future without children may have been a difficult and progressive endeavor as it includes some element of sadness and a sense of 'missing out,' but their childlessness is not perceived as a tragic turn of life. The 'having children' aspiration is put in perspective and weighed in the context of their other life aspirations and expectations and, in that sense, minimised as 'only one part of life.' Furthermore, the return to ambivalence and progression through this 'non-event transition' allows them to shift the focus from 'what is not there' to 'what is there' and to see more clearly the benefits of living without children even though it still remains 'a path of non-preference.' There is no sense that personal identity is strongly tied in with parenthood and thus the transition did not require, for them, deconstructing the notion of parenthood or a reconstruction of personal identity in order to be able to accept their permanent childlessness and re-envisage their future as such.

It is interesting to note, however, that for two of the participants in this group namely, Alison and Robert, there is a slightly different sense of finality about their childlessness. In both cases, it is their partner who was diagnosed with infertility and their comments, in this respect, indicate that their own fertility status remains a significant part of their perceived self-image. This also points to the fact that diagnosis, and the specifics of their infertility story, is an important mediating factor in the adjustment process. For those individuals, a complete sense of finality about childlessness cannot be attained as they are able to retain (even at an unconscious level) some elements of the original life scenario in the realm of possibility. Whilst they express no intentions to act upon this vague option (by leaving the relationship, for instance, for the purpose of having a child), the possibility that life can take a different turn is evoked and present in their minds. In addition, retaining their fertility status also means that they do not have to address issues of failure or guilt that some of the other participants have to wrestle with in order to restore and maintain a strong sense of Self.

'Battlers' - a long and complex readjustment process

The third group of 'battlers,' (almost half the participants and mostly but not exclusively women), experienced adjustment to childlessness as a lengthy and complex process that involved (and, for some, continues to involve) both cognitive and emotional work to both overcome the loss(es) of their anticipated life project and to 'let go.' These processes took many forms and shapes, as mentioned in the following paragraphs, including 'deconstructing' individual notions of parenthood by reviewing and challenging their beliefs or by integrating

these to arrive at the conclusion that childlessness, although not their preference, can be a viable and acceptable path of life and, moreover, that life can be as full and rewarding without children as it would be with them. It also involved 'rebuilding' a vision of personal futures without the children that they had hoped for and 'constructing' or 'carving out' another way of being in the world in order to accommodate this reality.

The themes commonly associated with the overall processes included, in addition to those already mentioned above, grief work, emotional management, dealing with guilt, rationalisation, meaning-making, using ambivalence and questioning motivations. However, the strategies that participants employed in coming to terms with childlessness were very diverse and although influenced by personal factors, gender and individual circumstances, the specific meaning that they assigned to the loss was also significant. Those who best fit the definition of 'battlers' are Linda, John, Alice, Peter, Elena, Amanda, Jane and Anne and following is a sampling of some of the individual strategies they each used in adjusting to childlessness.

Linda, for instance, frames this process in terms of 'letting go,' of 'grief' and of re-conceptualisation of Self. She admits using ambivalence to return to a notional position of 'before' the focus and the drive to be a mother emerged to where she could begin to think of herself as a non-mother and start re-envisioning a different future. She recalls the grief that followed this 'realisation' and working through its meaning:

"When I realised that it wasn't going to happen, that we weren't going to have children, I went through a grieving process. I think it was mainly because I had decided that's what I wanted, what I was going to do and I was setting up my life to do that...and that choice was taken away from me. For a long time I did not know what it was but I have lost the dream, the idea, the notion that I was going to be a mother. I had to let go of it. So there was a period where I had to adjust, where now I had to think of myself as a person who wasn't going to have children and that I had to adjust my mind and adjust the way I was dealing with people and that was really hard. I felt it as a grieving process. I had to go through it and only afterwards I started to move forward. I had to go beyond that period where I was focused and driven about wanting to be a mother and I stood back and trying to think about how I had been up to there and trying to picture what things would be like down the track."

John's account suggests forceful reasoning and meaning-making processes to arrive at a point of acceptance. Part of the adjustment and 'moving on' has been for him about taking the responsibility for the course his life has, and has not, taken and dealing with a sense of failure

for not having managed his life in a way that would have allowed him to achieve fatherhood. He refers to this as a 'self pity' and a 'self bashing' stage. This 'reasoning strategy' makes use of ambivalence (to assess and/or or minimise the centrality of children). The significance of 'loss' is framed in terms of discontinuity; parents' disappointment; and loneliness in old age. For him, like for Robert, there is no absolute finality about his childlessness given that his wife was the one diagnosed with infertility and he does, to a degree, continue to entertain the faint possibility that life could take another course although he clearly states that the 'desire' for a child is not strong enough to act on it. In the following excerpt, John expresses his struggle to find a new direction that will enable him to re-envision a future without the children he hoped for:

"I suppose for me the process has been accepting the situation. You have to confront it and put a philosophical edge on things. You just have to hang onto what you have got and not dwell on what you haven't. I think about children from the head as opposed to from the heart...and the head says I have missed out. I have reasoned things through and I am not sure that is the best way to deal with it, maybe sometimes you can't reason yourself into thinking something which is really affecting you quite a bit, but it's my way. I have been gradually letting go of the idea. It's not such a strong feeling of letting go because it's not something I was totally paranoid about (having children). I don't want to go through the self pity stage forever and I don't have any morally acceptable options so I just have to accept, you have to keep moving forward."

Alice articulates her experience of adjustment in more emotional terms of grief and mourning. 'Letting go' of the idea of motherhood has been for her a definite struggle. After many years of medically assisted travails and several pregnancy losses, she had to convince herself that she had done the best she could. Mainly because, being a mother had been a long-held part of her envisioned future (and structured life plan) but also because the experience of pregnancy and childbirth (rather than parenting) were central to her notion of motherhood and constructed as the "ultimate achievement" and remains tied-in with her self-concept and sense of identity:

"There was a lot of grief involved...and I had to be contented that I tried enough. Even now I reflect on what is important for me; it's still pregnancy, and I feel like I have missed out on something by not being able to carry a baby to term and not actually feeling a baby kick inside me and yes not giving birth...being able to produce a baby, and feeling and experience and share that, and that is something I will never achieve. It's difficult to let go because you do obviously set yourself up like that, get married and have kids, also because that is what is

expected (laughter) and you have it all planned...and now, it's not as structured life anymore...but there is still a bit of sadness and it gets worse at different times. If I could have seen then that future without children could be happy it could have made the decision easier...with the identity part, I guess I do struggle a bit to like find an identity now, I guess motherhood was always mixed up with identity; if I was pregnant, if I was a mum, it is what I would be."

Alice, like other women in the group, refers to the specific challenge of "being able to envisage a happy future (and a valuable Self) without children." Unlike Linda, Alice was not able to recall a time when she was unsure or ambivalent about having children and could envisage her life without children. Whereas other participants could re-anchor themselves in an experienced sense of ambivalence in order to promote acceptance, this resource was not available to her. In order to achieve the shift, Alice had to remind herself that being a mother only played a part, even if it was a central one, in the future life scenario she held in order to revise it and consider that she could still be "someone of importance" without children:

"At the same time, I wouldn't be where I am today and I wouldn't have the job and I am not sure I would have been entirely happy with that either. I wanted to be a mother but never just a mother. I guess I was never brought up to be someone who would just settle for that...I guess it took a little while but maybe I have come to the conclusion that it's okay not to have children, to be a little different from the norm. You don't have to adopt or you don't have to have children to be someone of any importance."

Peter refers to the 'letting go' of his envisioned future with children as a slow evolving and painful process of readjustment and change:

"I think I experienced the grief³ in terms of loss. First I was absorbing myself with everything else, the 'dealing with it' like blokes do or tend to do. I had no tools to deal with these things really, kind of suppressing all the emotions because they are so overwhelming sometimes....you had plans about having your life all filled up giving a life to these kids, provide...then you have to find something else because that's what you are geared up to do...and that's not as if you still don't have it all inside. Sometimes in my head still, I should have kids. You have an image in your head. I think that's inevitable...and the reality is that you have to drop all that stuff. You slowly come off it, but it's still a big adjustment...it's a long-winded, evolving process still happening, you know. We made the decision to give up

³ It is interesting to note as well that he refers to the loss in terms of a loss of 'role' articulated around "provision."

treatment and get on with our lives...but coming to the realisation that it isn't going to, that's a big thing. Coming to terms with it is a slow process; we have suffered a great loss."

Elena, as well, talks of it in terms of a 'very gradual' process of acceptance involving not only grief work but 'emotional development' through actively resolving, moving on and learning from life, until the initial life vision she held for a long time disappeared in the distance, through a cycle of crisis and transition. For Elena, like Alice, motherhood was constructed as the normal way to 'achieve' and an integral part of her projected self-identity. Her account strongly illustrates a personal feminine struggle towards acceptance underlined by an active identity reconstruction strategy with the aim to 'carve out' or 'construct another way to be the world:'

"I guess exploring the adoption process was a very positive thing to do, in terms of exploring the whole idea of parenthood and what does that mean and what was involved. In a sense, it was a part of the resolution process. I started to surrender the old dream. I had to think more through it and expanded my sense of what it was instead of just having kids. I talked to people and realised that being a mother didn't make anybody happy. That it was just like another relationship, that it was frustrating, hard work; joyful but that it wasn't everything...it wouldn't necessarily make me happier. I also used to look for role models and looking at women who ended without children...and I think that was part of my constructing a way of being in the world without children and still achieve. I was starting to think 'let's do it our way,' and it gradually faded. It has been very gradual, acknowledging, accepting, resolving, moving on, moving out and just being where I am...until coming to the realisation that life could be still be pretty full and rich without them. There was also a lot of emotional development going on...just getting older as well, things change and also looking at what I had in my life that I enjoyed. Sometimes I think, years ago, when I was in suffering and in pain, if I could only have known that life will turn out alright!"

Amanda's transitional journey has equally been a journey of change and shifts. In order to let go of her long-held life vision which definitely and unequivocally included children, to accept childlessness and be able to embrace life without them, she engaged with the 'emotional pain' and engineered a radical transformation which involved deep reflection and challenging her core beliefs⁴:

"It was very important for me to have kids. I couldn't envisage married life without kids. That's how it was back then. Closing the door meant that I had to face the emotional pain

⁴ Her comments also illustrate the gradual nature of this 'letting go' (first of the hope then of the 'dream') and of the grieving process.

that I won't be a mother. And it is still sad and painful at times but there had to be a shift, and there has been lots of growth, opening up, changes...there were a lot of very narrow ways of thinking before. It's a letting go process. I had to let go of the hope because it had become the enemy; then let go of the dream. I didn't want to stay in that cycle...I wanted to get on with life. I was like saying I am going to face it now...make the adjustment. Doing it, the emotional pain is really tough but it makes you grow as well. It was like experiencing the death of someone close...now, I am getting more comfortable with it all the time. Mostly, I had to reflect and challenge my old ideas about duty...and I had to change my thinking...change in order to grow and get over it. Also looking at my own reasons why I wanted kids. And searching for role models, for attitudes and for values that could help me through it...working it out is very hard, trying to get a sense of it all. My first option was kids, but if my life has taken a different path, we'll go on this one and still have a good life. I think I am off the hook in a strange kind of a way (laughter)."

In order to effect the 'transformation' that would enable her to devise and maintain a 'valuable identity' and self-image as a 'non mother' Amanda, like Elena and Alice, had to deconstruct her 'acquired' beliefs about femininity and womanhood and disentangle them from the traditional motherhood concept. This included an 'a posteriori' challenge and then the rejection of values such as 'status,' 'importance' and 'fulfilment' associated with the parenting role by questioning the rationality of her feelings of guilt and shame, as well as the deconstruction of the 'romantic notion of motherhood.' Given that she had not experienced consciously ambivalent feelings about motherhood either, and had never conceived a life scenario or identity without motherhood, the strategy of choice became the construction of a "new me" that would allow her to put her specific losses in perspective, minimise them and bravely step outside the 'norm.'

Jane's experience of the adjustment to childlessness is unique again and, in some ways, radically different from Amanda's. Whereas Amanda's story is one of transformation, shedding her 'old identity' by challenging her cultural beliefs and assumptions about motherhood and creating a new one that could be more easily aligned with a childlessness life scenario, Jane's view of this process is one of integration and rehabilitation. Wanting to be a mother has, in her own words, "always been" and "always will remain," a fundamental part of her and of her self image and of the way she perceived herself rather than the way she thinks she ought to be perceived. She does not experience the motherhood part of her as a socially borrowed or culturally imposed 'feminine' identity and feels no need to question in any way her beliefs about the joys children bring to life. She does not experience, either, the

need to re-construct her identity or chip away at feelings of guilt or inadequacy. Her loss of something so fundamental is immeasurable and cannot be minimised in that way. Childlessness is not perceived as merely the loss of a vision or a dream but as the loss of ‘a part of herself’ (and a part she does not want to, or cannot, disown). The seemingly insurmountable challenge Jane confronted in attempting to revise her future life scenario is evident through her expression of profound grief as well as through her disclosure of an earlier suicide attempt. There is no clear evidence of identity work in Jane’s account, or grasping with feelings of failure, guilt or self-blame:

“I was grieving...for me really, it wasn’t about dead babies, but about this fundamental change in the way I saw me that was devastating, and I needed to work through it. It was a sense of loss; I lost part of me. When I think of the life I have always wanted, it has always included children, the sharing, the giving and the learning, the fun and all of that. The part about being a mother is a fundamental part of me, it’s not about changing it, it hasn’t changed and won’t...the only difference is that I have learned to accept that this will not happen. It was a matter of integrating it, learning to live without children (well my own), like rehabilitation process, and I had to figure out how I could live and still satisfy at least in part that fundamental part of me. The part I was giving up about being a mother that was the grief part, and at the same time I had to come to terms with like figure my other stuff, like how to have children in my life and relate to them. If I look at the things that have allowed me to move on, it is accepting that being parent is a fundamental part of me and accepting that it is never going to be satisfied in the way that I wanted to be, and accept that it is okay to feel sorry about that. That being sorry about it and sometimes being upset about it is perfectly normal, and that you can live with it and that it doesn’t have to detract from all the other joys in your life and it doesn’t preclude you from having other joys including with children. There is no compensation for this, no substitute for me. Just accepting that that is just the way it is and getting on with your life...I think it’s exactly the same as what a paraplegic does when they lose the use of a leg or an injury. It’s just that it is an emotional injury rather than a physical injury. You have to accept the good bits and the bad bits and the painful and the not painful bits...I see this as a rehabilitation process that goes on, no different than someone who has to learn to walk without a limb. I had to learn to live without kids and that’s no different.”

The last case, that of Anne, powerfully illustrates yet another different and individual response to the struggle involved in ‘letting go’ of the vision of a future with children and reconstructing a new acceptable life scenario and perhaps also another stage. As it is for Jane, motherhood is for Anne a notion that is profoundly engrained in her self-concept (a

fundamental part of self) and in her long-held vision of her future. But in this case it also carries particularly strong values about normality, credibility and the promise of emotional development⁵. Whereas someone like Amanda was able with the support of her partner and of her social environment, to chip away and challenge issues of duty and culpability through cognitive work, for Anne, abandoning this notion of herself and of her future seems an insurmountable task riddled with grief and a sense of guilt and worthlessness. Anne's strategy is one of emotional management: alternating protective denial and selective exposure to the reality of childlessness, to let it emerge in manageable doses, but in some ways she also appears to be paralysed by feelings of guilt and by her inability to conceive an alternative scenario of normative growth, fulfillment and worthiness without the motherhood function:

"It's a big thing for me. Talking about it you can feel yourself getting tense and emotional but it's much further away than it was. But it is still there...I still act, I still think somewhat that we could have children. It's weird, but I can notice it. I have spent so long kind of thinking one day we will have kids that despite the reality, with the operation and all, the thought did not leave me. I often notice myself going: 'I don't actually believe it.' And it's not a painful feeling rather a nice kind of feeling, it's nice to keep having that, it has been such a kind of companion feeling I guess for a long time. I don't walk around feeling that we are not going to have kids all the time, but sometimes that 'we are never going to have kids' feeling comes over me and it is the most awful feeling. That's the terrible feeling because you end up feeling so different in you. I think it's a real hard thing to let go and I don't, I haven't really tried. When I hear myself thinking about that couple that can't have kids, I just think that's another couple but that's not us and yet it is. It must be really big and I am not facing up to what it means, something like that. How would I do that? I keep quiet and it is really inch but inch emerging over time and maybe, I am still in denial stage, four years later you know, I am and I ain't."

Anne's attempts to acknowledge and accept that her future will not include children take her to the "bad place" where she is confronted with the loss of her own idealised self vision fulfilled through motherhood. Shattering that vision also carries for her serious threats; threats that she will not have credibility, and will remain self-obsessed and undeveloped in a doomed relationship:

⁵ In this respect, it can be argued using Kikendall's model, that the major Self-discrepancy in her case is more clearly located between Actual-Own versus Ought-Other (with the internalisation of cultural and social expectations), whereas in the case of Jane, the conflict in Self States is located between Actual-Own versus Ideal-Own (with an internalised sense of identity and a corresponding internalised desire for a child) (Kikendall, 1994).

“A big thing about not having kids is I don’t feel as credible as everybody else. I feel very credible as a partner, as a professional, but I don’t feel at all credible as a woman. It is kind of like the cliché, I must have bought the whole box and dice...in my head they (mothers) are better than me in a way to put it bluntly. I feel like when you get in touch, there are a lot of bad things you can think about this and that’s the kind of territory...I am never going to know this...I feel like as if there is a bit that is supposed to be growing that is not and that is never going to grow. The part where you care about someone more than you, I am going to turn into this weird person...going to end up shriveled, and we are going to end up underdeveloped, immature, not really knowing how to give, being very self obsessed; all I have got to think about is me and you so I am going to drive you mad and drive me mad and I am just going to become less of a person.”

This ‘negative territory’ to which Anne cannot sustain consistent exposure, carries for her strong feelings of guilt, lack of value and illegitimacy and she is not in a position to challenge their rationality. Despite the fact that she is a successful professional woman, her self concept remains largely constructed in relation to other ‘worthy’ examples of mothers, and although she realises that these are conventional ways of thinking and that “no one else probably thinks like that except herself,” she is neither willing nor able to challenge or disown these notions. The cognitive work required to examine and challenge them has not been engaged and those beliefs which appear non-erodable cause Anne to strongly resist re-envisioning in a positive and valuable light herself and her future as ‘childless.’

“I don’t think I am not going to have kids therefore....I can work harder because I haven’t got kids and I can go to the gym all the time...so when I think about these things they are all guilt things, they make me feel guilty. I haven’t got kids so I can do all these things for me. I still do walk around with ‘I haven’t got much in my life because I haven’t got kids’ I don’t go: ‘I haven’t got kids therefore’...without kids it’s hard to figure out the meaning in your life. If that’s not there (children)...if you haven’t got that, there is a big tendency to describe myself as shallow and meaningless and not legitimate in lots of ways.”

Anne’s case illustrates particularly well how the notions of guilt induced by cultural constructs around motherhood and women’s ‘reproductive mandate,’ around children being the ‘natural outcome of a relationship’ and the ‘normative adult developmental path’ are internalised and embedded in women’s self concept. These constitute, for some of them, a formidable challenge to address in the process of adjusting to childlessness.

The differentiation between ‘traditional’ and ‘transitional’ women proposed by Ireland (1993)

with regard to childlessness has already been briefly discussed in the previous chapter. It is useful, however, to highlight the specific struggle and vulnerability that women, who have stronger identification with a stereotypical female gender role or who have endorsed the feminine sex role, face when confronted with the prospect of childlessness. Ireland's proposition (1993) stresses the challenges women encounter in their attempts to 'unhook their reproductive capacity from their female identity' in order to develop an alternative positive identity as a non-mother. However, as discussed earlier, the women in this study cannot be categorised as strictly 'traditional,' and many are 'transitional' women for whom motherhood is a positive choice rather than a mandate. In most cases, the motherhood identity is an important part of their constellation of identities but remains only a part of their life project which also included career and relationship aspirations, and I do not believe that motherhood was seen as the sole expression of their feminine identity.

Ireland's (1993) proposition remains, nonetheless, a valuable conceptual tool to illuminate the variations that exist amongst women in the process of adjustment. As we have seen in the cases of Elena, Amanda, and Anne in particular, this process is complicated by the internalisation of cultural notions surrounding femininity and motherhood. The transition appears to require internal structural changes and a broadening of identification with the feminine role to develop an alternative life scenario in which a positive sense of self can be developed and maintained. The additional perspective provided by Kikendall (1994) which illustrates the many possible domains of Self-Discrepancy in infertile women and thus the main 'source' of this internalisation (Ought-Other, Ought-Own, Ideal-Own or Ideal-Other), is also a useful additional tool to understand the variations in focus of these individual adjustment strategies and guide clinical interventions to facilitate this process. In this light, these individual strategies are seen as addressing the most salient discrepancies in self striving; challenging and 'deconstructing' others' and society's expectations in the cases of Elena and Amanda, dealing with others' desires in the cases of Yvonne and Alice, and 'integration' in the case of Jane.

In addition, as we have seen, these women respond to this challenge in a variety of individual ways which is also dictated by their own personal attributes and history and by their environment, irrespective of the degree to which they have integrated traditional values about motherhood and femininity. Whereas Amanda's strong religious values might have initially constituted an impediment to resolution, her faith might have also played a part in her adjustment and her partner's and extended family's non conventional and supportive

attitudes enabled her to challenge those constraining notions. Elena's struggle to 'construct another way of being in the world' has also been facilitated by her husband's ambivalence about parenthood and by a strong sense of Self and creativity that extended beyond motherhood. She, too, has reviewed her traditional beliefs surrounding the notion of motherhood and childlessness and concludes that "it is about the way you respond to it." Jane, on the other hand, never seemed to entertain restricted constructs about motherhood or femininity. She always had a strong sense of Self beyond motherhood although 'the mother part of her' is not disowned because it is an integral and visceral part of who she is, and remains unchallenged. Her process has been one of integration and accommodation to develop an alternative pathway. In Anne's case, I believe this process is in gestation but it is evident that her strong internalisation of traditional values surrounding women's roles adds complexity to the process of adjustment.

I will leave my findings on gender specificities in the adjustment process, and the difficulties women encounter in revising and maintaining an alternative life scenario, until later in the chapter. As a final observation, in concluding this section, the case studies provided reflect the variations that exist in individual responses to childlessness and illustrate the many ways in which individuals personally negotiate their transition to childlessness, from the 'threshold' point to acceptance (however complete or final) and begin to re-envisage their future life without children. Whilst for some it is effectively a matter of returning to the way they were, for others, and for most women, there is indeed a 'transitional process' taking place. Its length and complexity is largely related to the importance they attach to the parenthood goal as a personal life achievement and purpose. But overall, rather than adopting a 'childfree' stance as a way to seek resolution to their infertility and childlessness, these individuals talk about 'accepting' their childlessness, 'getting use to it,' 'getting progressively more comfortable with it' and 'learning to live without children.' This active transitional process involves confronting and measuring the loss, and surrendering the vision of themselves as parents as well as the life vision they had created and cultivated and, as we have seen, they respond to these challenges with a variety of personal strategies. Ambivalence, whether available through experienced feelings, amplified or manufactured, plays an important part in that process. However, for many the transition also involves 'deconstructive' and 're-constructive' work with the objective of developing an acceptable and positive alternative scenario.

I now discuss our understanding of adjustment based on the grief and bereavement model.

Notwithstanding its limitations, I will draw on this model as well as on the study findings to propose a more comprehensive framework that addresses issues both of differences and commonalities and provide a more comprehensive description of the processes involved.

Broadening conceptualisation beyond grief and bereavement

It is important to restate that our understanding of adjustment to involuntary childlessness is closely associated with infertility resolution and conceptualised around grief and loss models including its four main tasks or phases of mourning, namely, accepting the reality of the loss, working through the pain and grief, adjusting to a new environment, relocating energy and moving on (Worden, 1991). Notwithstanding its importance in understanding the emotional work involved in the adjustment process, the grief and loss model has its limitations (see my discussion in Chapter 2). The work of researchers who have specialised in the area of infertility and childlessness teaches us that the nature of the loss involved in childlessness is specific, multi-dimensional (Conway & Valentine, 1988; Forrest & Gilbert, 1992; Kraft et al., 1980; Mahlstedt, 1985; Menning, 1988), personal and unique to each individual and, in many ways, intangible and, therefore, not easily actualised (Edelmann & Golombok, 1989; Eunpu, 1995; Forrest & Gilbert, 1992; Mahlstedt, 1985; Sewall, 1999).

The process of adjustment to childlessness cannot, in my view, be represented in terms of definite linear and sequential phases of 'conventional' mourning, nor can it be assumed that grief needs to be 'worked through,' for restitution to occur. The data is clearly illustrative of a pattern of multiple personal, real and symbolic losses, as well as loss of tacitly assumed roles and developmental tasks. Unlike death or other tangible individual losses, childlessness represents a largely unfocused loss which is not necessarily recognisable through a process of traditional and time-constrained grief work. In some cases, there is simply no expression of grief, *per se*, because there is no material loss (except, perhaps, in the case of miscarriage) and, more often, the meaning of loss in its many dimensions emerges, progressively, with the effluxion of time and with comparisons made socially against parents and families.

More specifically, the exclusion of an absence of grief and treating it as a 'maladjustment,' simply ignores the fact that the traditional concept of loss does not necessarily apply neatly or completely when it is not a material 'loss' but rather the loss, variously described as a 'dream,' a 'notion,' an 'opportunity,' or a 'hypothetical but anticipated identity,' even a 'part of Self.' Also, traditional grief and loss models do not address the on-going, developing and

sometimes chronic nature of the grief, and the associated sense of loss that some individuals may continue to experience throughout their life course. Nor does its focus on 'emotional work' sufficiently recognise, in my view, the active, cognitive, introspective and reflective work that individuals undertake in 'deconstructive' and 'reconstructive' tasks that enable them to relinquish, or disengage from, their idealised life scenario and to construct an alternative one. That said, there is no denying that grief, reaction to grief and, in some cases, specific bereavement work do feature in the adjustment to childlessness especially as experienced by participants in this study.

Grief and the recognition of loss

The data presented contains strong evidence of emotional work, particularly amongst the 'battlers'. Many of the participants spoke about a 'grieving process' in terms of its emotional impact as well as strategies for 'working out' and reconciling the meaning of loss but the descriptions of grief varied considerably across the spectrum from being a 'minor or transient' experience to an overwhelming, major and recurrent one, consistent with their respective 'baseline positions.' It is also an expression that women, more than men, tended to use although, again, the experiences ranged from 'mildness' at one end of a scale through to what could be clinically defined as 'chronic sorrow' (Lindgren, Burke, Hainsworth, & Eakes, 1992) at the other. Men rarely verbalised 'grief' except to describe their partner's reaction or in order to situate or minimise the comparative affect that it had on them. When they did talk about grief, it was usually in terms of a temporary phenomenon and then only related to a specific event such as a partner's miscarriage. But in many instances, for men and women alike, recognising and being able to articulate loss seemed to have been important in accepting that it was a natural and normal part of the adjustment process.

Amanda, for instance, was able to recognise the grieving she was experiencing, and thereby comfort herself in the knowledge that it would not last forever:

"That's what my experience was like, the death of someone very close. I feel bad at times but I know from previous little experiences like that that it will pass; it will not always feel that hard, because it's grief. It is manifesting itself in many ways. I use to think that grief was just tears but it comes up in all those sorts of experiences. It helps. I know that's my grief; that's alright. Grief passes and it won't feel like that for ever or hurt as much."

Alison also refers to the recognition of mourning as something that allowed her to make sense of this process, and move on:

“Once you know, it is a grief process, you think okay, we had hopes and dreams and you grieve for that and you move onto your new path.”

Robert, interestingly, talks about the permanency of grief, and the need to integrate it:

“I don’t feel like grief is something you get over, I think grief is just where you just worked it as part of your life, like a collection of stamps you hang at the end of your life like a collection of bad things and it is not going to go away. If you like see a couple with young kids, there would be a tear shed, it is like the way things go. There is nothing you can do about it, no amount of counselling no amount of thinking...I guess thinking in different way is how you change...grief is always there.”

There is also evidence that participants’ qualification of grief and grief work was largely influenced by their own individual history of crisis and losses and antecedents. In measuring and assessing their emotional affect, men often refer to other traumatic crises in their lives which serve to minimise this particularly intangible loss. In addition, it is apparent that where a loss had not been experienced through death, participants had more difficulties recognising the sets of feelings associated with loss.

Whereas Jane has a sense that she “has worked through all the standard senses of grieving” around what she recognised as the loss (and grief part) of ‘giving up about being a mother,’ Anne who explained during the course of the interview that she had not experienced “the death of someone close,” keeps wondering about her own process and what “it should be like.”

Interestingly, two of the participants likened grief to feelings associated with ‘breaking up’ with somebody. Garry, for example, expresses it in the following terms:

“It’s like when you have a bad relationship and you decide to leave. It’s all relief because you have done with all the pain and at the point when you are leaving, leaving it all behind you leave the grief behind, because the grieving was in the process of being in the relationship.”

Whereas for Celia, it is something that has to be decisively done but the deciding does not preclude the continuing feelings of bereavement:

“The only thing I can put it down to is it’s the same thing as, say, you would have a relationship and you end it and it hurts you to end it but you know you have to do it. So you accept it but it doesn’t mean to say that regret or loss or whatever goes away because it doesn’t but in a way that’s the path you have chosen and you accept it.”

Managing emotions

There are four aspects of the bereavement model that participants, particularly men, commonly referred to, thereby underscoring its relevance in understanding adjustment to childlessness, namely ‘emotional management,’ the difficulties experienced in ‘letting go’ (commonly associated with mourning), the identification of losses, and dealing with guilt.

Ian’s comments about “not letting feelings intrude,” and “blocking out stuff” or “not letting it rule you” are all suggestive of male ‘emotions control’ strategy in response to loss. Peter also described the need to “suppress overwhelming emotions” by using distraction tactics or through “bouts of denial,” because he did not feel he had the “tools to deal with it.”

Such responses though generally associated, in the grief and bereavement models, with avoidance and denial strategies might, in reality be more complex. If they are indeed indicative of specific gender responses, the unfocused and progressive nature of the loss(es) brought about by childlessness may also need to be taken into account.

While on the whole women tended towards strategies in which they engaged more with emotions and loss(es) several, including Elena and Anne, also resorted to ‘emotional management’ in order to control and modulate their ‘exposure’ to grief and its expression.

The challenge of ‘letting go’

The descriptions by many of their progressive struggle to ‘let go’ (particularly the ‘battlers’) indicate that the adjustment pathway can, partially at least, be framed in terms of an unfolding bereavement process. The difficulties that those who had stronger and more complex attachments to the idea of parenthood experienced in relinquishing their dream and the ‘notion’ of parenthood (section I of this chapter refers), can be construed in terms of loss of a vision, a life scenario, a part of Self and of a role. Although intangible and difficult to assess, these losses, when identified, are likely to generate diffuse but similar reactions to the ones that follow generic ‘loss’ and require, as evidenced in the cases presented, ‘working through’ in order to attain some degree of acceptance both at a cognitive and emotional level.

Identifying losses

The specific multi-dimensional and intangible nature of loss associated with parenthood also makes it particularly difficult for individuals to ‘work through’ grief in linear, progressive stages (from immersion to restitution). So rather than ‘linear’ or ‘chronic’ grief, we need to

view it in terms of ‘multi-circular’ grief and ‘re-grief.’ Whereas with a more tangible loss, the expression of grief can be focused, the accounts of the participants show that the many dimensions of losses cannot be anticipated and are, at times, difficult to identify because they only manifest themselves progressively and take significance over a greater period of time (for men in particular). These are not perceived, though, as the ‘absence’ of something which they had already experienced.

Women do, however, in questioning the meaning of non-parenthood, make the effort to capture the meaning of the loss. Linda, for instance, states that whilst she “didn’t know for a long time what it was”, she finally “worked out” that she had lost “her dream with the notion, that she was going to be a mother.” Elena also elaborated on the reflective processes that went into “expanding her sense of what this was beyond the notion of just having kids.”

Although there is evidence that participants did engage in this ‘grief work’ which required identifying the losses in order to accept them, the findings also suggest that to complete this task was a difficult and long process but not tied to a specific time frame nor could it be ‘induced,’ either.

One case illustrates particularly well the progressive nature of this gradual discovery of loss and its recurring impact. Celia, now in her mid 50s, talked about a growing sense of regret and “missing out” on family life and how she was being “reminded” in ways that she did not expect, for instance, seeing people of her generation “derive so much joy from their grand kids.” It occurred to her that even at this stage of life “a nobody is a somebody because somebody loves them.”

The feelings of loss and “missing out” that she experiences with this realisation are neither “painful” nor “debilitating,” yet they are another late and unexpected reminder of her loss. No amount of grief work she could have done earlier could have fully prepared her or more importantly prevented these feelings from occurring. These ‘triggers’ may not be different from those that a parent who has lost a child feels and would re-experience, periodically. However, there is an ‘intangible,’ ‘internal’ and self implicating quality to it which distinguishes it from the loss of a terminated ‘have-had’ relationship.

Dealing with guilt

Dealing with guilt can be an important element of any grief process and an obstacle to ‘resolution.’ It is also a particularly significant component of the infertility journey and of the

adjustment to involuntary childlessness as well. It emerges from the recollections of participants (and this is a recurrent theme) that guilt manifests itself on the individual level through the integration of values surrounding parenthood and particularly motherhood in terms of 'worthiness,' on the couple level (for the individual who was diagnosed as infertile) in terms of 'depriving their partner' of this opportunity; and also on the social level, as it affects individual capacities to respond to negative attributions and stigma.

There is sound evidence in this study that dealing with guilt is a significant aspect of women's transitional process and personal adjustment work. The case of Amanda (reviewed earlier) provides a good illustration of the complex dynamics involved in challenging 'irrational feelings of guilt' in order to reach acceptance.

Although some evidence of what can be classified as 'grief work' (whether overt or covert) can be found in the majority of the participants' accounts, it is not an easily measurable process given that some of its components are sometimes unconscious and involve a gradual realisation of losses. It is still the case that when identified, the work associated with bereavement is instrumental in this adjustment particularly because, by engaging it, participants are able to progressively identify the specific nature of their losses, thus uncover its personal meaning which then constitutes the basis for 'reconstructive work.' Also, it allows individuals to monitor or evaluate their progress (and thus gain a sense of moving on). Regrettably, it can also be argued that this particular model of bereavement centered around grief work, as a 'stage' and 'necessary' process, can also be detrimental in creating 'expectations' not allowing variations to be recognised and legitimised as within the realm of 'successful' adjustment. In this case, I simply do not believe that the concept of grief, and thus of 'grief work,' can be applied across the whole sample of participants and is an insufficient model to describe both the range of affects and the extent of tasks involved in the personal adjustment to involuntary childlessness.

Cognitive work and goal re-adjustment

Due to the very nature of the loss(es) associated with involuntary childlessness, and the fact that grief cannot either be predicted nor fully concluded, the notion of a 'normative' grief trajectory appears redundant. Furthermore, this conceptual model with its focus on 'emotional affect' and 'resolution,' through expression of feelings, tends to minimise other cognitive as well as behavioral aspects of the 'active' work involved in negotiating the transition to childlessness. Although bereavement theories map out the last stages of mourning as 'reconstructive' (adjusting

and relocation of energies in restitution), I do not believe this conceptual tool accurately captures the extent, variety and intensity of additional processes involved in negotiating the transition to childlessness. It is important also to remember that the dominant model of grief and bereavement, as well as the alternative stress and coping model proposed by Dunkel-Schetter and Stanton (1991), have been constructed and applied essentially to infertility resolution whereas the transition to childlessness itself is largely undocumented. Matthews and Matthews' (1986b p.641) suggestion of a "reality reconstruction" task which refers to a "readjustment of identity and role commitments" is particularly useful. It does not, however, contain any suggestions as to how these adjustments are brought about.

In the paragraphs below, I review some of these additional tasks and processes featured in participants' accounts and which include, for some, major 'deconstruction' and 'reconstruction/integration' work. I argue that it is through the process of goal readjustment that individuals come to revise or reconstruct an alternative 'life scenario revision' (self-narrative work) and both identity and role structure are reviewed.

For that purpose, I use the dual process framework proposed by Brandtstädter and Rothermund (2002) to understand how the self system negotiates divergences between desired developmental outcomes and life goals and the factual trajectory of their life course. The authors make a distinction between two divergent modes of coping with discrepancies between desired (or anticipated) goals and factual circumstances. One is the 'assimilative mode' and includes intentional efforts to modify the situation or, in other words, to solve the problem (which in the case of infertility and involuntary childlessness is the activity participants engaged in by reviewing options and pursuing the parenting goal up to the 'threshold' point). The other is the 'accommodative mode' and calls upon different mechanisms, involving a more holistic processing, by which 'barren' goals and projects are adjusted in accordance with existing constraints and where problems resisting active solutions are, in some ways, reworked and dissolved.

Rooted in this theory are two notions that are particularly relevant to understanding, beyond grief work, the additional dimension of activity that participants undertake to effect the transition to non-parenthood. The first is that although individuals take a reflective and intentional stance towards their 'life project,' they are not able to let go of their goals and ambitions through a sheer act of will or deliberate decision. As I demonstrated in the previous chapter, this is the case with involuntary childlessness when participants made a series of successive decisions that led them to a 'threshold' point (or 'possibility frontier') from which they relinquished the pursuit of

parenthood and began to confront the reality of childlessness. The second instructive notion is that the 'accommodative mode' includes a process of active revision or 'deconstructing,' which through palliative cognitions, leads to the dissolution of the initial commitment to the goal, and enhances the revision of 'upwards' connections between the intended goal and the person's general strivings and identity projects.

The authors argue that although both modes are in opposition, assimilative and accommodative processes are interrelated and intertwining adaptative modes, and their research suggests that 'depression' or a 'sense of loss' contribute to the shift towards accommodative flexibility through the 'deconstruction' of cognitive beliefs and values that maintained the assimilative efforts to pursue the original goal. They also contend that in dealing with goals that are dominant, central to the person's identity and/or life design and related to 'roles' subject to normative expectations (as is the case of parenthood which cannot easily be substituted), the shift towards 'disengagement' and 'accommodative revisions' is particularly problematic. The data in this study provides strong evidence that part of the process of transition to childlessness through, as well as, beyond the emotional work surrounding loss(es), can be conceptualised as a functional accommodative mode strategy.

It is my contention that within the broad task of 'reality reconstruction' proposed by Matthews and Matthews (1986b), individuals, in the course of their personal adjustment process, engage in a number of 'accommodative tasks' (both cognitive and factual). These tasks progressively enable them to disengage from the original 'barren' goal and commitment to parenthood (in which part of their identity and life project is contained), reappraise more positively the situation, shield or rework self esteem, and ultimately re-visit and rewrite a new 'script' in which a sense of agency and continuity of self can be maintained. I will systematically review some of these 'accommodative tasks' in which participants have engaged.

Working with ambivalence

As seen in previous chapters, ambivalence is an important theme in participants' accounts. I demonstrated in the last chapter that the 'baseline position' on parenthood plays an important role in the way and intensity with which the adjustment process is experienced. We can legitimately ask ourselves whether ambivalence might be, to some extent, a by-product of the adjustment to permanent childlessness as Clark et al. (1991) suggest. The question of ambivalence is rarely allowed expression with regard to parenthood and particularly motherhood (Letherby & Williams, 1999; Morley, 1993; Sandelowski, 1986a).

Yet as a researcher and a clinician, I strongly believe that ambivalence, particularly in the contemporary context of increased choices for women, is a very natural part of the parenthood decision-making process (including in considerations of the ‘right timing,’ for instance, Sleebos, 2003). The only difference being that the infertile couple has more opportunities because their goal is being ‘blocked,’ to consider their motivations for parenthood and engage with feelings of ambivalence that may not surface or find expression with ‘accidental parents’ or those who become parents as a ‘matter of course.’ It remains that, in the context of the transition to childlessness, ambivalence is a resource that can be harnessed to promote acceptance and adjustment.

The first part of this chapter contains several examples of individuals who have reminded themselves (and the interviewer) that becoming a parent was a considered decision viewed in terms of ‘pros and cons’ and/or not necessarily the central goal of their life project. In that sense, ambivalence acted as an ‘anchor’ point in many of the participants’ transitional journeys, and coming to terms with childlessness was aided by the fact that they had conceived, at one point or another, a life scenario without children, and expanded other aspects of their identity. Working with ambivalence and minimising the centrality of children is thus a powerful way to rationalise the loss(es), and to ‘let go’ of the temporarily idealised goal and life scenario.

Participants of both genders seem to have engaged in this task and, furthermore, many women also appear to have enhanced their ambivalent feelings by deconstructing the ‘romantic notion of motherhood.’ Elena is a good example, in this regard, when she states that she “found out” that being a mother did not necessarily provide “happiness,” but that it “would be just another relationship,” one that “could provide joy” but was not necessarily “going to make her happy.” Similarly, Amanda talks about catching herself “sitting with the old romantic view of motherhood” although she knows and can clearly see that “it is not always that way.”

Deconstructive work with ambivalence is, in that sense, a cognitive activity that contributes to undermining the attractiveness of the ‘parenthood goal’ and makes room for substitutability, as well as a way to move from the negatives and losses and focus on

alternative ways to meet higher goals (positive re-appraisal and reworking upwards links to more global goals)⁶.

Rationalisation and meaning-making

Rationalisation is another of these cognitive tasks which features frequently in the account of participants and can be included amongst these 'deconstrual' palliative cognitions as part of the accommodative revision process.

John's account is a particularly good example of forceful rationalisation and meaning-making processes which ultimately facilitated the acceptance of his situation. He takes responsibility for the course that his life has taken which has resulted in childlessness but also accepts that it may be partly destiny, thereby 'deconstructing' the children goal in favour of a higher goal which can be attained and sustained through higher level beliefs:

"I suppose what got me over it is when I look back over my life, I see patterns. In life you have choices but it's like the waiter carrying glasses in a café, on the plate; there are a lot of drinks and basically you have a choice of those drinks but you don't have a choice of all drinks. People say you have to set the spirit pattern for something to happen and then you put the will in motion. I have to accept that I was simply never driven in that direction in my life. You can say you didn't try hard enough or it might not be right for you...the level of understanding I have developed helps me make sense of what I have and haven't got. If you're dealing with things you cannot explain it is important to bring an understanding from a human point of view but also a spiritual one, not to use it to make excuses but to use it to try to accept that we are not in control of our lives a lot of the time...we can all use the tools we have at our disposal and for me these tools have been my experience of myself and being frank and honest about who I am; what I do have and don't have."

Many of the other participants also appear to engage in similar 'meaning-making' activities which included a 'reworking of the past' (as noted by Daniluk 2001b), as well as attempts to reframe their past experience and the loss(es) in more meaningful terms including through a more spiritual outlook. For Oliver, 'accepting' is facilitated by spiritual beliefs that allow him to minimise the losses of both genetic continuity and of a sense of immortality and, seen from a more holistic spiritual perspective, "life is continuous" for the attainment of a higher spiritual goal, and "it's really how you grow your spirit and your soul?" Elena also talks about how her "spiritual outlook" and "own philosophy" helped her to understand "the meaning

⁶ It is also a way to 'deconstruct' parenthood as 'reference value' for both an immediately desired state for self in the present and goal for self in the future (Boldero & Jill, 2002).

of life” and “her place in the scheme of things:”

“I suppose this experience has given me an understanding of different paths of life and, that they are different and need to be acknowledged. How I make sense of things. My sense of meaning is very much on that course...in a sense I am a generic parent not an individual one. For instance, some of us are actually biological mothers; others through work relate to people some other way, and we all have to be a mother to ourselves, we have to actually end up getting there.”

Alistair has a ‘Darwinian’ explanation of his view on life:

“Whether you believe in God or whatever, natural selection seems to be a sensible option in an evolutionary environment...there is something about natural selection...maybe there is a reason for it.”

On the other hand, Amanda and Alison, are still searching for elements of responses to the question ‘why’ that would allow them to make sense of this biographical disruption. However, through this process of exploration, rationalisation and meaning-making, both women have reached a point where they are able to contend with a degree of uncertainty without disrupting their sense of valuable existential purpose. Amanda says:

“I often thought when I died I’ll ask why did this happen? But, in the end, I think I will know at the end of my life.”

As for Alison (‘the analytic mind’) it is, paradoxically, a case of being one of life’s mysteries:

“You can’t analyse things to death, you have to accept that there isn’t going to be an answer to that so you put that in a little book of unanswered questions and when you die someone is going to give you an answer to all these little things that don’t make sense.”

Questioning motivations for parenthood and challenging myths and beliefs

Exploring their own motivations for parenthood and challenging the ‘acquired’ beliefs associated with these motivations, are also cognitive tasks that many participants had engaged in during this transition and as part of the ‘deconstruction’ process. These tasks are, in some ways, associated with the work on ambivalence which I have previously discussed. However, as not all the participants expressed and/or experienced ambivalence towards parenthood, I review these separately here. In this context, questioning their motivations was a process which, in some cases, allowed ambivalent feelings as well as ‘irrational’ cognitions about parenthood to surface. I wish also to emphasise the distinction between the work with ‘experienced’ feelings of ambivalence, and the

intellectual and reflective work that goes into searching and questioning motivations for parenting in order to intentionally 'deconstruct' the belief systems that are associated with that goal.

The most illustrative example of this 'cognitive work' is provided by Amanda who deliberately searched her own psyche for reasons and ideas in order to challenge their 'rationality' and progressively revised her conception of motherhood to align it with new goals:

"I was looking at ideas about why you want kids, so I looked at my reasons. Like, being like everyone else, and some of them would be like security in your old age. When I have said that I think that's ridiculous how selfish! You have to be honest with yourself, you sort out things, and when you think about it, kids, they don't necessarily give you security in your age it's like you develop your own inner-security as an adult and as a mature adult...maybe getting that goal doesn't necessarily bring happiness, joy and the rest of it. Plus there are other ways to love besides being a mother. It's one form of giving but there are other ways; I look at it more broadly."

Yvonne's introspective work also brought about the realisation that her desire for a child was 'externally' fuelled and that life goals could be relocated elsewhere:

"It was like everybody has one, I wanted one. Later, I also realised, asking myself why I want to have children was quite revealing, that my reasons were more to do with pleasing him than me wanting to bring up a child and continue a family life and that it wasn't that important."

Robert, as well, contends that his explorations of reasons led him to conclude that they were, in part, inspired by borrowed cultural constructs; "society puts value on it but it's something that is not really yourself," and others by biological factors, "in fact, I wonder whether part of me wants it just because it is a biological imperative."

It should be noted here that one of the main beliefs or assumptions that is consistently challenged by participants in their efforts to disengage with the parenthood goal is the 'promise of happiness.' Women, especially, directly defy this 'internalised' notion through realistic observations and by developing alternative conceptions of 'happiness' and 'fulfilment.' However, as some of the cases reviewed earlier illustrate, the notion of parenthood as a (feminine) 'achievement' seems to be more difficult to deconstruct and relinquish (I will elaborate this further in the last section of this chapter dealing with gender differences).

Challenging motivations and the validity of beliefs that surround the notion of parenthood are ways in which participants manage not only to minimise losses and related affect but also to undermine the positive meaning thus the ‘attractiveness’ of this dominant goal and dissolve their ‘commitment’ to it by questioning the beliefs and cultural notions that underpin it. Below, I examine the complementary ‘re-constructive’ or integrative tasks participants engage in, in order to re-adjust their goals to more generic ones and to construct, for themselves, an alternative life scenario.

Positive re-appraisal

An aspect of the global accommodative process previously discussed, is that the ‘deconstruction’ of the original goal of parenthood leads participants, through cognitive activities, to re-appraise more positively their situation. Whilst, as I have already argued, the participants did not make a deliberate decision to ‘opt for a childfree life,’ for many, the adjustment process involved compensatory thoughts (or palliative cognitions) and a re-evaluation of their lives with a disposition to ‘find’ or highlight benefits. Researchers have established that this tendency of ‘Benefit Finding’ is a common feature in human reaction to adverse situations (Affleck & Tenen, 1996). In the case of the transition to involuntary childlessness, this inclination is expressed in terms of a progressive shift of ‘focus to what is there’ (rather than what isn’t) and of ‘getting to enjoy the benefits of a childfree life.’

Linda, for instance, evokes her inner-thoughts, evaluating the quality of her life and convincing herself that if she could forget the determination that drove her to seek motherhood at a particular point in her life, she could again envisage life without it:

“I remember telling myself, think of your life now, you enjoy working, you enjoy the intellectual stimulation, you can see yourself continuing work, you like living here...what is it about the life I have got now that I don’t like? I have the flexibility, we can travel, go away, we are not tied down so that’s quite a nice life, that’s how it was so, if I forget the bit in the middle, it is possible.”

Many other participants, during the interviews, also ‘listed’ the benefits ‘found’ in childlessness (or childfree living) around themes of financial independence and freedom.

Alice, for instance, concludes that “at the end of the day, it’s a damned good life without them too” whilst Mark referred to the “offsetting benefits and compensations” of an “uncluttered life.”

For Amanda, “being off the hook” also means that she can start to learn to enjoy (without guilt) the benefits:

“I don’t define myself as childfree, but I am happy to enjoy the benefits of the life that we have. It’s important to live the benefits whatever path of life you are on...there are lots of good points to not having kids and I can live them, I have got them and now they are part of my journey I learn to enjoy them.”

This ‘shift of focus,’ that takes place within the goal-readjustment process, is also evidenced by a re-appraisal of priorities and, in that context, the quality of the relationship with their partners is often re-ordered as primary. Having weathered the infertility crisis which brought, in most cases, significant strain on the relationship, many of the participants indicated that taking care of the relationship and enjoying the commitment to their spouse had become, increasingly, an important part of their life project, with a recognised identity aspect and as an alternative route to ‘happiness.’

One of the participants stated: “It has become very obvious, my relationship with my wife comes first, husband first,” whilst another spoke about this unexpected plus found in a growing partnership: “I have a relationship that I am very happy with, I don’t have the kid but I have the relationship so I have got something to be, something very lovely so...I may not have all the dreams but actually I think I have something I thought I will never have, I don’t have some that I would have liked but I have the happiness in the relationship.”

Constructing an alternative life scenario

Whilst for some of the ‘prompt accepters’ and ‘movers on’ the adjustment to childlessness was experienced as ‘minor’ and allowed them to maintain their original life project or ‘life scenario’ because parenthood did not play such a central role, for many of the ‘battlers’ the transition to childlessness included some significant work to find (including through effective research), adjust, modify or revise a life project largely defined by parenthood and its identity implications⁷. Many female ‘battlers’ talked about their ‘search’ for an alternative identity and their difficulties in finding ‘role models’ that would enable them to re-envision positively their future and their identity as ‘childless.’

Elena explains that the process by which she came to the conclusion that “life could be full,

⁷ The concept of reconstructing or ‘revising the life scenario’ as part of the process of goal readjustment which I have introduced here, is in some ways similar to the narrative work concept proposed by Kirkman (1999) in ‘Revising the Plot.’ I will discuss the similarities and the relevance of this narrative approach in the last part of this chapter, which focuses on gender differences.

rich and happy” without children was a process of searching (through life and literature) for role models in order to “construct a way of being in the world and still achieve.” She found the “way” by expanding other aspects of her identity, through other creative and nurturing outlets which ultimately allowed her to re-conceptualise herself as a ‘generic mother’ (rather than a biological or social mother) and simply as ‘part of the stream of community.’

Similarly, Alice who still “struggles with aspects of identity” appears to forcefully work towards the conclusion that “you don’t have to have children to be someone of importance,” whilst Amanda directs her energy towards “growing through other parts” and looking “for values and attitudes that would help her through” and to “constructing a new me” who will be able to enjoy the “good life” without feelings of guilt.

Anne, on the other hand, is still in the process of disengaging from her original life project in which motherhood played a crucial developmental role, and her attempts at revising her future scenario conclude in reflections of a negative self-identity as “shallow, meaningless and not legitimate.”

For these four women, developing ‘accommodative flexibility’ towards the strongly prescribed and socially recognised ‘motherhood identity role’ embedded in their original life project, demands considerable work. Elements of this work have been conceptualised as ‘identity work,’ and researchers have examined some of the strategies that women use to maintain and reaffirm other aspects of identity beyond infertility and childlessness (De Lacey, 2000; Exley & Letherby, 2001; Miall 1986; Woollett, 1996). However, what has not been central in this debate, focused on ‘social identity,’ is the internal dimension of self-narrative activity to maintain the continuity and viability of self construct and allow for the re-definition of an alternative viable life scenario.

I contend that beyond social encounters, within the accommodative processes of goal readjustment and life scenario revision, women engage in cognitive as well as practical tasks with the aim of renegotiating or reconfiguring their identity. In part, this is because the progressive ‘dissolution’ of the motherhood goal achieved through the ‘deconstruction’ of ‘upwards connections’ with more generic life goals (such as having a rich and happy life and contributing), requires them to generate a more congruent configuration of identities.

The fact that many of these women referred to their search for women role models who were ‘childless and happy’ is a strong argument that, in itself, demonstrates that the identity work (including enhancement of self-esteem and promotion of self-acceptance), is first and

foremost embedded in the definition of an alternative or revised life scenario, where their own self construct can be maintained as viable, even though continuous work is carried out to ensure its continuity and the expansion of other aspects of Self.

The case of Anne also shows that when a positive projection of Self as a non-mother cannot be found, there are further impediments to the revision of the life scenario and the adjustment of goals.

It is not possible to define precisely the nature of this 'identity work' given that, as we have seen, it takes many shapes (from constructing a new identity and way of being, as in the case of Amanda and Elena, which has strong parallels with the 'carving' process described by Joan Brady (1998 p. 33), to a more minor reconfiguration of feminine identity as, for instance, in Alison's case). It stands that identity appears, for many, to be 'reshaped' or 'reconfigured' from the notion of motherhood fulfillment and adulthood (however central it is in the projection of Self and anticipated life project) to an alternative feminine and creative identity which has the capacity to be expanded and enhanced through other means and, moreover, that is achieved through the design of an alternative life project in which the projection of Self is positively modified.

In many instances, this reconfiguration of identity is also enacted through what Ireland has termed 'creative labors' to describe the ways childless women shift and re-channel creative and nurturing energies into other challenging and satisfying works, including career, creative endeavors and relationships (1993). I will review next, some of the practical accommodations these women have made to their lives in support of this identity work.

It is also important to remember, however, that based on the observations of this study, identity work is not always a part of the adjustment process whereas the revision of the anticipated life scenario is.

For Jane, like Peter, issues of identity in re-constructing an alternative life scenario are far less prominent although they both face the similar task of having to "rebuild a life with a different picture" since "that's what you are geared up to do."

Finally, several participants referred to a change of 'outlook' or 'perspective' indicating that they had become more aware of 'life opportunities.' Even if their revised 'life scenario' had not yet fully taken shape, many anticipated, optimistically, that the future would provide alternative opportunities to build a 'full, rich and happy life.'

Amanda, for instance, refers to the “open doors,” which she is now able to see; “other doors are opening and back then I would have never known what they were but now I am beginning to see.” Using the same metaphor, Mark talks about “all the doors that remain open” whilst Peter takes a positive stance by stating that life is “swings and roundabouts” and that “what you miss out with one thing in life you get through another.”

Effecting remedial and compensatory changes

It is interesting to note that in the process of adjustment to childlessness, many participants implemented practical changes in their lives, changes that gave them a sense of a ‘fresh start’ and of a ‘new beginning.’ For some, it was a change of job or career path whilst for others it was a change of residence or a special holiday, activity or project.

Alice, for instance, recalls how she and Peter felt the need to start over:

“We both commenced new jobs and bought a new house in a different area. It was quite an inopportune time in a way but there seemed to be a pressing desire to make a new start. I recall the feelings of happiness, contentment and belonging when we moved into our new house. I love it but I think it was more than an appreciation of material things. It was a new beginning to our life and way of life.”

Linda spoke, as well, about her need for “change” which was satisfied by a new creative venture:

“I realised that I needed something in my life if I wasn’t going to have children; I needed a new project; I needed it to be different, not the same as it was before, I needed to do something else, that’s how the farm project came about.”

Many of the life changes individuals made through this transition are also in support of identity revision and commitment to ‘substitution’ or high level goals embedded in their revised life project. These involve career moves and changes, further studies and creative outlets as well as an increased level of involvement with children, nieces and nephews (as well as friends’ children) and/or through sponsorship programs which as Oliver points out provides “a bit of a feel good.”

These tangible changes are designed to address a particular and highly individual sense of ‘missing’ whether it is connections with children’s lives or bound up in higher existential aspects of life such as the desire to contribute socially, the need for recognition, creativity and nurturing. But the common feature is that they are geared towards a search for

alternative constructions of 'purpose,' 'fulfillment,' and 'achievement,' in their newly devised future.

Both John and Peter, for instance, are undertaking further studies and reassessing the direction of their respective personal lives. For John the "new direction" starts with "working out where the next challenge lies" and "finding something close to the heart" that would give him "a sense of purpose." He also includes "putting his energies" into relations with his niece and nephew and "taking a stronger role as an uncle."

Peter, on the other hand, notes that his search for "something else" will lead him in the general direction of community activity, and working with children, as a way to contribute, and to "fulfill" himself:

"...maybe to give a bit of myself, help kids and stuff. I'd like to get involved in projects and help in some kind of community capacity. That's how I plan to get a substitute for not having kids, get involved at grass root level in community projects...I am probably looking at how I can fulfill myself in other ways not just as far as micro-ego."

Elena and Garry both "revised" their personal notions of "nurturing" through their professional participation in community work and in enhancing their "involvement and connections with the new generation." Creativity and other nurturing outlets have allowed Elena to 'expand her sense of self as an individual apart from the motherhood part' and looking back at the developmental experience she thought she might have missed out on, she says: "There is no question about experiencing unconditional love, I feel very close to (these) kids."

Alice, equally, feels that she has "shifted energies around" to develop "other potentials," and "poured a lot" into her studies as something 'she had to do' to compensate somehow for 'her failure to become a mother.' "In part," she says, "it is making me feel better through achieving something." Jane's life is "too full to require any substitutes," however she has sought some changes through cognitive and practical accommodations which enhance her opportunities to be able to develop "independent relationships with friends' children" and become "someone special in their lives." These include "finding another way and another role," as well as modifying her living environment to make it "children friendly."

As illustrated, in this accommodative process, and beyond grief work, participants use mechanisms that 'deconstruct' barren commitments and goals, enhance a positive re-appraisal

of the actual situation and redeploy attention and action resources towards new goals. In this case, it involves the return to higher level goals which are notionally a 'happy rich and fulfilling life' through other means or, in other terms, the "re-working of upwards links"⁸ to this goal (Brandtstädter & Rothermund, 2002 p. 136). Highlighting the dynamics and mechanisms of goal readjustment through accommodative mode helps us develop, beyond the notions of grief and bereavement, an understanding of the complex course by which, at a personal level, individuals come to disengage from the unattainable or 'barren' goal of parenthood and somehow 'dissolve it.' The revision of life scenario (and goals) that is required, leads some to reconfigure or reconstruct their sense of self in order to 'dampen' negative self evaluation and maintain both continuity and a sense of agency. The conceptualisation of 'adjustment' needs to take into account these processes for individuals who, like the involuntarily childless, need to construct alternative ways of being when their biographical pattern deviates from the socially expected or 'normal' script.

Traditional gender lines and beyond

A substantial amount of the research on infertility has been dedicated to interpreting gender differences in the experience of infertility and involuntary childlessness (see discussion in Chapter 2 and Greil's 1997 review). As stated earlier, most of this work focuses on differences in socially constructed gender roles and coping styles. What has been repeatedly highlighted is that on the whole, women experience this 'crisis' in greater magnitude and as 'more pervasive,' largely because motherhood is intricately linked with their sense of identity, femininity and social 'role' (Dunkel-Schetter & Lobel, 1991; Leiblum, 1997a). The inability to reproduce, as well as the status of 'infertile' (and by extension of 'childless') is constructed as a 'role failure' that impacts on her core identity as it deviates from 'normative' expectations, internalised through socialisation. Whereas women tend to construct infertility and childlessness as a 'devastating tragedy' and an assault on personal identity (Gonzalez, 2000), men tend to regard it more as a 'disappointment' or 'bad break' (Greil, 1991a; Greil et al., 1988). Also strongly emphasised are differences in coping strategies and styles which influence the ways infertility (and by extension adjustment to childlessness) may be perceived and experienced (Abbey et al., 1991b; Daniluk 1997; Draye, Woods, & Mitchell, 1988; Jordan & Revenson, 1999; Newton & Houle, 1993).

⁸ 'Upwards links' or connections that relate the goal to the person's general strivings and identity projects, lend meaning and valence to the goal but also create frustrations when the goal cannot be achieved (Brandtstädter & Rothermund, 2002).

The literature also suggests that in dealing with biographical disruptions and infertility, men tend to 'cope' differently and adopt less emotion-focused and more instrumental, practical or 'problem solving' strategies and have different explanatory styles than women (Draye et al., 1988; Epstein & Rosenberg, 1997; Seligman, 1990). The underlying assumption is that traditional 'gendered emotion scripts' are operative and men tend to use more denial, withdrawal and avoidance strategies in dealing with loss (Abbey et al., 1991b; Stanton, Tennen, Affleck, & Mendola, 1991), as they are driven to conform to the expectation that is put upon them to 'fix' problems, and 'be strong' for their partners (Allen & Haccoun, 1976; Throsby & Gill, 2004). Studies on infertility have also led us to believe that men experience the loss of fatherhood, and the grieving process associated with it, in a 'mediated' way, that they are generally less 'driven' towards parenting, and more accepting of the prospect of childlessness (Leiblum, 1997a; Ulbrich et al., 1990), and thus their experience is framed not so much in personal terms but in response to their partner's loss (Wirtberg, 1999).

The data in this study does not contradict these findings and, in many cases, supports them. However, in considering the individual transitional process to involuntary childlessness (which is a different focus than the psychosocial implications of infertility), more nuanced considerations need to be made in relation to gender, particularly as this may have clinical implications.

There is evidence in this study that many women do, indeed, experience the transition to childlessness as a long and complex process and that they encounter specific challenges in devising an alternative life scenario, and in finding and asserting an alternative 'valuable' identity as a non-mother (in particular if their sense of identity is strongly based on parenting). Given that motherhood is socially constructed as meaningful, providing existential anchorage and fulfillment, and the defining role for women (Chorodow, 1978), the tasks of relinquishing and dissolving that goal, of restructuring and 'refashioning' their understanding of self, and projecting it into a new 'scenario' appear to be a particularly complex task. It is further complicated by the fact that the dominance of the 'motherhood narrative' in women's life induces a 'sense of guilt;' that there are very few readily acceptable role models of 'happy childlessness women' and meaningful and valued alternatives (or substitution goals) to this 'sanctioned' role. These conclusions do, in that sense, largely concur with the findings of recent research on female reactions to infertility and childlessness (Cannold, 2000; De Lacey, 2000; Gonzalez, 2000; Kirkman, 1999; Rubin, 2001). Kirkman's

work, for instance, discusses similar notions and lists the ‘impediments’ or ‘barriers’ that infertile women encounter in their ‘mourning work’ and the necessary revision of narrative that has to follow (1999; 2003)⁹. It is obvious from the examples provided in this study that women who do have, initially, a stronger and more expanded sense of identity beyond gender role and the notion of motherhood, negotiate this transition with relatively greater ease.

Men, on the other hand, expressed less personal ‘affect’ and appear to engage in less emotion work than women. The study also provides additional examples of ‘mediated affect’ through the accounts of several men who ‘calibrated’ their affect in ‘tuning’ and comparing it to their spouse’s reactions. Ian, for example, states that “it upset her a lot more;” Oliver “felt more for her than for himself” and for Garry “it was more her experience.” I will discuss, in more detail, dissonances and discrepancies in the partners’ experiences in the next chapter, but it is important to note here that in the first two of the three categories introduced in this chapter, there are more men than women (two out of the three ‘prompt accepters’ and four out of the six ‘movers on’) for whom the transitional process has been less extensive and has not been experienced as a major ‘tragedy.’

It is crucial, in examining this data, to remember that conclusions on gender differences are drawn from studies which have focused on the impact of infertility, essentially on ‘treatment couples,’ and more particularly on women whereas we know very little about the meaning of parenthood for men. It has been established that reproduction impairment is often perceived by men as a threat to their masculinity and can lead to open demonstration of grief and feelings of guilt (Mason, 1993; Owens, 1982; Throsby & Gill, 2004; Webb & Daniluk, 1999), but the importance of fatherhood in men’s sense of self and role identification remains unclear. Wirtberg (1999) also suggests that when confronted with childlessness, men tend to be more focused on issues of lineage and heredity than their spouses. The men in this study seem to ‘play down’ the loss of genetic continuity, but their positions on non-biological parenthood (discussed in Chapter 6) seem to indicate that it features as an important element in their construction of fatherhood.

We are now beginning to uncover the fact that fatherhood is notionally constructed in men’s identity project around the notion of ‘breadwinner’ and ‘secondary care giver’ (Singleton, 2005). Interestingly, in this study, several of the men referred to this role as a major component of what they felt they had ‘missed out on.’ Talking about the ‘missing,’ women

⁹ Kirkman terms this post-mourning work as ‘Revising the Plot’(1999)

identify the biological experience of childbearing and childbirth as a very significant aspect but, in general, they framed it in broad terms of experiencing 'unconditional love,' the 'sense of being needed,' 'giving and receiving joy,' teaching and sharing and being involved in the development of life and of 'nurturing.' Men's statements, on the other hand, revolve around the notion of 'responsibility' and 'provision' as one of the main meanings assigned to fatherhood. They talked about 'bringing the next generation into the world,' 'passing on' and 'legacy,' when discussing the lost opportunity of being able to 'provide' for the family and to play a role in the development of children 'by moulding them' and teaching them good values. In part, fatherhood was also equated with 'getting to enjoy their achievements' and seen as a source of pride.

They did mention, nonetheless, several other aspects of what they constructed as being the 'childless loss' which suggest that their construction of parenthood is not dissimilar and, in many ways, closer to that of women, and includes values more traditionally associated with the feminine as well as with the notions of 'duty.'

Garry, for instance, talks about "nurturing" and "being sensitive and aware" around children. John considers that he has missed out on "the adventure of watching a little being grow," and Oliver feels that he missed out "on the sharing." Whereas Alistair expressed nostalgia about not experiencing "this genetic wonder," Peter spoke of what he had come to represent as a "recreational activity with love and attention."

Also contained in these statements are indications that several had come to regard parenthood as an instrumental developmental task they lost the opportunity to complete. Ian provides an example of this assumption in the following statement:

"I suppose you get to see yourself in the child a bit, it's also a test to see whether you are good enough to have one and bring him up and teach him to be a good human being."

John echoes similar beliefs:

"I think if you have a child, you develop in a different way, you grow through that experience, it polishes you in a different way so to speak."

As for Peter, he mentions in a single sentence duty, achievement and nurturing:

“I suppose a sense of achievement and of doing your duty so to speak and the nurturing side and the knowledge that you would be bringing someone up into adulthood and helping them through, you know, moulding them into adults that sort of thing.”

Having examined how these findings ‘fit’ with our current state of knowledge about gender differentials on the experience of infertility and involuntary childlessness, this study should also be interpreted as a caution against strict gender generalisations. The individual cases presented show that women, more than men, tend to more readily include motherhood in their identity (as a ‘background identity’), and in their anticipated life project, thus their transition to childlessness requires, on the whole, more active work.

However, their individual position on the spectrum of adjustment, as well as the strategies they employ, indicate that there are many variations on this theme. Furthermore, it is impossible to define this group of women as ‘traditional women’ (in the strict sense of the definition proposed by Ireland (1993), as they had never envisaged motherhood as the single main goal of their lives. As part of the baby boomer and ‘echo generation’¹⁰ they had personal and career aspirations featured in their life-projects other than ‘settling down and having a family.’ Some were even strongly undecided or ambivalent about motherhood and as part of a post-feminism wave, struggled to find ways to reconcile these aspirations before joining the procession of ‘mothers to be,’ with the belief that ‘they could have it all.’ In the accounts of the women who have participated in the study, there are expressions of profound grief and loss and descriptions of an on-going difficult and active process of adjustment. But there are also stories of relatively easier acceptance.

For the majority of men in this sample, fatherhood did not feature as such an important goal (even sometimes a relatively ‘undesirable one’), but rather as a more ‘distant’ project. Ambivalence was often evoked in the interviews and although becoming a father was presented as ‘the preferable option,’ even ‘an unexpected bonus,’ the process of coming to terms with childlessness seemed to be, in most cases, relatively simpler. They agreed to explore and pursue alternatives but seemed more willing to draw the line. The loss is effectively framed in terms of magnitude as a ‘disappointment’ rather than a ‘tragedy.’ For a number of them, there is no perception of any personal adjustment or adaptation but rather

¹⁰ The cohorts of women born after the baby boom are often referred to as the ‘echo,’ and ‘baby-boom echo’ generation for those born in the late 60s and early 70s (Sleeboos, 2003).

there has been no passage to 'the next step.' On the contrary, some consider that adjustment would have occurred if children had come along and, in that sense, the transition is simply experienced as a 'non-event' even though it carries some consequences for their partner and for the relationship. There are, however, also men in this sample for whom being a father was a very important part of their 'becoming.' They expressed strong, deep regrets at the prospect of losing their opportunity to parent (in their current relationship) and for at least four out of eight participants, although the strategies used to 'deal' with the loss vary and appear, on the whole, to be more cognition based ('rationalisation') than emotion based, there are strong indications that a similar individual process of adjustment has taken place.

Before concluding this chapter, I would like to make a number of additional observations in relation to gender differences in the experience of adjustment to childlessness. The fact that parenthood might be, for many men, a more 'distant' project and thus a less central feature of their life scenario, has as much to do with biology as it does with social influences. It is clear that in examining the particular gendered aspect of their transition to childlessness, one has to consider the fact that they are less implicated biologically thus do not have the opportunity to develop an 'anticipated' fatherhood identity neither through socialisation nor the biological experience of pregnancy. Their loss, including potential loss of self is therefore even more remote and less 'actualisable.' Reactions such as the ones described earlier in Robert's experience of pregnancy and loss of a potential child, show that the actuality of pregnancy is the 'trigger' by which the reality of fatherhood, and thus the potential loss, sets in. The other biological characteristic that strongly impacts on the nature and extent of the adjustment that men experience, in contrast to women, is that whereas women are confronted with the end of their reproductive life through menopause or a clear medical diagnosis (as most in this sample), there is no definite sense of finality in men's experience of infertility and childlessness (unless they, themselves, have been diagnosed as infertile). In most of the cases illustrated in this research, men would still be able (and for many years ahead) to father a child with another partner. Although their desire for a child is expressly 'not sufficiently strong' to act upon, they maintain the illusion that it is still within the realm of possibility and unlike women, they may not need to confront, with the same degree of definitiveness, the task of reconstructing an alternative life scenario around permanent childlessness.

The impact of these two biological considerations, in my opinion, needs to be factored into the consideration of 'differentials' in the transitional process given that, as suggested by some

studies, men may not fully realise the impact of childlessness on their own lives (Affleck & Tenen, 1996; Stanton, 1991).

Whilst the theories put forward to account for gender differences are extremely valuable, and need to be taken into account in clinical interventions, they must also be viewed with a degree of caution because, as this study illustrates, there are many variations and exceptions in the spectrum of 'adjustment work' within each of the gender categories.

This study clearly indicates that gender lines are insufficient and incomplete criteria to capture the complexity and specificities of individual experiences and to account for variations. What seems to be of particular importance in the individual transition to childlessness is the notion of 'anticipated future' which underlines the personal meaning of loss and shapes the nature and extent of the transitional process required. Whilst for some, it may be a relatively simple task, for others it may require considerable time and work, including changes in self-representation and a challenging revision of their life scenario.

Summary and conclusions

In this chapter I have considered, in some detail, the many aspects of the individual transition to involuntary childlessness. I have shown that it is a highly variable adjustment process and argued that rather than a linear, uniform, sequential and 'stage' process, it must be regarded as an 'unfolding paradigm' which for each person depends on a wide range of factors. It is largely shaped by the centrality of the parenthood goal in their personal anticipated life project but is also influenced by a series of situational and personal variable factors which include not only gender but the specifics of their situation, their own history, as well as their resources and these ultimately dictate the design of personal response strategies.

In this respect, I have argued that the grief and bereavement model may be appropriate for some who experience infertility as an unexpected major life crisis. But moving on from this time, it is no longer appropriate or sufficient to understand the transition and adjustment to involuntary childlessness. Thus, infertility and involuntary childlessness should be seen as related but separate phenomena. In particular, I have suggested that beyond grief and bereavement work, this transition entails, for many, the deployment of 'accommodative' processes and tasks by which they come to progressively dissolve their commitment to the original normative goal of parenthood and re-envision an alternative future and life pathway

without the children they hoped for, with a revised identity base.

Whilst many aspects of the known gender differentiation theories have been confirmed, to some extent, by this study, I have also cautioned against the limitations of this 'filter' to examine the individual process of adjustment to childlessness.

These findings provide a significant contribution to understanding individual's experience of adjustment to involuntary and permanent childlessness and have implications for our theoretical representation of these processes and the experience itself. They emphasise, first of all, specificities and diversity in the way involuntary childlessness is and can be accommodated across and within genders according to the psychological, emotional and spiritual resources available to each individual. The need for health and social practitioners to recognise the variations, in the nature strength and salience of desire for parenthood, which along with clients' internal resources, and possible external factors or pressures, 'condition' and 'shape' this adjustment, is instrumental in order to promote appropriate interventions and strategies¹¹ to facilitate it. They also demonstrate that the conceptual tools we have at our disposal to understand the multiple components of this 'adjustment' are insufficient and need to be supplemented¹². As they mainly focus on grief, loss and bereavement, and are exclusively geared to respond to more immediate emotional or stress reactions,¹³ they overlook the necessary cognitive and accommodative practices that would appear to be necessary for many, to re-construct (or maintain) a positive sense of identity, and re-envision with anticipation rather than apprehension a future without children. For individuals as well as couples, understanding these variations and these many paths is also critical for the recognition and normalising of their own experiences. More fundamental, even, is the need for this experience to be understood by those who live it, as 'a gradual' and 'varied' process.¹⁴ Understanding what 'lies ahead' can only enhance their ability as individuals and as a couple to cope and deal with such a crisis.

But, culturally too, in our conceptualisation and representation of involuntary childlessness, we have to take into account this variety and recognise that whilst some are able to express optimism in their ability to develop an alternative fulfilled and fulfilling life without

¹¹ Even, perhaps, educational 'programs' that could, once clinical patients have made the decision to abandon medical treatment or adoption, assist them through this transition.

¹² Further research in this area is warranted.

¹³ Generally focused on infertility rather than on the adjustment to childlessness.

¹⁴ Understanding that coming to terms with childlessness is a 'process' rather than just present misery seems to be a fundamental resource, as the words of one infertile woman suggest: "When you see people who have not gone through the process as far as you have, you begin to recognise that it is a process. At first you think it's just misery, you don't know it is a process and that it seems to have steps and that there is growth and acceptance that something is going on there. It helps." *'Gina' cited in Becker, 1990 p. 260.*

children, for others and in particular women, this is made particularly difficult by the absence of role models and ‘sanctioned’ alternatives for women’s contributions and roles¹⁵.

In the following chapter I consider the personal response strategies at play in the context of couples’ joint adjustment process and examine the dynamics of how the partners negotiate together the transition to involuntary childlessness.

¹⁵ Yet through history and even today, many artists both male and female who are recognised as having made significant contributions to society and humanity as a whole, were or are childless, not because of infertility, and probably not as a result of a full choice either, but rather because of circumstances and the pull of other creative drives and it is important that these alternative generative pathways be acknowledged.

CHAPTER 8

Breaking down notions of 'joint adjustment'

The process by which couples adjust to childlessness is intricately interwoven with personal adjustment in a complex mix of 'individual' and often 'gendered' factors and variables which manifest themselves in various patterns and can have a significant long-term impact on the relationship, as also observed in research on infertility (see below). The first part of this chapter discusses how differences or commonalities in partners' baseline positions (as outlined in Chapter 5), the approach and response styles they have adopted within their own adjustment process, as well as differences in the perceptions of what constitutes the basis of the relationship and, thus the centrality of children in their 'joint life project,' determines the nature of the joint adjustment process. It is not always the case that the 'redefinition' of the relationship assumes a central place in couples' joint adjustment strategy. In the second part of this chapter, I will go on to elaborate the lasting impact of infertility and childlessness on couples' enduring relationship, and comment on the implications of contemplating the 'fragility' of being a family of only two in future.

Current research perspectives

Several studies have shown that the 'infertility crisis' is likely to cause strain on the relationship and impact on general and sexual intimacy (Lalos et al., 1985; Ulbrich et al., 1990). There are also suggestions that 'differentials' in 'commitment,' and in the way each gender perceives the 'extent' of the problem and approaches it, create specific tensions and challenges (Greil et al., 1988; Greil 1991a; Epstein & Rosenberg 1997; Gibson & Myers 2000). Gender-based differences (but also, possibly, personality related) in 'experiential' worlds, affect and coping strategies, 'explanatory' and 'relating' styles, such as the ones I pointed to in the previous chapter, are assumed to be a potential source of conflict likely to have deleterious consequences on the relationship (Ulbrich et al., 1990; Atwood & Dobkins 1991; Stanton 1991; Stanton et al., 1991; Affleck & Tennen 1996; Epstein & Rosenberg 1997; Gibson & Myers 2000; Throsby & Gill 2004).

Ulbrich et al (1990), for instance, suggest that husbands' relatively lower level of commitment and earlier acceptance or 'resolution,' often interpreted by their spouse as 'abandonment,' can

cause serious misunderstanding and distancing. In examining early aspects of this transitional process, Atwood & Dobkins (1991) also point out that such significant discrepancies or 'dissonances,' as well as divergences in the stages at which each partner is at in their own personal adjustment, makes the joint 'resolution' process particularly sensitive. Daniluk (2001b) also considers that dealing with the finality of their childlessness is a 'critical juncture' for couples.

The clinical literature on 'recovery,' on the other hand, conceptualises this transition to childlessness as 'a developmental task' and argues that couples should be encouraged 'to work together' in order to 'redefine' their relationship (Mazor 1979; Cook 1987; Menning 1988; Eunpu 1995; Cooper-Hilbert 1998) and reconstruct their joint life goals (Daniluk 1996). Clinicians consider communication styles and skills as well as some understanding of the specifics of gendered differences, to be crucial assets to negotiate this transition together without endangering the relationship (Leiblum, 1993; 1997a; Read, 1995; Burns & Covington 1999).

The research conducted on infertile couples does, however, also demonstrate that, in many cases, experiencing this form of adversity and engaging in a joint search for a solution and 'shared experience' can result in greater intimacy, higher level of communication (van Keep & Schmidt-Elmendorff 1975; Callan 1985; Greil et al., 1988; Leiblum et al., 1998), and a general sense of 'closeness' (Matthews & Matthews 1986b; Fleming & Burry 1987; Baram et al., 1988; Daniluk 1988; Ulbrich et al., 1990; Leiblum et al., 1998).

Yet apart from these potential sources of conflict and likely 'benefits,' we know very little about how couples actually negotiate this transition together, overcome these 'dissonances,' especially considering that the 'absolute finality' of their childlessness might only be perceived by one of the partners (generally the women), work out possible feelings of guilt and/or blame, and attempt to 'synchronise' their respective adjustments.

Matthews & Matthews' germinal theory (1986a, 1986b), contends that whilst becoming parents confirms, for many 'normal' couples, the meaning and purpose of their relationship and of their very existence, involuntarily childless couples are faced, within the process of 'reality reconstruction,' with the need to 'redefine' their identity as a biologically childless unit, as well as the purpose and goals of marriage. They stress that couples for whom the 'commitment to parenthood' is greatest (presumably those who hold a particularly 'salient' family identity jointly), are the ones who are most likely to be threatened by infertility. They

argue that the extent to which the pressures of infertility influence their marriage and lead to a “reality reconstruction” depends, largely, “on the extent to which they have developed ‘shared constructs’” (1986b p. 644-645). However, this particular theory considers the adjustment process from a ‘unit’ point of view and presupposes a joint or similar level of commitment amongst partners, which, as this study shows, is rarely the case.

Joint adjustment strategies

The salience of the personal parenthood identity in individual life projects varies considerably, as we saw in the preceding chapter, and it is this which shapes the personal meaning of the loss and thus determines the nature and extent of ‘accommodation’ needed. There are also, as seen, many positions in the continuum of adjustment as well as significant gender differences, in affect, coping style and accommodative strategies, to be factored into the joint adjustment process. How these complex variables interact and impact on couples’ joint process of ‘reality reconstruction’ and what this process entails, are examined in this section.

The ‘synchronisation’ of these different individual adjustment trajectories which, ideally, would be required for joint reconstruction, and redefinition of the relationship appears to be a particularly hazardous event and, in some cases, the ‘redefinition’ of the relationship may even be unnecessary. The data shows, in effect, that all these various aspects interfere with the joint process and need to be taken into account to represent its variability. There appears to be a pattern in the dynamics and struggle that couples go through in their joint adjustment to childlessness, namely, either reconciliation or break-up (‘make or break’); cooperation (‘working through the loops’); or, in some distinct cases, there is clearer evidence for the ‘need’ to ‘redefine’ the relationship and its basis, and so I have grouped participants according to the nature of the adjustment they experienced as a couple.

In the first group in which each of the partners has a distinctive ‘baseline position’ in relation to parenthood (or different level of commitment to that goal, both within their own life project and identity, and couple’s identity) what seems to occur is some form of ‘reconciliation’ whereby the partner whose adjustment process is more extensive (in all of these cases, the wife) works with some degree of emotional support from her partner (often perceived as ‘insufficient’ because the degree of personal affect is different and acknowledged as being different) until she can come to similar views as the spouse’s about

the acceptability of 'childlessness.' Having children is not, for these couples, the basis of the relationship. Accordingly, issues of guilt are minimised and the need to 'redefine' the relationship is not felt. Practical accommodations, in addition to what is mainly one partner's personal adjustment process, seem to be sufficient to keep the relationship on course although no real synchronisation has occurred.

However, as we will see in the case of Jane and Michael, presented below, these dissonances in gendered experience and perceptions can also create a major disjuncture in the couple where reconciliation becomes impossible and the differences in experiential worlds lead to a dissolution of the relationship.

For the second group, there are distinctively more cooperative efforts applied in the adjustment process. The partners become a major source of emotional support for each other and weather the crisis together. The respective 'baseline positions' are closer and, therefore, greater similarities in their experiential world as well as shared constructs that are similar about the meaning of childlessness, and they work together towards adjustment. They 're-envision' a future together and 'reconfigure' the relationship around an alternative life scenario and purpose. Accommodations are made but as the commitment to the relationship is also strong, they do not necessarily need to 're-define it' either.

In the third group, a strong need to 're-define' and 're-direct' a relationship which is being challenged by the absence of children, is felt. Partners attempt to work together but may not have developed sufficiently shared constructs and/or completed their own individual adjustment work to synchronise or even 'attune.' These two elements appear to create particular difficulties and anxieties, hamper their ability to consider an alternative joint life scenario and cause delays and risks in reconstructing 'reality' and a viable future together. In this context, men in particular are led to question the basis of the relationship and express the need to 'steer the boat in another direction' and 'find other common goals,' which could act as the 'glue' that children would have been in the relationship.

Before I elaborate on these different dynamic patterns, I wish to clarify that in examining separately the personal and the joint adjustment components of this transition, I do not posit that the individual and the couple adjustment process are two neatly separate or even consecutive processes. There are clearly parallel, interacting and intertwined processes that occur over time. My purpose, instead, is to examine how components of individual adjustment processes come to play into these particular dynamics. It appears, nonetheless,

that the dimension of personal adjustment (examined in the previous chapter) might have significant impact on the way couples are able to redefine their relationship as a non-parent couple and might even be a pre-requisite for couples to engage in a joint process of adjustment.

‘Reconciliation’ – ‘Make or break’

In the case of Elena and Garry, it was Elena’s feeling at the outset that Garry took a “certain distance” from his commitment to becoming a parent and while she would have liked him to have been “more supportive” during medical treatment, and felt she was coping “in her own way,” she recognises the importance of his emotional support:

“I guess he did what he could. I coped with it my own way and I had a lot of support from other people. Still, he taught me a lot about emotions; he was very supportive and would talk me through all that stuff and was understanding. He was able to handle it if I was depressed or quiet...he couldn’t handle hospitals, but he could handle all that (emotional) stuff.”

Certainly, Garry did experience some ‘difficulties’ in dealing with ‘her pain’ in the early days, and felt relief when she ‘dropped’ the idea. There is evidence in both their accounts that they engaged in a number of joint processes. Elena refers, in particular, to the work undertaken towards adoption which forced them to “look at ourselves, at our background, the kind of baggage we were carrying, why we were together, where was our relationship going; all that stuff.” Garry, too, recalls the “talks” they had about “what our life would be without children,” leading to “a general understanding that life can be full without children.”

However, they both had very different positions with regard to the centrality of the parenthood goal in their individual life projects. Whereas parenthood featured as an essential element for Elena, it was not the case for Garry and, in their respective accounts they both indicate that it was more “her stuff,” which she worked through until she was able to reconcile her views with his about a joint future without children. The ‘reconfiguration’ of the relationship that came with the acceptance of childlessness was, in this respect, minor and no major ‘redefinition’ of identity or purpose seemed necessary at the relationship level:

“We were always very close, so we didn’t have to reinvent the relationship in a big way, really,(we) just got on with our lives. It was always like more my stuff because he didn’t have such a strong desire; it wasn’t in his consciousness; he always had his own life so it wasn’t about the relationship really; it was very much me and then us. It was more my thing because

it didn't ever seem that important to him; it was more part of my life, my journey, something I had to come to terms with myself until we finally decided we were a family as we were."

Garry views it in the same light and stresses that it was not such a "strong issue in the relationship:"

"It was more her experience than mine; it didn't really change anything. I was committed but I didn't care if it happened either. It's a very fine line I guess. I had difficulties in the early days dealing with her pain and we talked about it but for me it was never painful or difficult. I think once she decided not to go ahead with adoption, she came to terms with it quite quickly. We decided to get on with our lives and I think the relationship became easier when we dropped the idea. We both had other things we were interested in and I think unlike for other people, maybe it wasn't such a strong issue in our relationship."

Their joint 'reality reconstruction' process included, essentially, support for Elena's personal re-adjustment of goals as well as minor joint accommodations such as the inclusion of nieces, nephews and other children in their lives, as well as lifestyle changes and joint projects, for instance, building the country house, rather than a renegotiation of the basis of the relationship.

Oliver and Celia also entered a 'partnership' in which children were not necessarily included as a "part of the deal." Although they would have been happy to parent jointly, had circumstances permitted, "having babies" was not the basis of their marriage. Their respective adjustment process is also comparable as they are both 'movers on.' Here again, there is no sense that the goals and purposes of the relationship have been, or needed to be, 'redefined.' Rather, they drifted along enjoying the benefits of a strong relationship with many common interests. Having abandoned the idea of adoption because it "felt like an imposition on him," Celia effectively 'reconciled' her views with his on having a "happy" life without children through a fulfilling and sharing relationship, even though a vague and unspoken sense of "missing" persists in her life. Oliver elaborates on the overall sense of purpose found in this strong relationship, which allowed them to lessen the impact of childlessness. He also refers to what has been termed by Greil as a 'mediated' rather than direct grief over the issue of childlessness (1991a):

"We always got on very well; we related very well and shared a lot of things; always very close. I felt for her; probably more of my grief was through her in a sense. I guess we didn't hang on to the idea; just got on with our lives; got on with our studies and work and dreamed

about the future...we didn't get into marriage thinking of babies and we lived with it (childlessness) and maybe it wasn't such a big thing to live through."

Celia, equally, emphasises the strength of the relationship and the happiness found in this special bond. However, the "growing sense of regrets" about a "fuller family life" that she developed in later years, is dealt with in a private way and does not find expression in the relationship as she feels these may "destabilise" Oliver's experience of contentment:

"Our relationship is the most meaningful thing. Life is good; we get on very well; always been happy together. We have a special relationship; comfortable; nice interests; shared strong passions...still, it creeps up on me sometimes; missing that sense of family but I haven't talked to him about it. He never has any idea how, not painfully, but sad I feel about that at times. I guess I never wanted him to know if I was sort of unhappy or to make him feel in any way responsible."

Amanda and Mark are also another example of 'reconciliation.' Their adjustment trajectory is similar to that of Elena and Garry's with the combination of a 'prompt acceptor' and a 'battler.' Their joint process of 'reality reconstruction' does not seem to include, in their case either, a major redefinition of the relationship. Nonetheless, Mark's support of Amanda's adjustment features as an important element which allowed her to come to his more 'accepting' and 'open' views about childlessness. Their process is articulated around the development of a common, yet unspecified, vision of a "rich," "fulfilling" and "complete" life together, in which the relationship plays a major role. Mark acknowledges the differences in how they each responded to this experience and talks about his difficulties in coping with Amanda's emotions. He also stresses the importance of the relationship, and although he confides that children would have probably brought an "ultimate" sense of "completeness" and "togetherness," he expresses his confidence about 'it' being enough to build a happy future:

"I understood what she was going through; knew how she felt but it wasn't the same for me. Dealing with her emotions and the disappointment for her that was the difficult part; I suppose it's harder for women. There were more changes in her outlook than mine really. But we will still have a good life; our relationship, our marriage is important; we do about everything together; we plan things together and we are very close. Even though there might never be the exact same feelings of ultimate completeness or togetherness that could have been if we had children, there are many things to look forward to and enjoy."

Amanda, who twice mentioned in the course of the interview, that she and Mark have different and ‘complementary’ brains (and described him as being rational and logically left-brained), admitted that the ‘infertility process’ did, in some way, challenge the relationship. However, she also acknowledges that these differences meant that it has been ‘her own’ adjustment, largely; a process of ‘cultivating positives,’ and that his ‘attitudes’ had been very helpful in challenging her negative beliefs about childlessness:

“His thinking is quite different from mine and it helped; his attitudes have been really helpful. For instance, I could say that I felt inadequate as a woman and the response would be: ‘How? You have no control over it; how can you be inadequate as a woman because you don’t have children?’ He puts things back in perspective, in a logical rational perspective that’s really helpful. I am really happy with him, so I have a relationship that I am very happy with, even without the kids.”

Although there were no new parameters of the relationship negotiated or redefined Amanda and Mark, like other couples, felt the need to make “a fresh start” and agreed “to make the best of the opportunities” of their newly found freedom.

The case of Jane and her partner (who was not interviewed) provides another example of how pronounced differences of positions on the spectrum of desire for parenthood and, therefore, of personal affect, which, combined with significant divergences in coping and relating styles, contribute to create a particular dynamic. Yet, in this instance, this dynamic produces a very different outcome. In this case, the ‘reconciliation’ strategy did not seem possible. Jane’s partner’s lack of support and empathic attunement through the adjustment process were experienced as ‘emotional abandonment’ and led her to the conclusion that their experiential worlds and, therefore, their goals were irreconcilable.

As mentioned earlier, Jane and her partner ended their 15-years marriage shortly before I completed my interviews with her. I am unable, therefore, to reflect his point of view but my understanding is that the couple had been experiencing some difficulties over the past three years. Jane had a very strong personal commitment to motherhood and felt “it was a core part” of her. Her husband Michael finally went along and supported her efforts to become pregnant but it became increasingly obvious to her that this was ‘permission (to try)’ rather than an expression of his desire. Also, emotions were handled in very different ways. She knew that he was reflecting her pain but without any real sense of understanding, and his emotional support had “too much distance,” so that ultimately the relationship did not

survive:

“We couldn’t get in tune really, but that’s not exactly it; he doesn’t have the grief; he doesn’t grieve at all for not having children; in reality he is probably relieved. He is not very empathetic; he was observing like from the outside rather than a participant. He hurt because I hurt but could not understand why I was as hurt as I was. His emotional support of me had a distance to it which caused the marriage to break down.”

This “emotional let-down” created a major drift as a result of which, as Jane says, they “ceased to be emotionally dependent on each other.” She realised that there was an insurmountable “gap” and felt that she might be better off alone:

“I was getting support elsewhere. He couldn’t understand, imagine, wanting to rage at the world and kill and break windows (and I am a non-violent person) and your partner says ‘I know you are feeling badly darling would you like a cup of tea?’ It was sort of like that; he did not understand what was going on inside of me. It’s probably the scariest thing in a relationship; realising that he doesn’t understand you and that I do understand him and that’s a really hurtful thing to realise about someone you love...how lonely you feel in the relationship and I don’t think that I will feel that lonely on my own. We are both better people than we were when we started and some good things have come out of it and I don’t regret marrying him at all except that there is a part of me that says if I had not, things might be different and I would have kids by now one way or the other.”

The redefinition of the relationship could not be renegotiated because, for Jane, having a child had been, at the outset, a ‘deal breaker,’ and although all options had been explored, her partner’s increasingly obvious lack of shared engagement in the pursuit of parenthood translated into a lack of emotional attunement, rendered the relationship unsatisfying and somehow purposeless. This case is further complicated by issues of resentment reflected in Jane’s view that if she had not entered the marriage she might not be childless today and would have gone ahead with her project to become a single mother using AID.

In these four cases, although the outcomes of the joint adjustment process differ, there is a sense that because in the case of one of the partners (all happen to be men) having a child was not a central goal in their lives, nor the focus of the relationship, the personal trajectory of adjustment is un-synchronised, with the men coming to terms and accepting childlessness much quicker than their spouses. There is also no real ‘joint’ adjustment process but, simply, supported by their spouses (who do acknowledge that the process is different for women and more complex too) women come, at the end of their personal transition process, to

adjust to their partner's vision or, in Jane's case, rejects it. In this dynamic, there is no clear sense of dealing with a 'joint issue.' The problem is 'externalised' as women's 'own,' and even if it is 'aided' by their partners it is essentially their own individual adjustment which takes place and which, when concluded, may or may not fit back into the relationship. Where the relationship has an adequate 'support base,' minor accommodations appear to be sufficient to sustain the relationship and move it along a path that is new or 'alternative' for one of the partners, but retains more consistency for the other. There are also, because of the divergence of baseline positions (or degrees of commitment), no real issues of guilt for the women in this group (only some degree of resentment in Jane's case for the 'opportunity lost'). With this 'reconciliation/make or break' dynamic, no definitive joint 're-definition' or renegotiation of purpose seems to take place. The sense of meaning of the relationship is simply readjusted around 'higher personal goals' that have been identified in the personal adjustment process and, are more closely aligned with a partner's goals.

On the basis of her longitudinal study of Canadian couples' transition to biological childlessness, Daniluk argues that self-acceptance on the part of each of the partners is a "pre-requisite" for the couples to begin reconstructing, jointly, a "mutually satisfying vision of their future together" (2001b p. 447). This study, equally, underscores the importance of the personal adjustment process (which should ultimately lead to self-acceptance) as a necessary preamble to couples engaging in any joint adjustment process and strategies with the aim of considering and accepting a 'different future' than the one they had planned. Yet, it is clear from the data presented in the previous chapter that for many women 'deconstructing' the 'parenthood' role can be a long and protracted process which does not necessarily parallel the course that men take to come to terms with childlessness (although as seen it is not always the case and the process can even be inverted). Furthermore, in spite of the divergences that exist in spouses' individual adjustment processes and 'dissonances,' each partner's position, as well as the nature and extent of their own transition, strongly impacts on their partner's. Arriving at a point of acceptance, as well as self-acceptance, is for each individual not achieved in isolation. In the cases I have just discussed, the wife's adjustment process is clearly aided and facilitated by her partner's position and attitudes towards childlessness, even if this appears to be the main process. In addition, the neutralisation of possible guilt issues (in relation to their partner) contributes to promote acceptance.

There is, however, a distinction to be made in the 'qualification' of support required by women through the adjustment which highlights some of the limitations in examining this

process from the perspective of the couple as a unit. In the case of Mark and Amanda, for instance, Mark's support is seen as instrumental because it enables Amanda to challenge the irrationality of the normative constructs of motherhood non-motherhood and reach a point of positive self re-appraisal. In this sense, it serves to promote 'self-acceptance' in terms of the social definition of Self. But as Jane's case clearly shows, the partner's easier acceptance and readiness to consider alternative joint life scenarios is not sufficient enough to promote adjustment within the relationship. What Jane required from her partner, and which would have possibly allowed the partnership to remain viable, was his 'presence' and his 'empathic support.' It is not, in this case, a matter of Jane not having reached self-acceptance that prevented the couple from being able to re-construct, together, a mutually satisfactory future scenario but the fact that Michael did not 'attune' to this process and play a partner's, even a 'participant's,' role, but acted instead as a detached observer.

Working through the 'loops' together

Three out of the nine participating couples (Alison and Alistair, Linda and Ian and Peter and Alice) showed clearer evidence of working together through this recovery or transition process, although in different ways. Their baseline positions and commitment to parenthood are closer; and there are indications of a greater 'attunement' as well as the partner acting as the 'main source of emotional support.' Although there are more significant issues of guilt and resentment at play in their joint adjustment process, there is no major 'redefinition' of the relationship taking place but it is evident that more collaborative efforts are deployed towards 'working together through the process,' reviewing priorities and meanings and jointly re-envisaging or co-creating a future life project together.

Alison and Alistair provide a particularly good example of a couple whose relationship appears stronger as a result of their experience. They worked "through the loops together," 're-anchoring' themselves in their decision to let go and to look forward. Although Alison, like other women in this study, expressed some disappointment (and initial anger) at the fact that her husband had "moved on quicker" than her, she feels "they" did "all the reinforcing for each other" and grew together and as a couple in the process:

"We revisited time and time the decision (every time that things where bubbling up for me) and we know we made the right decision. You need to keep taking yourself through these loops...and we are both analytical so we respond well to that in each other. We talked a lot, that we weren't going to have children; kept going on these long walks talking about what does it mean and how we wouldn't have children but we would have nephews and nieces and

friends; we did a lot of that. This process made us look at who we were and who we were as a couple and how we relate to other people and I think we put that whole thing about 'have got to be' behind us...people have got a lot of baggage. In effect, we needed to revisit the future and did... Hook it again over the other side, close the road, and move back to your new path with your life. Looking back, it has made a big difference to who we are."

Alistair stresses the importance of their respective (and similar) baseline positions in the process of moving forward:

"We didn't start off with getting married and wanting to get pregnant and have the whole basis of our relationship measured by the fact that that's what we wanted to achieve. In that sense, we didn't have our life course designed, really, and to some degree it meant going back to what was without the interruptions, the constant questioning. We first went through a stage where we wouldn't discuss it together, initially when you are trying to work through it, but then got back into that kind of 'let's put it behind us.' We had a whole process of talking, about what we wanted to do, talked the issues through, we probably workshopped it out over a period of time and worked it out. Since that, we have talked about retirement and things like that; sort of planning as we go. She and I know exactly that talking things through works, getting into the scientific and it works its way out."

There is also an implicit message in Alistair's remarks about physical well-being, that he and Alison only have each other to sustain themselves and make the 'most of life' in the future:

"It means more commitment, more effort to make sure that we are both fit and healthy and stay that way because the fitter you are the more mobile you are and you can do all the things you want and at the end of the day you look back and like everyone else ask: Have we wasted our time or not? You only get one shot at it."

For Alistair and Alison, there was no need to 're-define' a relationship which had long been based on a partnership without the inclusion of children, and neither was it necessary to completely 're-design' a joint scenario of the future. However, a great deal of joint effort and support was needed to consider alternatives, make the right decision together, let go of the idea of children and adjust their common lives so that the promises of fulfilment could be regenerated through the relationship.

Linda and Ian's is a more discreet collaborative effort comprising distinct grief work but also featuring definite attempts at redesigning together a viable future. Ian says:

“I think we were in synchro; discussed everything. We have always been able to discuss things and I suppose you open up a lot more too...we are a family of two. Things haven’t exactly turned out as planned but we just get on with life, keep doing what we are doing since we decided that was it.”

Linda confirms the importance of Ian’s supportiveness in jointly re-envisioning an alternative future:

“I really went through the whole thing with him. I couldn’t really talk to anyone else about it... he was terribly supportive; great; he was there for me when I needed to get me through; that’s all I needed. After we considered adoption and decided against it, we started sitting down and thinking: ‘What are we going to do with our lives?’ Filling-out our weekends and time and we started thinking well, what is our life going to be like without children?”

Part of their joint ‘reality reconstruction process’ includes, not so much a ‘redefinition of the relationship,’ but searching for an alternative ‘joint project’ as a source of meaning and reaching yet another level of closeness and understanding. Linda explains:

“I needed it to be different and something we would do together so that’s when we started to toy with the farm idea. That’s where it came from. It is a good compromise; it works for both of us. Looking back, I feel we have sorted things out together. We are much clearer in understanding our needs and dealing with them, much clearer on our stuff.”

Ian elaborates on this new philosophy and outlook on the future which brought the relationship into greater focus:

“We spend our time doing other things for us; spoil ourselves and the farm project is coming along and we are good. We also started to look at the future, investment, things like retirement and work towards that...you have to be clear; the most meaningful thing in my life is her; hopefully it will always be and behind that is our lifestyle; good relationship comes first because if it doesn’t work you might as well pack-up and go.”

Peter and Alice’s relationship, admittedly, went through a “patch where things got tough” and they came close to “loosing it all.” The emotional distancing that had occurred through years of infertility treatment seemed primarily due to divergences in their gender scripted coping styles. Alice’s needs for intimacy, emotional support and her expression of feelings were met (or not) by Peter’s withdrawal, avoidance and internalisation of feelings as he explains:

“I don’t think I was out of sync or something; I was just suppressing it; didn’t want to go through that highs and lows anymore; too much; too overwhelming! I couldn’t talk about it for a long time and it really deteriorated; she was rock bottom and we weren’t talking to each other. We were at the end of our rope psychologically; it came that close.”

However, the significance of not being able to have children in this relationship was also a major burden and a factor that contributed to the “drifting apart” until Peter realised what he was missing:

“Coming to the realisation that we are not going to have kids is probably a big part of the reason for the deterioration of the relationship; weighing things; but then, I knew how good it had been and I wanted it back.”

Assisted by a relationship therapist, Peter and Alice changed their patterns of communications worked collaboratively and built an alternative pathway together. Their respective comments suggest that some sort of ‘re-definition’ may have taken place but it is framed in terms of “relationship recovery” and “finding a new direction together.” In the following excerpt, Peter stresses the fact that “coming to terms with it” and redirecting the energies elsewhere needed to be done “in concert.”

“In the last five years we have been recovering really. As soon as we started talking about it, coming to terms with it, there was a road back. You have to do it together; you can’t do it by yourself...kind of sit down, try to express your emotions. She won’t let us go astray: ‘let’s sit down and talk about it.’ I am more prepared to do that now. Also you have to find something else, because having a child is something you do together a lot; you need to put your energy somewhere else and we did. Nurturing the relationship back is still priority but I think there is a vast improvement in that area and it’s where we go from there! We are both back to studies; the relationship is working; individually we are working; we are getting on top of stuff and pursuing new kind of things.”

Alice confirms that the relationship has taken a turn for the better and that they are developing together new ‘vistas’:

“It became very obvious that we had neglected each other for a while but we sort of got back on track. We owe it to ourselves to enjoy our lives and like channel these energies somewhere, like back into the relationship...I always considered him the priority and provided I had him I knew I was going to be okay and provided we could work things out I was going to be okay. We are very close and intimate and at times when I am not coping as

well as I would like, I kind of need his presence, get clingy. I, we, have a direction again. I feel we have moved together in a new direction.”

Issues of guilt and resentment remain, though in the background, and appear to be fading as they are worked through. Alice has taken some distance from the time when she “almost wished he left her because she wouldn’t have all that guilt.” Peter, on the other hand, accepts that not having children tends, also, to create a “wedge between you” but recognises and articulates the feelings of resentment that occasionally “surface” or “creep up” causing him to get “a little narky” with his wife. The relationship ‘maintenance’ regime they have introduced with the “let’s talk about it” sessions, which generally follow Alice’s surgical-like habit of “poking and prodding,” suggests that these issues are addressed as part of a continuous joint adjustment strategy.

For these three couples, the goal of parenthood was (or had become) almost equally important for each partner and for the relationship (although it did not constitute, in the case of the first two, at least, the ‘basis’ of the relationship or even an unspoken expectation). There was also, to some extent, concern about what would become of a partnership rendered ‘un-reproductive’ through infertility. However, there is strong evidence that these three couples have developed cooperative ways to deal jointly with ‘dissonances,’ uncover the meaning of childlessness in the relationship, and are engaged in co-creating a new reality as well as a positive scenario for the future. Within these couples, partners do not necessarily share ‘experiential worlds,’ but strong constructs of meaning and values. They act, for each other, as the main source of emotional support and have high levels of commitment to the relationship.

Redefining the basis and purpose of the relationship

In the last two cases (Robert and Anne and Yvonne and John) which I will present next, these ‘dissonances’ are not expressly addressed in communication strategies and leave the partners wondering about the viability of their marriage and their separate adjustment trajectories. The need to ‘redefine’ the basis of the relationship is, in these cases, more strongly articulated.

Robert and Anne, during their separate interviews, both engaged with the researcher in questioning the future direction of their relationship. Robert, in particular, expresses concerns that they may “end up on the rocks sooner or later.” He emphasises the “need” he feels to “redefine” the relationship and evokes at length his own “struggle” to “re-invent” it,

and “find” another “rationale” and a “common goal” that would “bind” them. Anne seems at loss to understand her own process as well as “where he was at” and “where they were going.” She wonders whether ‘she is still waiting for him’ and formulates disheartening questions about whether “they would end up very far” as individuals and as a couple. The prolonged infertility crisis and somewhat separate and disjunctive adjustment processes appear to have taken a serious toll on this relationship and symptomatic of this is a loss of sexual and emotional intimacy.

Although Robert argues that children were not “the firm basis” of the relationship and that coming to the realisation that “there would not be any” did not bring a sense of a “real void” because there were “enough interests and patterns” to keep them going; he strongly underlines the “dilemma” of sustaining a childless marriage:

“I guess the thing about us is that we have to deal with what it is like to be in a long-term relationship without children. It’s pretty easy being in a marriage where you have kids; you don’t have to think about it very hard; there is plenty to think about before you get into how the relationship is going whereas we have to think about what to do for a relationship that’s getting ‘tired’ so to speak. There are no kids to take your mind off it; so that probably puts different stresses on it. When you have kids, the two of you really put each other’s wants and needs in the background and cooperate. That’s the big difference. I think there is always going to be an element of struggle for the rest of your life as a result. How do we reinvent the next phase? What is the next phase? What is the reinvention? You have to find something to bind you together, and maybe you do maybe you don’t! Children were not the basis of our relationship but it was there in the background somewhere. I don’t think it was a firm basis but I have a funny feeling that having kids is like a sort of glue which keeps people together for a long period of time because it’s a common goal. Without that distraction and that glue, you have to have some sort of other rationale. We talked about that but eventually talking doesn’t really change the way you feel about things.”

The ‘talking’ strategy that Peter and Alice employed appears inoperative in this case because, as Robert says, “it doesn’t change the way you feel.” Although Robert said twice, during the interview, that he would not “break-up” with his partner to have a child because “it is not a good enough reason” and ‘not something he would do,’ he describes the adjustment, in terms of personal questioning and weighing, as a “struggle” to work out his “wants” rather than a joint and cooperative process:

“I am just struggling with this issue now. It’s an on-going process. I guess it is a continuous process of discovery; living and being in a relationship. Just from day to day trying to find out

what you want; are you happy? Could you be happier? You are never 100% happy but could you be happier? Maybe you do think about it more because you don't have this (kids) distraction.”

Although insistent that he is “not in turmoil” over the issue of childlessness, and that relationship is a much more important priority than “having kids,” Robert conceded that it had “crossed his mind” early in the relationship that he might not have children with his older partner. He also reflected upon the fact “it may not have gone long enough” for him to realise its full meaning (especially since, at his age, fathering a child with someone else still remained in the realm of possibilities). But most of all, his strong beliefs about ‘biological determinism’ make it difficult to envisage another ‘rationale’ for the relationship:

“Maybe, looking at it from a scientific background, you can think about it as there is no more biological imperative going on anymore sexually; there is no mistake in the fact that we are not having sex to have a kid. That’s gone now and there could be elements of that. Maybe that’s what men are about, having sex potentially to have children. And if you are not doing it for that then what is all of this about? There is some sort of psychological or evolutionary imperative going on underneath. It’s hard to explain but when it comes down to it, it’s that built-in urge to have children. It’s not to have a deep and meaningful relationship; it’s to have children, procreation.”

Anne, on the other hand, wonders what the future will bring:

“It feels like we are both watching, waiting to see...maybe we have both retreated and we are kind of licking our wounds. I’d love to know, talk to him about it, how has it been for him? What does it mean for him? But if we try to have this conversation he goes: ‘it doesn’t mean that much to me’ and I don’t know whether to believe him or not and wonder whether he is kidding himself. He still holds to this, that he is not unhappy that we didn’t have them, that he doesn’t feel miserable or terrible...he doesn’t act like it’s a tragedy and when I go: ‘it’s a tragedy’ a real big thing’ he goes ‘well it isn’t for me.’ In some ways I am grateful that it isn’t such a big thing for him but then I wonder: is he kidding himself? Our sexual relationship, which has dropped off quite a lot, is the only place I can see where things are at...the rest is growing fondness; a lot of kindness and consideration; he gives me space to talk about what is going for me. But if I look at it, we haven’t grieved; I don’t think either of us dealt with the fact that we are not having kids, whatever it means, done the work...maybe we swept it under the carpet and it’s going to come back and bite us? Are we kidding ourselves or people do it in different ways? I can’t really say where we are with it...I am not sure where we are going.”

Anne also refers to the “distancing” that occurred and to the “hiding bits” of her private grief (which he does not share or ‘join in’) causing her concerns that they would “not end up very far” and become two “shrivelled,” “selfish,” “undeveloped” and “immature” individuals who may end up “driving each other mad.” The dynamics of gender differences in ‘experiential worlds’ are particularly obvious in this case, and accentuated by significant divergences in relational and emotional needs as well as coping styles (Anne’s wish to “share” the experience, communicate and confront the meaning of childlessness and Robert’s withdrawal to “work it out” for himself), as well as appraisal or explanatory style (Anne sees their childlessness as having the pervasive effects of a tragedy whereas he does not). These dissonances do not appear to be acknowledged or ‘worked through’ because communication around the issues is blocked. Feelings of guilt and resentment evoked by both partners in the interviews also appear to be significant and amplified by their age difference, yet they do not seem to find open expression.

The most important aspect of this complex dynamic, however, remains the relatively incomplete aspects of their own personal adjustment process. Anne is still struggling with some degree of denial and cannot, at this stage, redefine herself as “someone who will not become mother” and the couple as a “couple who can’t have kids.” Robert, on the other hand, is trying to sort out what will become the meaning of childlessness for his personal future, and how, considering his beliefs, the relationship can be maintained as a viable “stand alone” project. His own adjustment process cannot be ‘finalised’ or reach a conclusion without a clearer understanding of this personal meaning of loss (in which children and relationship are enmeshed), particularly given the fact that although he remains committed to the relationship, there is no sense of absolute finality about ever becoming a father.

In spite of the many years with which this couple has lived with the reality that they will not have a child together, the joint adjustment or ‘reality reconstruction’ process has not been effectively engaged. There is a significant amount of confusion and concerns by both of them about future ‘direction.’ Their attempts to jointly ‘re-commit’ to the relationship and develop, together, an alternative scenario for the future are somehow ‘thwarted,’ not only by the lack of effective communication strategies and attunement, but also by the practical necessity for each one individually to further, either separately or together, their own individual adjustment process.

There is no clear evidence of ‘joint adjustment’ taking place for John and Yvonne either. Their personal adjustment process is also ‘disjunctive’ and although John considers that a

“re-definition” and “redirection” of their relationship “is needed,” this joint work is still to be undertaken. In part, this is due to the short duration of their marriage (five years whereas the average for other couples is 14 years) and to the fact that having married late, they are both still getting “adjusted” to its “demands.” In a sense, they are still engaged in developing ‘shared constructs’ of meanings and the process of developing an identity as a couple has almost been blended in with their redefinition as an ‘infertile couple.’ Also, they laid to rest the idea of parenting together just over a year ago. But there are also ‘divergences’ in their respective baseline positions and thus ‘dissonances’ in respect to their personal adjustment (John being a ‘battler’ and Yvonne a ‘prompt acceptor’). In other words, whereas Yvonne feels ‘relieved’ about their decisions no longer to pursue any avenues to parenthood because ‘it has never been a central goal in her life’ but just something she was prepared to do for her husband, John is only progressively working at ‘letting go’ and coming to terms with the meaning of his own childless status (without a definite biological finality). In this context, he too, expresses concerns about the viability of a childless relationship.

Yvonne disclosed that she feared “at some point” that he could leave her to have children with a younger woman, and that she was well aware that “he was still melancholic about the issue,” but she considers that the ‘joint accommodations’ designed to “fill-up” a childless lifestyle with joint interests and other “family-like” and “social” connections (discussed and agreed upon) are sufficient to define a “new direction” for the relationship:

“We discussed that we were not going to have children and that he would have to accept that, and then whether we wanted to have children in our lives in some way and how to do that, and that is how thinking about nieces and nephews came. So he is quite keen on this idea too. We haven’t set anything in detail but that’s how the idea came. I guess we are a family. Still it would be nice to involve kids, certainly more people around.”

In turn, John who asserts that he has “never been driven to have a child” and “has made sense of what he has, and hasn’t got,” nonetheless feels the relationship needs to be redefined and redirected to acknowledge and compensate for the life he gave up and the child he never had:

“We haven’t had the time to steer the boat in a different direction, to adjust and think about how to do this from the point of view that not having children; we have to look into going in a new direction. I think we really need to do that. We haven’t done the work yet, and this is going to be the challenge ahead; see where we want to go. In fact, I have been asking her what do you want to do with the rest of your life? I don’t resent her for not having children;

it does happen to many couples; but I have talked to her about the fact that generally speaking it is accepted that the most beautiful thing a woman can give a man is a child and that she hadn't done that. For her to at least be grateful for the person that I am, the man that I am... for having me anyway because there is sacrifice. For me it isn't that easy to be married in the first place and I think if there were children, it would be easier because you'd feel that okay the lady has given me something and the agreement between man and woman is that if a woman gives a man a child, he looks after them, he does everything possible to make her feel loved and comfortable and to look after the child and put all his energies into the family, that's the deal."

For John, and Robert, although becoming a father was not at the forefront of their consciousness, there is a strong (unspoken) expectation that marriage will produce children to 'bond' and sustain the relationship and give it meaning and direction. Without this common goal, the relationship comes under serious threat, needs to be 're-evaluated' and its base needs to be 're-defined' or 're-directed.' Due to gender influenced coping styles, and to the lack of finality in their own reproductive life, they appear unable to 'realise,' on a personal level, the meaning of the loss and its impact beyond the relationship. Personal and gender-related differences are also amplified. Consequently, the couple's reality and identity reconstruction processes cannot yet be undertaken in cooperation, as observed in previous cases and where it served to consolidate the relationship by jointly developing alternative meanings.

The patterns of 'make or break,' 'working together through the loops,' and 'redefinition,' illustrate the various ways in which couples, in coming to term with involuntary childlessness, attempt to deal with dissonances in their respective personal adjustment processes and show how these divergences impact on their joint marital adjustment to childlessness. The many factors that contribute to create these specific dynamics include the duration and specificities of their infertility history; the length of their marriage and the extent of commitment to the relationship; their joint resources and history of dealing with similar situations and losses. But the 'differentials' both personal and gender-related, and the relative centrality of parenthood as a means and end of the relationship, appear to be particularly instrumental in shaping the joint adjustment pattern.

Those for whom parenthood was a crucial outcome of their union, and who experienced particular strain in the relationship during the infertility crisis, seem to be faced with a need to 'redefine together' the relationship in order to maintain its viability. In the case of those

for whom children were not a central focus and/or who had a more developed relationship, joint accommodative practices and a general re-configuration of their common goals seem to constitute the central elements of the joint adjustment without the need to re-define the relationship anew. The couples who worked more closely and cooperatively together in this transitional adjustment are also those who shared a similar 'vision' or, as it has been suggested, have developed, to a greater extent, "shared constructs" that enable them to deal with the situation as a unit (Matthews & Matthews, 1986).

These findings do, in large part, validate separate observations made by researchers in the field. They suggest, as Ulbrich et al.,(1990) study found, that spouses often differ in their degree of acceptance and that, on the whole, husbands' attitudes (faster and easier transition) and tendency to be more accepting of childlessness positively influences their partner's adjustment. However, as we can see from the last two cases presented, it is not a foregone conclusion as the 'differential' in baseline positions which dictates the nature and extent of the personal adjustment process might even be, in some cases, contrary to the assumed gender pattern.

It is also important, in this respect, to remember that these variations in the levels of gender's acceptance create additional difficulties. First of all, as we have seen, it can create feelings of anger, disappointment even of 'emotional abandonment' which could destabilise the relationship. Secondly, the different pace at which each member of the couple comes to terms with childlessness, as a personal loss and as a loss within the relationship, ultimately impacts on their ability to engage in joint accommodative processes and goal readjustment.

It appears from this data that, as Camillieri (1980) found, a longer marriage would promote an easier and more cooperative transition. A closer examination of these couples' dynamics also confirms the importance of both an understanding of these gender-based 'differentials' and effective 'communication' amongst partners, as stressed by many clinicians, for couples to successfully negotiate this transition together (Atwood & Dobkins 1991; Eunpu 1995; Myers & Wark 1996; Leiblum 1997b).

Although Leiblum et al., (1998) suggest that infertility does not appear to have a pervasively negative impact on the marital adjustment of infertile couples, the last two cases demonstrate particularly well how the transition to involuntary childlessness can constitute, in effect, a 'critical juncture,' to use Daniluk's expression (2001b). A closer analysis of their process leads to two additional conclusions. The first is that the 'joint reality re-construction' which

is part and parcel of the joint adjustment process does not seem to be able to take place if both partners have not reached a certain level of personal acceptance, worked out the meaning of their loss and find alternative meanings for their own life and for the relationship or, until they have done so. Yet, as shown, in spite of their verbalised acceptance and the 'minimisation' expressed by men in their comments, it is clear that some have not been able to 'realise' their personal loss, in part because gender biological and age factors make it even less 'actualisable' (see my discussion at the end of the previous chapter).

Secondly, the influence of husbands' attitudes in couples' adjustment process is indeed determinant, not only to facilitate spouses' adjustment but in the sense that when they are less accepting of childlessness, men tend to more seriously weigh procreation against the relationship whereas women appear to more readily put the relationship first. This has been found in the patterns of relationship decision-making when spouses have a divergence of opinion in considering a family (Lorber cited in Ulbrich et al., 1990 p. 149) and McDaniel, Hepworth & Doherty (1993), who also suggest that infertile couples are more frequently divorced if the husband wants a child and the wife not than if the situation is inverted¹.

The next section addresses the lasting impact of this transitional process on the couple's relationship.

Still the two of us...and going stronger

The findings of this study concur with the results of previous research indicating that couples' ability to 'weather together' the crisis of infertility can enhance and strengthen the relationship and result in increased feelings of commitment, loyalty, communications and closeness (Ulbrich et al., 1990; Wright et al., 1991; Leiblum et al., 1998).

Irrespective of whether their joint adjustment process had been a close, or more distant, collaborative effort and whether or not the relationship had been 'redefined,' a very large majority of the individuals interviewed reported feeling an increased level of 'closeness' and 'intimacy' with their partner. After the stress experienced during the active phase of treatment, the decision to no longer pursue parenthood provided them with a sense of relief in their interactions. In particular, for those who experience serious medical complications, it

¹ In addition, an American study conducted by Marciano in the late 70s on men's influences on fertility decisions also seems to suggest that where a conflict exists between spouses over fertility intentions, wives are more likely to agree to remain childfree than their husbands if positions are reversed (1978).

became more obvious that the relationship had become their greatest priority.

They examined, in their retrospective accounts, their marriage and relationship, and generally concluded that having experienced this particular form of 'adversity' and 'hardship' together and then 'working through it,' their relationship had become more 'committed,' had 'grown' and 'strengthened.' Many also used comparative assessments to positively rate their relationship, against others, as 'closer' and 'more intimate' and talked about developing a 'new level' of verbal, emotional and physical intimacy with greater cohesion, enhanced communication, and an increased ability to solve problems and disagreements and share feelings.

Garry, for instance, speaks about the relationship becoming "easier" and "fuller" after the tension "dropped off" and of now being reassured that they "have the important things in place like core values and understanding." John, equally, assesses that they are "flowing a lot better with each other." As for Linda, it is a matter of "having developed together "a good understanding" of their needs and knowing that they "share the same core wishes" that has brought them "a lot closer."

Alice remarked that she and Peter experience a "level of communication" and degree of "intimacy" stronger than amongst others they know, which probably would not be achievable had they had children. Ian echoes similar feelings, in comparing his and Linda's "openness" to a "normal married couple" and elaborating on the closeness they have as a result of this experience.

Three of the women also revealed that this increased emotional intimacy translated into a 'freer' and more 'intimate' physical relationship. Alison, in particular, explains this notable difference by linking it with "an increased level of trust." Contrary to Anne (see above) who deplored the loss of physical intimacy with her partner and attributed it to all the "hidden bits," it was quite the reverse for Alison:

"I definitely think it made us stronger as a couple. We were always quite close but we have probably become sexually more intimate as well. It's a very definite difference. It's an element of trust I think, a greater level of trust. We know each other so very well and we have been through the worst thing you can go through, went through this change together. It made a big difference to who we are as a couple."

Amanda describes her experience with Mark as a process of fostering greater emotional

closeness:

“We had to really sit down and try to work out where each other was coming from so we learned to understand each other a bit better. The whole process did challenge our relationship heaps, but it did bring us a new level of intimacy as we were working through it. I feel like we have been together a long time.”

Yvonne, as well, sees the ‘adjustment’ as ‘beneficial’ because “going through this together” allowed them to “clarify what was important:”

“I feel it has made us closer because we went through something together and we each clarified what was important to us even though they are different and there is conflict in the sense that they are different but we were actually able to talk about it all. An adjustment like this can be beneficial.”

Peter and Alistair, speaking about their respective relationships, emphasise the strength of the ties that bind them and their partners:

“We have come out stronger together. The relationship is stronger and we are enjoying each other a lot. There is heaps and heaps of water under the bridge now. It’s pretty good, not looking back from here!” (Peter)

“I have a sneaking suspicion it made us stronger again, that’s what adversity does. It strengthened our relationship, which was already on a strong basis, made us more resilient and gave us a more realistic view of the world.” (Alistair)

But along with expressions of positive feelings of strength, cohesion, closeness and increased resilience that they found in their relationship, the participants also shared with me their concerns about the future implications of being ‘only the two of them.’ I examine these in the following section.

...but only the two of us

From a broad perspective, it is important to remember that the couples featured in this study have weathered (bar one) the ‘infertility crisis’ and engaged in, to a greater or lesser degree, collaborative efforts to promote their joint adjustment to childlessness. Through this process, and for the most part, their marital relationship has been positively affected over the long term, and they have found a new ‘equilibrium,’ with or without redefinition of the basis of their relationship. But in spite of the renewed strength and comfort found in their ‘special

relationship' and their ability to re-envision, with hope and anticipation, a 'happy, fulfilling and rich' future together, and in considering together the 'finality' of their childlessness, many participants also expressed on-going concerns about their future 'vulnerability.' Although they regard their current situation as being 'self-sufficient,' they are also acutely aware that their 'reliance' base (both physical and emotional) is considerably restricted. These concerns (unlike the ones that we have previously examined) do not relate to the long term 'viability' of the relationship or its 'sufficiency,' but deal with the future implications of a more 'restricted' scope of interactions and a limited source of additional support outside of the relationship.

Several spoke of the future 'risks' of this single-person-based emotional dependency and wondered what 'not being part of a family' with a wider connection, support and love base would mean for their future. They constructed the fragility of 'being only the two of us' around a greater threat of loneliness and the menace of a possibly 'thwarted' emotional development.'

John, for instance, talks of his strategy to compensate for not having children around in his dotage:

"You do obviously think about what is going to happen when you get older and there will just be her and me and basically that will be it. So, part of the feeling is that you might be living okay now but that you probably will die lonely is a very real thing. When I am in my 60s, 70s, I will have to find other things to get me off the idea that I will be quite lonely because there would probably² be no children or grand children following on. It is quite important to me. I have mentioned that and that we maybe need to surround ourselves with other people."

Mark echoes similar concerns:

"When you are in your older age, I suppose the threat of loneliness that sort of thing is important. When we are older, for us there will just be the two of us, even one of us; those sorts of things are real issues you think about."

Robert's sentiments are the same though 'development' is also an issue:

² The use of the word 'probably' in this statement is another indication of the fact that, as earlier suggested, for John there is no sense of absolute finality about his own childlessness.

“There is always the fear that you will grow old and be old and lonely, become bitter and twisted because you have got no family. That’s a real issue I guess, a real concern I do worry about.”

Alice, also thinks strategically about the implications about childlessness later in life:

“I go through stages where occasionally things will bring it back, like not so much the child issue as just having people around me because sometimes it’s relatively lonely. It would be nice to have someone closer here. It’s like in the movie ‘About A Boy,’ you need more than two people if something happens, you need more than two people like in your life, really close. I worry sometimes if something happens to me; he will be left on his own and you think you really need someone else as a backup but maybe we can remedy that; like having significant others a bit closer I guess.”

Celia, who has just gone into retirement, is already experiencing a taste of what life may be like in old age without children:

“There is like an increasing sense of missing out on family life, like around Christmas. As I get older I just feel an emptiness that I did not feel before; it’s this thing about being part of a family...it occurred to me that even a nobody is a somebody because somebody loves them. I don’t think I ever thought consciously of family like that but as you get older and it’s only the two of you it’s not like a real family is it? The other thing is people who don’t have kids who do they turn to in their old age? I know people don’t have them so that they would look after them in their old age, but I can see that’s what happens, so who can you turn to?”

Alistair ponders the issues of ‘generativity’ as well as the tenuous nature of being solely dependent on his partner in future and vice-versa:

“You come to this branch and it just stops...but then even thinking about it what does it mean? What will it mean when I am my father’s age? It means that it’s just going to stop there but I guess ours is not the only one. The fact that my interaction might just be with my wife for 80% of my life, when I come to the end of the process hopefully, I’ll think, maybe I spent 80% of my whole life with one person and enjoyed their company and we have done things together and had a good time. The only thing that worries me is that if it is only her and I, we don’t have these responsibilities, anyone to be responsible for so, if something happens to each other like if I fall apart or she falls apart, we will be left alone to fall apart...I guess it also teaches you how to be strong and bounce-backers.”

The comments made by participants, in this respect, might reflect perceptions of real

vulnerability, but are also indicative of the powerful cultural associations that exist between childlessness and loneliness/neediness in old age. Yet research that compared older parents and the childless in terms of their levels of well-being, life satisfaction, and isolation has revealed that there are no significant differences between these two groups (Connidis and McMullin 1999). Some studies suggest that there are greater 'risks' for older involuntarily childless women, with a higher 'regret factor' (Alexander et al., 1992), and frequency of depression and feelings of loneliness (Callan 1985; Koropecj-Cox 1998). Our knowledge about differentials in common life expectancy clearly has to be factored into examining the relative concerns and risk factors of both genders in childlessness. But research has also underscored that it is marital rather than parental status that is the most significant buffer against the threat of childlessness in old age (Zhang & Hayward 2001) and that women have a greater tendency to maintain, and thus provide, social support for the relationship. Koropecj-Cox (1998) further elaborates this point by showing that the reason why men perceive this status as less threatening in old age is because, for them, it is essentially the presence or absence of a spouse which defines their social resources.

It should also be noted that in this study women tended to emphasise more feelings, regrets and a sense of 'missing out' on a what they more clearly define as a 'family role' and connections, whereas men were essentially concerned about the significance of the relationship dissolving through illness and death. But both genders equally voiced practical concerns about loneliness and the potential lack of support in old age. The apprehensions they verbalised across the board dealt not only with their personal fears of loneliness but also with the responsibility they feel for each other's well-being and with the 'fragility' of a two-person unit. They also included the desire to find or involve other significant persons in their life in order to increase the possibility of other enriching connections and to reduce feelings of loneliness and of anticipated dependence and vulnerability in the future. It stands that, on the whole, women in this study appear to have developed and maintained more extensive separate social and support networks than their partners, which may explain why the fear of loneliness was a greater feature in the concerns that men expressed.

Summary and conclusions

The divergences and discrepancies in the way each partner perceives the 'problem' and goes about their own personal adjustment does create some degree of difficulty, which can endanger the partnership. Couples' joint adjustment process can thus be seen as a

superimposition and interaction of several distinct 'individual' and often 'gendered' elements, such as coping and relating styles and a varying strength of desire or commitment to parenthood, which render the synchronisation illusory but create a critical dynamic. In other words, it is those 'divergences' that shape particular patterns of joint responses and determines couples' adjustment strategies. Their need to 'redefine' the relationship and together re-construct alternative life goals depends, largely, on the level of their individual as well as joint commitment to parenthood and may, or may not, as this study shows, need to be approached as a compulsory task.

Whereas for some a 'redefinition' or even a 'redirection' of the relationship appears unnecessary and accommodations are sufficient to sustain and justify its very existence, for others there is a need to more systematically review the basis of an 'un-reproductive' partnership. On the other hand, couples' experiences of infertility and of the process of adjusting to childlessness does appear, in the majority of cases, to create enhanced communications and to lead to the development of greater intimacy and a renewed commitment. Involuntarily childless couples do, nonetheless, also face the specific challenge of dealing with a perception of 'additional vulnerability' touching on their core existential purpose and impacting on the ways they envisage a future together within the 'only the two of us' scenario. This is even more significant in the context of how involuntary childlessness is experienced in the social context which is discussed in the next chapter.

These insights into couples' diverse dynamic patterns of joint adjustment processes are also a valuable framework for social workers, relationship counsellors, psychotherapists, and clients alike. They provide an additional tool for the identification, recognition and understanding of the particular needs and requirements that drive couples' adjustment. They also point to the need to resolve potential conflicts through the understanding of the specific dynamics that affect their own and joint adjustment work, foster collaboration and ultimately promote strategies that can consolidate, through communication and the understanding of differences, the viability of childless relationships.

CHAPTER 9

‘Encounters with the Other Kind’

(the social dimension of involuntary childlessness)

As significant as the processes of individual and couple adjustments to involuntary childlessness may be, these are conditioned and influenced by the social and cultural context in which they take place. In a world centred around families, and one which promotes the values of parenthood, infertility and involuntary childlessness are often experienced in terms of isolation, marginalisation, stigmatisation and by difficulties in finding a common ‘identity currency’¹ and an appropriate ‘positioning’ to support the efforts engaged in during this transition to reconstruct or maintain a positive and valuable sense of self.

According to the infertility literature, feelings of loneliness and of being misunderstood are key components of this non-normalcy experience (Atwood & Dobkins, 1991; Callan & Hennessey, 1989; Daniels, 1993; Daniluk, 2001b). Whilst social support has the potential to act as an effective ‘buffer’ against stressful situations during this ‘crisis’ (Abbey et al., 1991a), interactions with the ‘other kind’ (ie, parents) also can demonstrably produce a range of ‘negative effects’ (Abbey et al., 1991a; Leiblum et al., 1998) resulting in ‘withdrawal,’ ‘disengagement’ and ‘social avoidance’ (Bergart, 1997; Daniluk, 1988; Epstein & Rosenberg, 1997; Mahlstedt, 1985; Menning, 1980). Recent research has also highlighted the intersection of ‘symbiotic’ social discourses on social expectations, the value of biological identity, and the legitimacy of medical power and illustrated how they contribute to the construction of childlessness as stigmatic (De Lacey, 2000; Greil, 1991b; Letherby, 1994; Lisle, 1996; Miall, 1986; Tyler, 1995; Veevers, 1980), with the voluntarily childless portrayed as ‘selfish,’ ‘immature’ and ‘irresponsible’ and the infertile as being a ‘failure,’ ‘desperate’ and ‘pitiable’ (Franklin, 1990; Letherby, 2002). See Chapters 1 and 2 for further discussion.

Yet very little is known about the ways in which the social context impacts on the transition couples undertake, and how it affects their ‘adjustment’ and the ‘reconfiguration’ of their identities, as individuals or couples, and how they experience and manage this status.

¹ By ‘identity currency,’ I mean that the most normative way of identification amongst humans beings, and women in particular, is through parenthood as it creates instant ‘bonding’ with the assumption of a likelihood of experience. It allows people to locate themselves within recognised discourses and practices. In the absence of such recognition (currency), the involuntarily childless have to find an alternative identifiable ‘currency’ for identification to allow them to enter the conversational space and participate in social interactions.

In this chapter, I highlight the social dimension of the participants' 'lived experience' and consider how interactions with the 'other kind' (ie, parents) impact on their adjustment process. I show that social encounters are perceived as recurring challenges and 'costs' beyond the period of infertility and well into the transitional process. I also discuss how these interactions constitute an on-going 'battle ground' in terms of identity constitution and currency and for social positioning. I illustrate their efforts to deflect stigmatisation and seek recognition for alternative or more complete identities and show how, in the process of attempting to construct alternative life narratives and identities, they appropriate, transform and/or resist society's dominant discourse about parenthood and childlessness and struggle to find a more representative 'middle ground.'

The 'costs' of social interaction

The themes that feature in participants' comments on the social dimension of their experience of infertility and childlessness focus mainly on the negative or 'cost' impact of interactions. In most cases, the experience of social encounters has been, and still is for many, a continuous challenge for the reason that these act as a 'destabiliser' because of the 'pressures' the childless perceive they are under to question or challenge the decision to no longer actively pursue parenthood and 'move-on.' Furthermore, as well as being regular 'triggers' and 'reminders' of loss, social encounters also reinforce a sense of 'difference' in the childless and feelings of 'alienation' and 'exclusion' and, importantly, take place in a cultural context in which their positive identification and positioning is complex and often perceived as 'unsatisfactory.'

The notion of 'costs' that I have constructed around their comments thus captures several themes ranging from feeling 'pressure to conform' to 'grief triggers' and a 'reminder of missing out,' and including 'exclusion' as well as 'stigmatisation' and identity work. I will review the first of these in the following section and stigma and positioning in the second.

Pressures, triggers and reminders

Many participants evoked, at length, memories of 'pressures' which they felt subjected to from others including family and friends but even 'perfect strangers.' In most cases, it was earlier following the discovery of their infertility and whilst actively pursuing parenthood that they remembered feeling the strongest pressures in the form of 'inquisitive questions,' 'gratuitous advice' and 'insensitive' or 'derogatory' comments. Older couples handled it with

greater emotional distance and even a degree of amusement but for those in the younger age group (see Chapter 4), these insidious pressures had greater impact and ‘currency’ and appear to have generated further confusion and frustration, thus impinging on the adjustment process.

Oliver and Ian recall ‘pressure’ they felt from “all sorts of people;” from “anyone and everyone;” “always hinting,” ‘incessantly questioning,’ “dispensing advice,” and saying “it’s about time.” Alison also vividly remembers how “hard it was” to see that everybody “seems to be waiting.”

It was experienced as a particularly insidious and challenging form of ‘pressure’ at a time when they were weighing up options and pursuing treatment but had chosen not to disclose their circumstances to strangers, colleagues or even family. However, over time they appeared to have become progressively more comfortable in disclosing their situation to significant others and, importantly, as some reached an age when questions about fertility intention lost relevance and the sense of being ‘out of step’ with peers began to fade.

For women who had not yet reached the milestone age of 40², however, significant ‘pressures’ were still felt both from the medical establishment, and from friends who had become parents themselves and would not ‘accept’ their decision to abandon the pursuit of parenthood. Three of the younger women, in particular, described how difficult it had been to resist and fight the ‘encouragements’ from others, and the resolve that it took to remain steadfast in their decision considering the message they were receiving that seemed to suggest that ‘they couldn’t live without it.’

Alison faced pressures from all side not to give up:

“People were disappointed for us; said we would make such lovely parents. They kept pushing for us to try again. Even friends who had trouble getting pregnant themselves kept asking. They should know better; why do they push other people? There is also the pressure of ‘what is a woman without a child?’ That whole thing; and at work the messages from older women were kind of you should have children; you will be a better person as a mother.”

Amanda found it just as hard to live with the cycle of hope that doctors promoted as she did the scrutiny from those closest to her:

² See my discussion about the age criteria in chapter 4.

“The medical team kept saying ‘it’s looking really good; the odds are good; excellent candidates (her and spouse)’...well, not helpful! We also got a lot of negative comments from people and opposition from friends and family members when we decided to stop; ‘you just can’t stop now...you are still young, should keep trying;’ that sort of stuff! That made it really difficult. After all, it’s our decision to make; it’s our life; and it would have been nice of them to accept it and to be happy for us that we are moving on...other people are so bent on you having a family!”

Exposure to these reactive ‘pressures’ seems to have affected participants’ ability to reach a sense of closure following their decision; to maintain it without re-consideration, and to move towards acceptance. They experience these incidences as a lack of validation for their choice (giving-up), thus negatively impacting on their attempts to ‘adjust’ and to re-create a positive childless life scenario (amongst cultural messages that equate childlessness with ‘less’).

Many referred, as well, to the ‘trigger factor’ in interactions with others, explaining that social gatherings were sometimes experienced as ‘painful’ and ‘difficult’ because it touched on their ‘grief,’ ‘reminded them’ of their loss and of what they were ‘missing out on.’ In some instances, participants even disclosed that they continued to practice selective ‘social avoidance’ in order to distance themselves from these vivid and painful ‘triggers’ and ‘reminders.’ Those who had more recently abandoned the quest for a child, described their constant ‘vigilance’ with the topic and their attempts to avoid questioning and to manage their (as well as other’s) emotions in ‘normal family settings.’

Anne, for example, who struggles to come to terms with her childlessness, explains the strong reactions that social gatherings trigger:

“There are still moments when I see families and get engulfed with rage at how unfair it is that they can look so happy and we missed out...I hate going to certain events with all these families having a lovely time. Happy, happy families all around; it makes me rageful.”

For Amanda, the ‘social scene’ is equally challenging; both inquisitive and sensitive. She is “gradually working out” ways to handle questions and “fit in,” but she carefully assesses, on a case by case basis, her ability to deal with “emotionally charged” situations even though she is comforted in the thought that it may get easier with time:

“I find it difficult in the social scene. People are curious so it’s their curiosity on a sensitive subject; it’s hard to handle. Also, to go places where there are all these kids; lots of couples

with kids; it's hard to fit in. For the moment, I find it painful; maybe when I have separated from the emotional pain, I might be able to talk about it; but for the moment it's still painful to go there. I am gradually working it out; some things like mother's day, it's tough; and I don't do, like, go to baby showers and things like that; maybe down the track...but now it's still too much of a reminder. I am taking care of myself; I don't do these things; I don't want to be surrounded by baby talk; it's not good for me and there are questions and things I don't like from people. It makes me feel awkward inside; still touching on my grief and my pain. All these little things get triggered about the fact that I won't get this experience; it's in my face big time!"

Alice, too, is still in the process of working out "boundaries" and finding ways to maintain "emotional safety" by keeping the right distance from such 'triggers.' She can already measure substantial progress and feels mostly "okay" but there are delicate situations in which she fears that she might "lose control:"

"Sometimes I don't cope with it very well; I still get upset, when someone in our circle of friends gets pregnant, for example...it all comes up and I feel I have to remove myself."

Alison also continues to find it "difficult" but she has been able to move from 'avoidance' to 'confrontation' with her resolve to prevent "bitterness." Yet there are still clear limitations to her participation in family life:

"It was hard for a while, especially around pregnancies in the family. I wanted nothing to do with that, avoided it, but then I didn't want to spend the rest of my life saying it's not fair. Sure you felt like that when you saw them with a child; but then we put it into 'I refuse to be bitter.' Later, when a friend got pregnant it was like a real; 'how do I deal with this?' So it took me a little while to see her and meet her but, in the end, you have to fight it because you keep hearing all these stories about people being bitter and not being able to deal with children. You can't avoid children. But I still find it hard sometimes; difficult, like I probably don't hold young babies anymore."

Even for Celia, now 54, who put the idea of parenting to rest many years ago, social and family gatherings have been, and continue to be, a "sad reminder" of the "family life" she does not have:

"It was seeing the family life I could see my friends were having and other people were having that we were missing out on. It's a sense of missing out, of how nice it would be if it were different. Not exactly painful but sad...even with older people now I can see how

much joy they get out of their grand kids. It brings on some kind of sadness. I suppose as you get older you appreciate it even more.”

But women are not the only ones for whom encounters with the ‘other kind’ and family gatherings bring a sense of ‘discomfort’ by reminding them of what their lives might have been like if they had had children of their own. Peter, for instance, openly acknowledges having practiced “social avoidance.” He recalls a phase of withdrawal, “pulling back” from situations that would remind him of his loss as well as the challenge of “dealing with babies.” He assesses that this is now ‘behind him’ but there are still moments of vulnerability as he explains, and the “social scene” does not exactly provide the emotionless and careless time he longs for:

“I went through a period in the adjustment process of coming to terms with not having kids; I pulled back and was less family orientated; rather go for a walk or read a book. It’s hard to be social with people who don’t understand what you are going through ...you just can’t do that. That’s not where we had planned to be and I sort of resent that if I can’t...not being there. Part of turning off all those dreams and stuff you go through; there is a period where kids; you are not interested, you can’t, but I don’t worry about it that much now. I am personally quite fond of babies; going there is not always easy but when you manage to, it’s good. I remember what it was like, how hard it was being close to the baby. Kind of ‘I can’t allow myself to enjoy you too much otherwise I’ll still want to have kids.’ I think it’s changing with time; back to the normal social circles but there are times still, if you had a hard week, for instance, all you want to do is escape; have some social time; forget it all but then all these issues hit you in the face again you know. I wish we were moving on quicker but...”

Several of the male participants also spontaneously expressed the view that social gatherings tended to generate introspective feelings about their own life, some sense of regret or nostalgia - ‘it would have been nice’ - and the clear awareness of being on the margins. Their comments about social encounters do not carry the same insistence on triggering grief but contain, nonetheless, components of emotional work in association with social encounters. Ian, for instance, talks about “progressively getting used” to that emotional exposure:

“We are pretty used to see our friends with their kids; they are all grown up now and we just accept them but when they were little...well I used to think sometimes about it; what it would be like being a father... you often think when you see other fathers with their kids and you think if I had a kid what would it be like? I guess it’s natural, you do think these things

but as you go through life and become older and wiser you sort of don't put so much emphasis on it."

For Oliver, there is no expression of pain, even serious regret, because the issue was put to rest long ago and he has 'never allowed himself to dwell on it;' but interacting with other parents remains regular nostalgic reminders of what could have been including the provision of easy grounds for interactions:

"Seeing and hearing other people with their kids, talking about their kids, gave me a sense of looking back, thinking it would have been nice. At some stage, it might have been important, I sort of felt it would have been nice, maybe I felt I might have missed it...but at the same time I can't say I dwelt on it in a big way. Now when they talk about their kids who are now achieving or going to Uni or whatever they are doing...I think at this stage of my life if I had my kids...only in that sense that I would be able to talk about my son or my daughter, their achievements."

Alistair also concedes that such reminders instill, in him, a sense of disappointment but he is also quick to point out that he does not engage with it nor, in general, does it bother him:

"It's just a sort of a disappointment when I see a baby or people with kids but it's no total 'what it would have been like'...you think about it and have a bit of a debate about what the outcome for us would have been like...a combination of both of us. I think about it when I see a baby or a friend gets pregnant but I am not that fussed about it."

It is clear that the perception of these specific 'costs' in interactions with others, and the withdrawal response these invite, is less pronounced for men than it is for women, and also attenuates with time. It does, nonetheless, constitute an important component of the experience of involuntary childlessness, well beyond the initial 'infertility crisis,' and one that impacts on both resolution and adjustment.

Marginalisation - a persistent sense of alienation and exclusion

The sense of alienation and exclusion felt in their encounters with 'the other kind' features as another of the important themes in the participants' accounts of their experience. Infertility but childlessness, too, seem to have left them discouragingly 'out of step' with their peers and induced a sense of marginalisation. Their status is experienced as 'socially reductive,' leaving them feeling like 'outsiders' on the margins and excluded from social networks, and working hard at 'fitting in,' until at a later stage the 'issue' begins to lose some relevance and, with the

cycle-like evolving lifestyle, they come to somehow more closely 're-align' with empty-nesters and to recover some sense of normalcy in their social life.

In many instances, 'becoming childless' and accepting it, has generated, by way of social encounters, an acute sense of isolation experienced as a 'great divide' between parents and non-parents. Participants, particularly the younger ones, came to the realisation that they were 'out of step,' being 'deserted' by friends or having 'lost them' to parenthood. Parents are perceived as 'others,' distant, non-available, (as understandably but nonetheless regrettably 'obsessed' with their children) and their conversation makes them feel like 'outsiders.' They also strongly articulate their feelings about having 'missed out' on the bonding and networking opportunity created through parenthood.

Mark, for instance, reflects on the distance that has been created with friends who have acceded to parenthood:

"The friends you had that have children now, you find out how much they have changed and now they are just obsessed with their kids and you also see how burdened they are. I think some people with children become a little self-obsessed, that's all they can think of. I suppose there is a little bit of a divide when we are with a lot of other couples with children; what they do at school that sort of thing and at work, for instance, they get a bit of a lofty opinion of themselves when they have children or if they are pregnant they think they are the only ones to ever do it and it's a great achievement and that sort of things."

Peter also expresses regret that friendships are hard to maintain. Interactions with young parents are alienating and, at times, unsatisfying but he is hopeful that things will get easier as their kids grow. However, there is also the realisation that, in the longer-term, relationships (and 'networks') are being created and maintained around kids from which they will remain 'excluded:'

"I just really resent that with us not having kids we lost contact with our old friends and stuff like that... I work quite hard at still fitting in. It's a problem with families; they are orientated towards their kids obviously and so they should be, but it means that there is always going to be a gap because our priority is not going to be their kids. Hopefully, as they get older, they don't take so much time and it will get better. Now it's hard to make conversation but hopefully it will change. I think it's a bit of an issue in family situations. It's difficult for the parents to concentrate on what you are talking about for long enough, and you are not going to talk about their kids all the time but then after they also establish a big circle of social

contacts through their kids, create a huge network of friends that way and you get left out of that.”

Oliver echoes similar sentiments and his statement about “having less space” powerfully encapsulates the feeling of loss and alienation experienced:

“It did affect our relationships with friends; they got tied up with their kids; they lived their lives around their kids as you would expect. People talk about their kids, they talk about what their kids have achieved or done or what they are going to do with them and so on and, in a sense, you kind of felt ‘I am missing out on something here.’ In a sense, there is less space for you because they made more space for their children and they lived through that and as demands with their child took on more of their time, they kind of went their way and we went our way.”

Many of the participants also expressed the sentiment that, as childless, they felt they had become ‘less attractive’ to others (parents, friends and new relations) and ‘claimed less space’ in family and social circles. Men expressly regretted ‘missing out on the social networks’ generated through children and experienced a sense of ‘not belonging’ or ‘being on the margin.’ Women echoed similar feelings of ‘being on the margins of social conversation’ and ‘excluded from the mothers’ club.’ For them, this sense of exclusion also brought about self-awareness of what some perceive as their own lack of ‘credibility’ or ‘inability’ to contribute to these conversations.

Missing out on social networks

In the following excerpts, Ian and Oliver express feelings about what they see as missing out on the ‘parents’ network:

“Some social situations, group situations, make you feel excluded, isolated. Because you don’t have kids, they sort of ignore you a bit. They will just cut you out of the conversation because you don’t have children. You find that people who have kids look at people who don’t differently. Because these people have kids together at school, they see one another a lot so; we know them all but they see one another more than us; kids interact; they go to school functions...” (Ian).

“There is that sort of distance, I guess, being normal within the group; you had your own kids; you would fit in with that, it’s a system. When you are parents you get together often because your kids are playing together. Kids are a very good social network through school and all that and in some way I think we have missed out on that social network.” (Oliver).

John, on the other hand, reflects on the challenges of establishing new friendships as a “less attractive” childless couple and the not-so-temporary nature of marginalisation:

“Sometimes you never break through, you are always on the outer-core and never in the core, you feel left out, you feel as you are not on the same wave-length...we can’t be friends because we are in a different group, so to speak, and that obviously is difficult. You have to acknowledge that the issue is there and will always be there; you won’t be able to break into the circle of people who have got children because they naturally want to put their energies in something else. I guess it is natural for families who have children to be more attracted to families who have children; they put in more energy into getting to know them rather than us because there is some bonding. We are, like, in a different group and that raises some concerns...”

Amanda, although ‘sympathetic,’ also realises that there is some permanency in the being ‘out of step’ feeling and that they have become “lesser candidates” for friendships:

“There was this friend once, she mentioned that she is not going to be friends with that other person because their kids are older and I thought ‘it’s all around kids,’ you know. And I thought ‘we don’t have a chance because we don’t have kids.’ I suppose that’s where they are at and I can’t blame them but...”

For Peter, as well, the sense of exclusion from peer networks is unequivocal; being childless means a no-man’s land; being “cut-off” and not “fitting-in:”

“I wonder where we fit. You are a shag on a rock! Definitely cut off very much. I can see around us families with boys always playing football and cricket and they have a huge network of friends and stuff, and you get left out. They have a lot of good social contact which is not that easy to establish when you are by yourself; kids are a great avenue for that. That’s one thing I sort of think I am missing out on. Having your own kid is where you fit into the culture and the social environment and you meet all the parents at school and make friends in the community, lots of things.”

Although he is eager to minimise the overall impact of this ‘exclusion,’ Mark also remarks that without children, there are significantly less avenues and opportunities for socialising:

“Well, we don’t have social clubs that sort of thing. I suppose you do build up networks through the children, their school friends, sporting clubs that sort of thing...however, I am not sure it’s such a big issue...in a way we are quite happy with the way we are.”

Out of the ‘mothers’ club’

Women’s comments about social marginalisation are more specifically focused on exclusion from the ‘mothers’ club’ and the sense of ‘inadequacy’ that encounters with mothers tend to generate. Alison comments that “not having little Johnny” makes her feel, at times, “isolated or excluded” from conversations. For Alice, social occasions with gatherings of mothers, or mothers-to-be, generate an acute sense of “not belonging anywhere;” neither in the ‘mothers’ club’ nor with the childfree whose experience of alienation is assumed to be ‘different.’

“These women; baby conversations; they make you feel quite left out. In some instances I feel absolutely, totally left out and I feel I don’t belong anywhere...I don’t belong there but we don’t belong with people who have chosen not to have children either. They might go through something similar but it’s doesn’t feel the same...we just don’t belong anywhere.”

Anne’s frequent exposure to lunchtime ‘baby talks’ at work is experienced as a reminder of this ‘huge thing she has missed out on’ and leaves her feeling “left out” and “lacking in credibility.” She describes the duality of the feelings experienced in these encounters with the ‘others;’ with both a desire to validate their experience of motherhood and a strong sense of alienation which fuels and reinforces negative self-evaluation:

“I feel like there is a club that I am not in it. I can’t. It’s such a huge thing that I will never know anything about I’ll never be in it...and part of me, really wants to respect it, value it, and make sure that it is acknowledged for them; and the other part is kind of thinking, just feeling a little left out, I guess, and wondering... in my head they are better than me in a way to put it bluntly because they really understand about parenting.”

Linda, equally, is made aware that she has “definitely” lost the opportunity to “properly” join women’s most common form of ‘bonding,’ and this resonates significantly with the sense of “not belonging” that has regularly punctuated her life experiences. However, she also reflects on the fact that it is not so much ‘exclusion’ from the group as ‘self-exclusion’ on the basis that ‘she feels she has nothing to contribute,’ which also renders these exchanges less meaningful and satisfying:

“I definitely feel that I have missed out on the mothers’ club, for example, at work. I feel I have nothing to contribute to their conversations and I feel out of it; out of the group because I can never be part of it because I am not a mother. Essentially, I feel I don’t have anything to say, to contribute. Interestingly, some talk to me about their children and the problems they have with them and that makes me feel at least they are not excluding me and

they think I must have a perspective. So that I know, it's me, but I do, it is that sort of I don't have anything to offer, bring to this, I don't have a common bond because I don't have a child, so the conversation is about what happens, that's all. It's a 'not quite' belonging and I guess I am conscious of that because I had always had a sense of kind of being outside, not fitting the mould and not belonging."

Even Elena who, admittedly, 'does not (or no longer does) think of herself in terms of having/not having children,' is still occasionally 'reminded' of her difference and her 'lack' of credentials and 'legitimacy' in the area of 'parenting advice:'

"Sometimes at work, I feel left out. Generally, I don't think of myself as having/not having children in a big way in my work or with friends but in my job, sometimes, they talk about their kids, about being a mother, so just sometimes there I think I am still being reminded. It feels a bit left out, well, not so much left out as I can't make any legitimate comments here, like, I don't have the credibility in this area."

Amanda's experience of being 'on the outside' is also real, but she analyses, in a circumspect manner, the relativity of that marginality and concludes that it has its own dynamics in social consciousness, allowing her to challenge stereotypes and strict criteria of normalcy and inclusion:

"I feel excluded, sometimes, but it doesn't bother me that much anymore because I don't think I am in the only group that is excluded because I think about other groups and experiences of single mothers, for instance, they cop it; unmarried women, they cop it in social groups; gay lesbians, they cop it. So it's made me more aware of what being on the outside feels and I don't think that's a bad thing because I think then kids, families all that sort of stuff that you get on the TV, the stereotype you know, what it's like to be on the inside...I do think there is an experience of being on the outside but I don't necessarily think it's a bad thing. I think it makes me aware that there are other groups out there, too, and maybe we should look at what our views, what our stereotypes are, culture in our society."

The emotionally charged comments made by these women about 'marginalisation' amongst their kind, confirm that the negative impact and social 'cost' of childlessness is something that they experience in a more pervasive and, perhaps, less transient way than may be the case for men as it is one that more directly affects their 'social identity' as valuable women/mothers.

Discrimination

Along with the examples of 'exclusion' and 'marginalisation' experienced, several participants also mentioned cases in which they felt, in some ways, 'discriminated' against as non-parents. Although this is not a dominant theme in their accounts, it is worthy of note in relation to ascribed 'valuation' or, rather, 'devaluation' of the involuntarily childless and the experience of this social status.

One of the participant's stated, for instance, feeling 'devalued,' and having "greater" and "unjustifiable expectations" placed on her because of 'childlessness:'

"You are not a family unless you have children so, and even at work, I get things like that it's discrimination in a way. They have got kids so that is all right. They can have that time off, get Christmas holidays because they have a family, like, and you don't, things like that. 'Well, you can look after this because you don't have kids;' it's just like persecution at its best! It's just like only the hard nosed childless..."

Several other respondents also mentioned cases in which interactions with parents generated a sense of 'worthlessness' because 'parents' seemed to construct their skills and experience as 'essential,' to life and to 'handle' children:

"People keep saying things like 'oh when you have kids you will understand; when you have your own kids you will understand'...like I am just going to get that enlightenment because I have had a child!" (Alice).

"My sister has two kids, and we have often offered to have them down here; look after them; but it's a case of she just wouldn't; because we don't have kids so the assumption, therefore, is that we wouldn't know how to do it...right!" (Ian).

These comments clearly suggest that for men as well as women, exclusion and alienation from the social world are key components in the way the transition to permanent involuntary childlessness is experienced and that they continue, for some time, to experience the social world and encounters with the 'other kind' with a considerable degree of apprehension, frustration and disappointment. Encounters with 'others' are essentially perceived as challenging, unsettling and alienating and, in effect, do not seem to promote adjustment but, on the contrary, negatively stress differentiation and induce a sense of devaluation.

But three additional observations need to be made in relation to the foregoing comments. First of all, it is noteworthy that the experiential accounts of men are formulated around the social experience of the couple more than in terms of personal feelings. They do, nonetheless, also emphasise the social nature of their loss. Secondly, if this feeling of ‘alienation’ is unanimously acknowledged by all, the importance attached to this ‘negative’ aspect of childlessness varies amongst individuals (as Mark’s comments above suggest) and seems to be less pronounced for men. This concurs with Abbey et al’s (1991b p.81) findings that, in this respect, “men are more likely to comment that they are not particularly influenced or affected by their interactions with other people.” Also, their experience of involuntary childlessness is more ‘compartmentalised’ and less pervasive than their spouses (Wirtberg, 1999). I discuss this point in more detail in the following section. Thirdly, time seems to be a critical factor in social ‘re-adjustment,’ with social ‘difficulties’ featuring more strongly as a theme in the accounts of the younger participants and those who have more recently abandoned the pursuit of parenthood like Peter and Alice, Mark and Amanda, and Alison, than the others. For the older group of participants, these ‘challenges’ and ‘aggravations’ are evoked in terms of the past tense, suggesting that they have lost currency and wilted with the passage of time. Based on their comments, it can be argued that the feeling of alienation, of ‘being out of step’ with peers and ‘being unable to reconcile friendship with different lifestyles’ with other parents, eventually fades. Along with the voluntary re-emersion into the social scene that follows the attenuation of feelings of grief and loss, and an increasing sense of comfort with disclosure which, as Miall (1986) suggests, has the potential to dispel feelings of guilt and shame and indicates a greater integration and accommodation of childlessness³, this social re-adjustment is also facilitated by the lessening of peer pressure and questioning beyond a certain point (Sewall, 1999), and by their re-alignment with peers as they begin the next phase of their lives as ‘empty-nesters’ (Rowland, 1982).

It remains, though, that ‘pressures,’ ‘reminders’ and marginalisation only constitute a part of the ‘problematics’ of the social dimension of this experience. Conversations and casual encounters are also perceived as ‘treacherous waters’ to navigate where in lay the many traps of stereotyping with negative attributions, which render identity work even more complex to sustain.

³ Miall’s study on reactions to involuntary childlessness stigmatisation (1986) suggests that a change of strategy from concealment to disclosure is linked with an increasing sense of adjustment (therefore openness).

The traps of social conversation

In this section, I show how social encounters with the ‘other kind’ contain another form of recurring challenge in terms of seeking a positive and more accurate self-representation. Unable to ‘announce’ parenthood as a normalising and valued identity currency, the involuntarily childless are, in interactions with others, often confronted with inquisitive questions and prejudicial assumptions about their ‘childfreeness.’ Whilst they use a range of strategies to respond, rectify their position and deflect stigmatisation, disclosure as a way of ‘justification,’ is not always appropriate or ‘comfortable’ as it also carries another set of negative assumptions articulated around the notion of ‘desperateness,’ which they strongly resist.

I will firstly illustrate how they respond to this stigmatisation and experimentally navigate the conversational space between these two opposite constructions of childlessness and then, using the interview as a ‘positioning’ exercise, demonstrate their attempts to seek not only a positive but a more ‘real’ representation of themselves and of their experience.

Association with the voluntarily childless

Commonly, interactions with others and new acquaintances, in particular, meant that participants were, for some time, faced with questions and/or assumptions about their childlessness status. A recurrent concern was that others would assume it was the product of a deliberate choice thereby obliterating their feelings and experience and, most of all, representing them as ‘selfish.’ Questions raised by people were perceived as ‘unsettling’ and comments ‘upsetting’ and ‘prejudicial.’ Feelings of ‘envy,’ perceived or conveyed by the ‘luckier parents,’ also contributed in adding discomfort to these dissonances.

One of the participants, for instance, described her disbelief and anger at being directly asked: “Are you one of those selfish people who won’t have kids?” Others also recalled specific instances in which they felt victims of cultural prejudices against the ‘childfree’ and resented this undue sense of ‘disapproval.’ The younger women, in particular, expressed their frustrations at others’ continuous attempts to ‘label’ them against the ‘parenthood’ norm. Yvonne and Amanda experience this questioning game as already fraught with negative assumptions:

“You feel like people are trying to place you when they ask questions; try to put a label on you...are you a mother? A career person? These seem to be the choices. I am neither, really, but they probably assume I am one of these selfish career women!” (Yvonne).

“I don’t like these attitudes and assumptions, it’s upsetting. There are these labels and if you don’t have kids there are things like you are selfish.” (Amanda).

Similarly Alison shared her resentment at feeling others ‘sizing her up:’

“Why do you have to be measured up in that way? People obviously measure themselves on children and that’s how they are measuring everyone else around. I guess if you don’t have them you fall into the stereotype as well...yes we are so selfish.”

As for Mark and Linda, they also observed that behind these critical and false assumptions lay some disjunctive feelings of ‘envy’ about their assumed ‘carefree’ lifestyle:

“People make assumptions; probably think that you are doing it for selfish or financial reasons. If you don’t have children, you are sort of selfish and made a deliberate decision because you want to keep your lifestyle...yet that’s your general comment ‘how lucky you are, you don’t have children’ so you can do this and the other, you can afford a nice house because you don’t have children and so on.” (Mark)

“I sense that there is, sometimes, an assumption that it has been a deliberate decision; people thinking ‘oh but you are working, you are a career person, you have your career and you don’t want children to interrupt your life and also well it’s the life I really would like to have if I didn’t have children;’ something like that, well they should think twice...” (Linda)

Whether perceived as judgmental or tainted with envy, the questioning and common assumptions of ‘choice’ made by others about their childlessness are experienced as negative and dissonant interactions because this leaves little room to manoeuvre and to counter this stereotyping apart from disclosure which, as we will see later, also poses its own set of challenges.

Before elaborating on the strategies that participants use to deal with these ‘unwelcome invitations’ to ‘situate themselves,’ and on the ways in which they attempt to deflect this particular set of negative attributions, I wish to remark on the fact that although male participants equally refer to instances of ‘childfree stigmatisation,’ they stress that they often choose to ignore it and ‘not worry about it too much.’ They do comment, however, that

their spouses ‘take it harder’ and are more affected and ‘rattled,’⁴ thus suggesting that internalisation of the childfree ‘stigma’ with a sense of ‘deviance’ and guilt is more common amongst women because their social identity is generally defined, ‘measured’ and recognised through motherhood (De Lacey, 2000; Morell, 1994; Sandelowski, 1990b; Woollett, 1991). Their comments, captured in the following segment, show nonetheless that they also deal internally with these attributions.

Strategies of response and deflection

The participants respond to ‘inquisitive questions’ about their status and to perceived negative attributions with a range and often a ‘combination’ of strategies which are inspired by their baseline position and beliefs, as well by the social contexts. They experiment with ways to disengage from this sensitive and private topic, and challenge or deflect stigmatisation by ‘re-setting’ false assumptions. Some rationalise their childlessness and attempt to justify it, others opt for selective disclosure and, at times, use humour and the embarrassment factor to pre-empt explanations. But it is clear from their accounts that this strategy (though perceived as potentially effective) is not a ‘comfortable’ one as I will illustrate in this section. One of the most important features of their engagement in social encounters remains their struggle to seek ‘appropriate’ recognition in interactions, which are experienced as a ‘double bind of stigmatisation.’ Their efforts to deflect the childfree stigma, through disclosure, often result in a need for ‘emotional management’ and a situation where they risk being exposed to another set of negative attributions.

Those who had experienced, more distinctively, a temporary ‘voluntary childless’ position through ambivalence appear to have ‘sharpened’ their arguments and found ways to deflect stigma by recasting the meaning of ‘selfishness’ and turning it on its head. Celia, for instance, highlights the contradiction between the experience of parenthood promoted by others as ‘wonderful’ and the notion of ‘selfishness’ that supposedly results from this ‘deprivation:’

“People used to say things about being selfish and I’ll say well if it is so wonderful you have to wonder about why I am denying it to myself; what does that mean that I am being selfish?”

⁴ Several of the male participants, themselves, remarked on the gender differential in the social experience of involuntary childlessness. They noted that conversations about children were part of ‘women’s world’ whereas they, instead, were rarely questioned, and related to their male environment in other ways. They also indicated that they were less concerned and affected by people’s judgment than their spouses. Alistair, for instance, stated: “It’s different for her; she has the pain of what is expected of her as a woman. People talk about it all the time; you are not a real woman until you’ve had a baby, all that sort of stuff.”

Yvonne also remembers that, from a young age, she was inclined to challenge the rationality of the association between childlessness and selfishness:

“The selfish thing is the one I have felt but actually remember as a little girl thinking what if you want a child isn’t that selfish too?”

Oliver turns the issue of selfishness back on others as well questioning the motivations of those who ‘desire’ a child, at all costs:

“Maybe people think you are selfish if you haven’t got kids but I reckon some people are selfish about having kids as well; they have to have them like it’s a commodity; they don’t realise they have to be bigger than themselves and I think that’s where some of them fail.”

Others, like Amanda, work at internally challenging the rationality of these assumptions. If she is not able to influence community’s views directly and escape ‘judgment,’ she can reflect on their internalisation of ‘guilt’ in order to find a way to “live the benefits:”

“I noticed with all this a sense of guilt and once I noticed, I could reflect on it. It’s not rational to feel guilty because you are not parenting, because you are not adopting because you are not giving back in that kind of parenting role. It’s okay to enjoy the benefits; you don’t have to feel guilty about it and people shouldn’t make you feel guilty about it. You cop it a little bit from the community; you know from someone who makes a comment like it’s okay for you, you don’t have two kids...it can come from within yourself but also come from the community and maybe we should look at what our views, what our stereotypes are you know, culture in our society.”

Defensive disclosure, with humour and the ‘shock factor,’ are also strategies that many participants reported using to avoid assimilation with the ‘childfree.’ In doing so, they attempt to ‘set others right,’ and challenge conventional assumptions about the naturalness and normalcy of parenthood. Ian and Peter, for instance, report using brief disclosure to diffuse potentially sensitive situations and take amusement from turning the ‘embarrassment around:’

“I don’t care that much what they think, whether we couldn’t or wouldn’t but if you just tell them ‘can’t have them,’ then you watch them crawl under the table...works for me.” (Ian).

“When you get a bit of a handle on it, it’s a very nasty talk for steering people.” (Peter).

Alison, equally, delights in the thought-provoking silence that follows a disclosure:

“If you say that you can’t, it makes them shut up...it’s great fun.”

She anticipates, with irony, the ‘reaction’ of women who, in contrast to herself, she describes as ‘traditional’:

“They would ask me how many kids I have and if you say none, they would ask why. I laugh thinking that I am going to tell them I can’t have them and watch what their faces do (laughter). Oh boy! It makes them shut up pretty quick.”

Celia evoked the memory of an incident in which she picked-up on the comments made by an ‘insensitive’ friend about non-motherhood:

“...she was saying one day ‘well a woman is selfish and a nothing if she doesn’t have kids.’ I told her: ‘well, should I kill myself now (laughter)?’ She was mortified.”

Alice, like Alison, resents having to ‘situate herself’ in this way, and admits that she finds that jokes and disclosure are often the best answers to ‘disarm’ an enquirer or even make them feel ill at ease:

“There was this time I was talking about our wedding anniversary and was asked how many kids I had. So I said I have 10 (laughter). Sometimes, I find the question so intrusive. Why does it have to be like that? Why do you have to situate yourself related to children or not having children? Sometimes I try to make them feel bad and I say ‘can’t have them’...I remember one particular instance with a doctor I said it. Obviously, it made him feel bad and that’s why I said it because I wanted him to feel bad.”

However, if disclosure can be used as a tool to keep casual enquirers at bay or regain the upper hand in social conversations, it also has the potential, in more significant encounters in particular, of re-assigning other negative attributions to their social identity. As the following excerpts show, disclosure is often perceived by the participants as a ‘risk.’ In some cases, the reluctance to disclose is due to personal feelings of shame and inadequacy (internalisation of stigma) and, in others, to the residual emotions attached to the topic. But it is also strongly related to the ‘awkwardness’ of others’ reactions with potential negative effect from further encouragements to pursue parenthood to ‘fussing around’ or ‘pitying.’

Alistair, for instance, uses selective disclosure (when appropriate) and justification to distance himself from the ‘childfree stereotype,’ but he also stresses that it has taken him time to

become more comfortable with disclosure including ‘getting over the feeling of being diminished.’ Furthermore, in his work, he is careful to limit these explanations to ‘those who are not likely to be bitter and twisted in a judging way:’

“There are quite a bit of people saying you are selfish if you don’t have children. But I don’t think we are selfish because we had rational reasons for not going further, even though I don’t necessarily go into that with everyone. I am starting to feel more comfortable talking about it. Maybe some find it embarrassing because they feel diminished in some way, but we are both over the point when it’s failure in our lives, or whatever, because you can’t control it. Maybe being comfortable talking about it takes a while. But eventually you get sick of people asking you the question. I tell them that it wasn’t an option for us and I tell them I didn’t choose that option. I’ll tell people at work, for instance, for as long as they are not bitter and twisted in a judging way. I want to put people at ease; I don’t want people to fuss or behave differently; but you can’t also always presume what the response will be.”

Alistair’s comments highlight the complexities of ‘positioning’ against the two sets of negative attributions that surround the notion of childlessness. Although he is keen to state that childlessness was not ‘their choice’ but circumstantial, he remains circumspective in his disclosure for fear of both judgment (as he also has to disclose the nature of ‘his infertility’) and because he does not want others to express ‘bitterness’ (presumably some form of sympathetic response yet likely to be experienced as dissonant) or ‘fuss.’ For Linda and Amanda, disclosure is also perceived as one of the best lines of defence yet they find themselves unable to use this justification casually. Linda states that she is ‘bothered by these assumptions’ and stresses the need to ‘find justification, wherever she can, because it (childlessness) is not a position that is well understood in the community’ but finds herself unable to ‘engage’ in the topic with strangers:

“I wish I could actually confront these assumptions and say it’s not because I didn’t wish to have children; it’s just the way it has worked out, but I don’t. I still can’t do, like, say hello my name is Linda and I can’t have children. I still don’t do that...only people who are close know.”

Similarly, Amanda hopes that she could reach a stage when there would be ‘no pain nor shame’ and freely explain her circumstances but she is equally concerned about people’s reactions of ‘pity:’

“When I am detached from the emotional pain, a bit more distanced, I will explain because I think it’s important to educate this narrow view; for people to understand that not everyone

can have children; but right now I can't. I couldn't talk about it without feeling it. I'd like to get to a position where I am comfortable enough to say 'we can't have children not every couple can.' I would love to be in this position because there would be no shame about it; being open and comfortable with it. But one thing is sure I don't want people's pity I hate that."

For Alice disclosure remains equally tricky:

"If you tell them, they go 'I am so sorry for asking' and you feel like...God just leave it alone! If they knew what it's like, they would be sympathetic or wouldn't ask."

Alison, on the other hand, admits that she used to find it easier to say 'don't want them' but felt that she had to change her response because 'it wasn't fair to their decision to keep pretending that she never wanted children.' Yet, as she experimented, the result of her disclosure was often a false assumption about her own fertility status which she resents and disputes, but also an 'embarrassment' or a 'change in behaviour' from others wishing to protect her feelings, coupled with the assumptive notion that 'something is missing in her life:'

"I used to find it easier to say 'who wants kids? I don't want my own children.' But then one day, after I got fed up of being asked by this man at work why I wasn't a mother, I told him 'I can't; stop pushing me like this.' I realised it wasn't fair to keep pretending so now I always say 'we can't.' I say 'we can't have children' and then, often, it's an interesting reaction because people automatically think it is the woman. I often have to explain because it is of interest for people to know that there are other things happening. Sometimes, also, people who find out get worried about it and your emotions and you have to say 'it's all right, I am not going to burst into tears or anything' but it's interesting that for people who have children, they think there is something missing in your life, because you don't."

Jane is one of the few who are relatively at ease with challenging the stereotype, in part, because she does not see infertility as a 'failure,' but also largely because, at 47, she assesses that others will possibly no longer place her as a 'desperate' 'not-yet-pregnant' woman and 'assume' that she has 'integrated' childlessness into her life:

"People make the assumption because I have an established career, high profile and I am childless that I had made the choice between career and kids and I have always been very careful to make sure that people know that's not the case. Not because I don't think that's a valid choice but I think that this is a stereotype that I chose not to propagate. So when

people ask me if I have any children I say ‘no I am infertile’... I don’t want people to assume that that is a choice that I have made...what happens next depends on who the people are. But for me, I don’t see being infertile as being inferior or a failure. I see it as being let down by my body, that’s a different thing. I am fundamentally honest, so if someone asks me, I say it as a matter of fact way. I am 47, so hopefully people don’t think, like, I am desperately trying. They look at me and think ‘she is in her mid forties, getting on with life, she says it as matter of fact it’s something she has integrated in her life.”

The information management strategies participants employ to deflect stigmatisation and negotiate a ‘more positive label’ vary according to audiences but also appear to depend on their degree of adjustment as well as the extent to which they have internalised the ‘voluntary childless’ and ‘infertile’ stigmas. The participants are acutely aware that they are operating from ‘within’ the dominant ideology of parenthood which they neither dispute nor militantly challenge in the way voluntarily childless do (see, for instance, Marshall, 1993). Whilst some have come to regard their childlessness as having benefits (as part of the adjustment process), they still resent, and attempt to address, erroneous and judgmental assumptions others readily make about their status. In some instances, disclosure is used to invoke sympathy, understanding and as a ‘justification’ but this strategy remains strongly perceived as ‘risky.’

It is also particularly interesting to note that the damaging impact of disclosure is not so much felt by the participants as exposure to judgment and discredit in the form of ‘failure’ or ‘bad’ attributions associated with infertility and involuntary childlessness, as Miall’s (1986; 1994) work suggests, but as a risk of ‘pressure,’ ‘emotional management’ and excessive pathologisation or pitying by others. In other words, what the participants are confronted with after disclosure is closer to what Woollett (1996) refers to as the ‘mad’ ‘sad’ or ‘desperate’ designations or syndrome attributions⁵.

It is also evident, from these comments, that this tricky ‘social identification’ game is a particularly challenging experience for women who appear to derive their ‘main,’ ‘positive’ and ‘recognisable’ identity from motherhood, and get caught up in this dual bind with disclosure resulting in another form of stigmatisation around the stereotyping of ‘desperation’ and ‘lack of,’ as the childless term suggests, and encounter no alternative viable

⁵ It is important to remark here with regards to the ‘time factor’ that these findings also concur with previous research. In line with Miall’s findings (1986), participants in the older age group (as suggested earlier), including those for whom the finality of childlessness had been established for a longer time and who had become ‘more comfortable with it,’ were far less or no longer preoccupied with issues of recognition or any of these two forms of stigmatisation. These findings also concur with Lang’s (1991) observations of older childless women who, as they have been able to redevelop an identity as childless or use other ‘expanded identity’ currencies later in life and are more contented, become less concerned with social stigmatisation and the judgment of others. Elena’s statements reflect, particularly well, this ‘shift’ when she says: “Maybe I used to think that there was something wrong with us, but maybe it’s part of growing older, now I think this is how we are. That’s it!”

identification currency as non-mothers (De Lacey, 2000; Exley & Letherby, 2001; Letherby & Williams, 1999).

In this respect, the findings of this study concur with previous research which suggests that there might be significant differences in the way involuntary childlessness is socially experienced by each gender. It confirms Wirtberg's conclusions that social effects are 'more far-reaching' (1999), and more pervasive and more directly felt by women than by men because motherhood has greater centrality to their identity and role structure (and, when achieved, becomes a central identity in ways that fatherhood does not) Ireland, 1993; Stanton & Dunkel-Schetter, 1991a). In spite of the fact that modern women are able to develop many other important identities, and find other sources of fulfilment, it remains socially the central 'recognition and validation role.' Non-motherhood or childlessness can, in this context, also become for women a central (Morell, 1994) or single dimensional social identity of "damage" and "desperateness" (Letherby, 2002a) largely because, in our current cultural context, women remain measurable and measured almost exclusively against this 'valuable' norm (Morell, 1994) and there are no acceptable identity alternatives to mothering (Letherby, 2002a; Letherby & Williams, 1999; Woollett, 1991).

The examples that best illustrate this 'positioning struggle' and what De Lacey (2000) recognises as the 'cultural silence of non motherhood' identified by the lack of subjective position for involuntarily childless women in social discursive practices, are the comments made by two women about 'being measured' and 'situating' themselves in ways that do not refer to either reproductive achievement or failure:

"Traditional women measure who they were by a man and they measured themselves by a child. I never have but I just wonder whether it's something you are measured up by, the ability to have children, to reproduce." (Alison).

"Why can't I situate myself like I am, Alice; I am a professional; I am studying; this is my life; I live with my husband and two dogs and I am very happy with my life; or why do I have to situate myself like that (in relation to having children) at all?" (Alice).

Men's experience of involuntary childlessness seems, in effect, to be more compartmentalised (Wirtberg, 1999). Although they refute, dispel and challenge the stigma of voluntary childlessness as well, their accounts of the social experience of involuntary childlessness essentially focus on the fact that they have missed out on an experience (that although constructed as attractive or acceptable has not yet been developed through

socialisation as a formative part of their identity and features marginally in their social identity) and, on the social networks that are built around children.

To further illustrate the difficulties participants experienced in finding not only a more 'acceptable position' but a more 'accurate' and 'complete' representation of themselves and their experience between the two negative cultural constructions of childlessness, I use the interviews process as an example of their attempts to negotiate identity and recognition. In the following section, I show how in conversation focused around self-definition in regard to parenthood, they attempt to reconstruct through comparisons that distance them from the 'stereotypical' definitions of the childfree and the childless, their identity and narratives, and how they strongly resist the construction of 'desperateness.' To some degree, the challenge they face is that there is no cultural middle ground between the two negative and extreme poles around which childlessness is articulated, yet there is significant scope in between to encompass diversity.

Neither childless nor childfree - and resisting constructs of desperateness

As a preamble, it is noteworthy that none of the participants used the word 'childfree' to describe themselves or their status. As noted earlier, in spite of the recommendations for good resolution which promotes a voluntary and empowering decision to 'remain' or 'become' childfree' (Carter & Carter, 1998) the participants in this study described their transitional journey as including a series of gradual and negative decisions resulting in a progressive sense of 'letting go' (see my discussion in Chapter 6). I also illustrated, in the previous section, their concerns and efforts to seek recognition and resist assimilation with the voluntarily childless. They not only wish to dispel the characterisation of being 'selfish' but also do not recognise themselves in this qualification because, at best, they have learned to live with the prospect of childlessness and worked at putting in focus, valuing and even coming to appreciate the benefits of a path which they had not elected to take. Even those (men in particular) who, like Garry and Mark, embarked on the quest for parenthood with some degree of resistance to 'go along with their spouses' wishes' and were initially concerned about not losing the benefits of their existing lifestyle, do not regard themselves (either individually or as a couple) as 'childfree.' In part, the childfree position is one that the participants strongly resisted in interactions because, as Safer (1996) points out, if this term has gained currency as a way to destigmatise childlessness, it also contributes to the denial that a loss is involved.

They very rarely used the word ‘infertile’ (except for Jane who, as we saw, regards infertility as a body rather than a person failure) or the term ‘childless,’ either, in their accounts. In essence, they defined themselves as ‘wanting but not able to have children,’ which is in itself an indication of the challenges they encounter in finding an appropriate expression for their experience and maintaining an un-stigmatised identity in social settings. As I showed earlier, their attempt to distance themselves from the stereotypical depictions of the infertile and childless is motivated by the need to deflect another set of diminishing attributions as well as avoid reactions of ‘pity.’ Their comments also clearly indicate that they do not recognise themselves in the cultural and media representations or narratives of involuntary childlessness which support the notion of desperation (Franklin, 1990).

In their accounts, and throughout the interview process, they strongly resisted, negotiated and challenged the construction of their identity around a notion of ‘lacking’ and of ‘desperateness.’ They did this in a number of ways. First of all, using accounts and tales of others’ desperation to situate themselves in the spectrum of desire (for parenthood) and affect (of childlessness) and, in doing so, moderated and nuanced their position. Secondly, by emphasising that they would have been good parents and have children in their lives, and connection to the new generation. They also stressed the need for other aspects of their identity to be taken into account and recognised, including through their other forms of ‘contributions’ to society.

The following comments illustrate how, in conversation with the researcher, they attempt to open the space between these two stereotypical representations (childfree/childless) in search of a more neutral and accurate representation of their personal identity, largely influenced, but not necessarily ‘shattered,’ by their involuntary childlessness journeys.

Elena, for instance, considers that there is ‘no fit,’ childless does not reflect her emotional state nor the richness of her life and her sense of satisfaction with it, and ‘childfree’ conveys the idea of choice that she does not feel she has made:

“Childless is not right; it implies something missing; but childfree doesn’t feel right either. We didn’t decide not to have children, rather, we let go and agreed that we could be and were a family as we were. Plus we have children in our lives and connection to the new generation.”

Although Elena is occasionally ‘reminded’ of her childless status, she essentially sees herself as ‘just part of the stream of community’ and as ‘a generic mother rather than an individual

one.’ In the following comment, she stresses the limitations of her commitment to parenthood (constructing it against desperation) and emphasises the multi-dimensional aspect of her woman’s identity:

“There are people who have to have a child, one way or another, and if they can’t they adopt; that’s what they need to do whereas I wasn’t like that. I do a certain amount of things and that is it. I think what is important (for us as women) is to see ourselves as much more than the procreative part; and so seeing the whole of who we are. And also I think that a positive thing, too, is relating to creativity. How creative we are; how much are we expressing our feelings in other ways. I guess for some people childbearing is one but it is also important whether we do or do not have kids to be in touch with that part of ourselves, expressing ourselves.”

Amanda does not recognise herself, either, or her experience, in these qualifications. Although she refers to her attempts to identify with the ‘childfree’ as a positive choice, she stresses that she does not view herself as such because she is connected to many children:

“I read about it and I like the idea of ‘enjoying the benefits’ and becoming childfree’ but that’s not it. I am actually not childfree because I work with kids; I have a lot of kids in my life, so that’s not it. And, my first option was obviously to have kids; it’s important. But life has taken another path...it’s another path so we’ll go on this one and have a good life. And that’s how I feel; I have a good life. I focus on what is in my life rather than what is not. I focus on what is there.”

A number of other participants also used examples and depictions of ‘other’ desperate infertile and childless people to offer me a measure of what the experience of involuntary childlessness had ‘truly’ been for them. John, for instance, uses this comparative argument to situate his and their experience. His comments are designed to put ‘childlessness’ into perspective and to stress that he has come to terms with it:

“I guess it’s one of those people who desperately wanted to have a child from an early age and for that sort of people it must be terribly difficult because all your energies are focused on that and that becomes a very big part of your life and struggle. Other people, too, are paranoid about having children and if they can’t, it rules their lives. We were not like that; desperate like that. I suppose all I can say is that if I had been a man that was driven to have a child like that, I probably wouldn’t have given up that easily.”

Celia also compares the sense of the growing sadness and loss she has, and continues to

experience, with what she has seen portrayed through the media:

“Sometimes you hear people interviewed on radio or on TV and you really feel for them. They say they see a baby and they are almost sick about it. I have never been desperate or affected like that.”

Ian, as well, measures the impact of childlessness by comparing their wish to have children with the ‘driving desire’ he has observed in others, thus dispelling any notion of ‘desperation’:

“I have no idea what drives people to want, in that deep way, to want to have kids. I don’t know.’ This woman (providing an example) left everything to have a child; it was something she really had to have. We are not like that; just don’t get that emotional over it.”

Similarly, Oliver talks about ‘others’ who seemed prepared ‘to do anything’ for a child and for whom this experience would have been shattering. In the process, he situated himself and his partner as ‘adjustable’ and ‘adjusted’:

“I think some people would do anything, including leaving their spouse, to have a kid; it’s outrageous but it’s because they have such a driving desire to have a child; that’s the main thing and anything else doesn’t matter, it seems. I think it’s so strong for some people, but not for us; we lived through it and because for some people it’s so very important, they dwell on it; whereas it hasn’t eaten me up or anything; hasn’t become such a major issue. It’s kind of, I moved on, but some people are consumed with these things; feel like a failure, or whatever; but it wasn’t like that for me.”

These examples used during the interview process are attempts by the participants to locate themselves in opposition to the only two stereotypical positions that are offered to them in conversation. On the one hand, the selfish, career orientated, ‘child hater’ who is voluntarily childfree and, on the other, the desperate pitiful, incomplete and sad ‘childless.’

Caught up in this dual bind, they resist categorisation and descriptives that fall short of capturing the complexity of their experience and position. This is a particularly challenging task because, as Exley and Letherby (2001) suggest, it is important, on the one hand, to have their involuntary status recognised and, on the other hand, they wish to avoid the ‘master status’ it implies and the one-dimensional aspect of its depiction. Furthermore, there are currently no positive ways to represent both their experience and its implications in terms of identity and development, nor its diversity.

Although the childless ‘pole’ is one that more accurately represents their true intentions in

relation to their acceptance of the parenthood 'norm,' their parenting intentions and the fact that childlessness is the product of circumstances rather than a deliberate choice, there is a concern that is clearly expressed about a categorisation expressed around 'desperation' and potential emotional outpourings. In this respect, most of the participants also expressed their reluctance to involve themselves in infertility support groups. Whilst they recognised the benefits of the 'normalisation of feelings' to be found in meeting people in a similar situation through such groups, they do not, or no longer do, identify with expressions of grief and outpourings of emotions and, in most cases, they reject it as not accurately describing their feelings and position.

Finally, many participants, in their attempts to locate themselves and develop their identity narratives in relation to parenthood/non parenthood, stressed the fact that they would have been 'good parents.' De-differentiation and the engagement with the underlying stigmatisation of the childless are also reflected in their comments about their ability to parent and the 'good parent metaphor.' To quote only a few:

"...some people are such, what looks to me as, uncaring, abusive, horrible parents to their kids and I know we would have been fantastic." (Anne).

Robert who, in the course of the interview, also expressed his earlier ambivalence strongly argues:

"It would have been very easy to be a father at that point in time; I am sure it would have changed the way I live; I would have been a good father and I would have been very happy about it."

As for Oliver, it is important that no doubts remain about their ability as 'well adjusted' people to parent:

"In a sense, for us, it was forced on us but I think we are very well adjusted and I think we would have been very good if we had kids. We would have been very good parents; very good parents I think; it would have been terrific; kids would have gained a lot but that's what happened so."

Summary and conclusions

This chapter has discussed, in some detail, the social aspects of involuntary childlessness and I have shown how the experience of adjustment to this status is influenced and rendered more difficult by a cultural context in which interactions are polarised between the ‘haves’ (parents) and the ‘have nots’ (the childless). Although the negative effects of marginalisation, stigmatisation, and positioning seem to lessen with time (and life course progression), and social re-adjustment eventually occurs for most, the perceived effects of negative attributions during the transition to involuntary childlessness are significant. In particular, this chapter has demonstrated how the participants experience the social world as ‘alienating’ and ‘intolerant,’ and the ways in which they are compelled to both resist and challenge current categorisations and depictions of childlessness (around the dual pole of ‘selfishness’ and ‘desperation’) in which they do not recognise themselves.

The findings emphasise, in particular, the difficulties women (more than men) seem to experience in finding an alternative self-identification or ‘identity currency’ amongst their peers and in developing other life scenarios in which a positive sense of self can be socially presented and maintained.

From a clinical perspective, it is essential that in the reconstruction or reconfiguration of identity that the involuntarily childless engage in, as part of their adjustment process, we promote and enhance, through our interventions, their ability to ‘foster’ even ‘forge’ an identity that is resistant, can counteract social pressures and deflect stigmatisation.⁶

From a cultural point of view, there is a need to develop and promote more appropriate definitions and terminology around the experience of childlessness, both voluntary and involuntary, although it has not been the specific purpose of this thesis to do so. These definitions should more accurately reflect the experience of this group, their trajectory and its positive developmental implications.

⁶ Even though it may not be through a childfree ‘choice.’

CHAPTER 10

New insights and understandings: The transition to involuntary childlessness as an alternative developmental pathway - My conclusions -

In addressing the two fundamental research questions at the core of this study (see Chapter 1), the issue of adult development stands out as a crucially important theme in the lived experiences of the involuntarily childless especially in how they come to make sense of this experience and construct their alternative life and self projects. It has a significant bearing in terms of our intellectual and clinical understanding of involuntary childlessness and so, in drawing the threads of this study together, I will discuss the developmental dimension against the background of existing theories on the 'normative' course of adult development (based on the notion of the 'life cycle' including the centrality and social dominance of parenthood).

Clearly, our conventional concepts and understanding of adult development cannot be applied to the involuntarily childless without perpetuating the stereotypical constructs that label them as 'inadequate,' 'incomplete' or 'pathological,' hence my argument in support of the need to recognise the transition to involuntary childlessness as an alternative developmental pathway (as legitimate as any that traditionally defines 'normal' adult development) by which they take their place in the 'concert' of human existence. In the second half of this chapter, the values and limitations of this study are considered and I review the key findings in terms of their clinical and research implications.

The missing elements

The aim of developmental theories has been to develop a better understanding of transitions, or stress points, which induce human growth and maturation in a normative life course. However, developmental approaches largely overlook 'alternative pathways' ignoring the childless couple as a permanent unit of family. Nock (1979), as well as Rowland (1982), for instance, argue convincingly that these theories, by equating mature development with family and off-spring, are simply excluding, from observation, an important proportion of individuals who, through their own choices or through circumstances, do not attain the consecrated 'status passage' to parenthood.

Furthermore, the generalisations of family life-cycle developmental theories carry the underlying assumptions that those who do not parent, do 'not fit' this developmental perspective and are somehow 'stuck' in the childless family stage with no access to the unique formative and developmental opportunities provided by parenthood and, thus, to further developmental stages.

Following the logic of these arguments, then, people who do not parent would be condemned to an arrested development and to remain immature and, this is, as we saw in the previous chapter, a recurrent theme in the stereotypical portrayal and stigmatisation of the childless status.

Simpson (1966 p. 68), for example, contends that children are meant to play an instrumental role in the development and fruition of adults and that childlessness would arrest the development of potentiality, or 'fail to bring out facets of adult personalities,' and result in 'atrophy in emotional development'. Although it would appear that the pro-natalist bias of our societies might have lessened, and that attitudes towards childlessness have become more tolerant since he wrote those words, the comments made by several participants in this study indicate that such notions are often internalised and constitute one of the elements dealt with in the process of coming to terms with childlessness. For instance, a respondent voiced specific concerns about "ending up shrivelled, undeveloped, self-obsessed and immature" and "not really knowing how to give." Another expressed the belief that having a child makes an individual "develop and grow in a different way" and "polishes you."

The non-access to parenthood would also be, according to Erikson's theory (1959), a strong impediment to successfully negotiate the main tasks of middle and late adulthood, namely, intimacy and generativity.

Yet several questions can be raised in this context. What is it about parenthood that triggers and promotes individual growth and maturation? Does becoming a parent necessarily imply development or is it merely an opportunity for growth? Moreover, does remaining childless mean that development is stunted or arrested, or are there alternative developmental routes?

As indicated earlier, we know a lot more from empirical research about the impact of parenting on children's development than about the developmental impact of parenthood on adults (Palkovitz, 2002) and some researchers question whether becoming a parent necessarily engages issues of identity development for all parents (Franz & White, 1985).

Relatively more recent examination of psychological implications of parenting for men indicates that generativity is shaped by the need for symbolic immortality (often an agentic rather than a communal form of generativity at first (Holland, 1998)), and that the experience of parenting is likely to serve as a foundation for the achievement of generativity at midlife development (although it is not in itself a sufficient condition) (Snarey, Son, Kuehne, Hauser, & Vaillant, 1987). Palkovitz (2002) adds that fatherhood affects men's development in particular in the domain of the 'Self,' with changes in dealing with emotions and concerns about longevity as well as in the social dimension and that it prompts them to critically reflect on experiences with their own father.

From the family life-cycle point of view, the effects of the transition to parenthood are presumed to entail changes in identity and a shift of role which impact on the marriage relationship as well as on family and other relationships.

In reflecting on what they felt they had "missed out" on, participants in this study indicated that the notion of parenthood was for them essentially constructed around concepts of 'intimacy,' 'connection,' 'love,' even 'fun' and of 'existential purpose' rather than in developmental terms. Yet in their observations of 'the other kind,' they stressed that having children seemed to fulfil an important function, both in the social dimension of life as a source of 'status' and in the more personal dimension as a source of 'pride.' Their comments, in this respect, indicate that they shared the common belief that parenting is 'life-sustaining' and can serve an important function in enhancing and maintaining individual self-esteem and a positive self-concept through mediated 'achievements.'

Parenthood as a development opportunity rather than a developmental imperative

What remains constant in the theoretical assumptions is not so much the notion that parenthood is a necessary step for human self-development but the fact that parenting is a functional status in the life-cycle and a 'role commitment.' In that respect, it represents a developmental opportunity for both genders as it can promote growth and a positive self-construct, facilitate self-reorganisation, and provide a vehicle for generativity. In time, it also can encourage life review and appraisal (which are typical tasks of adulthood and middle age), in terms of continuity and legacy. This does not, however, automatically imply that the developmental tasks of middle and late adulthood are necessarily and infallibly completed

through parenthood.

Van Manen (1997 p. 59), in his phenomenological approach, stipulates that when confronted with questions regarding a 'lived phenomenon,' the researcher should return to the etymological roots of the word used to describe this lived (or, in this case, 'unlived') experience. He states that the word 'parenting' derives from the Latin term 'parere' which refers both to concepts of 'giving birth' and 'bringing forth.' Its meaning lies in the context of 'originating' as well as 'being the source of,' in procuring and preparing. These notions are strongly apparent in the concept of generativity developed by Erikson (1959). Whilst Van Manen (1997), himself, described fatherhood as a personal transformative experience, there is nothing in this terminology to suggest that parenting is a necessary, or the only, route to development and that similar levels of development cannot be achieved through alternative forms of generativity and connectedness with the world.

There is no denying the impact of parenthood on adult development. What can be challenged, however, is whether the influence of parenting on development can be generalised. The media provides daily examples of 'immature' and 'irresponsible' parenting, and having children cannot, in my view, be regarded as a condition of mature adulthood. If it provides opportunity for growth and self-development, this opportunity is not always taken. My contention here is to regard parenthood as an 'opportunity' or 'an avenue' for growth and maturation, rather than the only 'normative' pathway to development and maturation.

More to the point, what I wish to demonstrate here is that infertility and involuntary childlessness should be seen as a developmental transition which has the potential to induce, through adversity, comparative or even enhanced growth and development and, as such, needs to be recognised.

Some researchers argue that 'non-normative' experiences (such as infertility and involuntary childlessness, in this case) can considerably alter the way the life course is experienced, and lead to significant changes in the normative developmental pattern (Baltes & Reese, 1984). Crisis and adverse circumstances, in general, are also thought to constitute 'opportunities for growth' (Lee, 1995).

Mahlstedt (1985) was the first one to argue that infertility, in spite of being a serious emotional crisis, can be an opportunity for growth. Several empirical studies have also indicated that participants came to see this crisis as 'life-changing' and 'transformative.' They

reported having achieved a sense of ‘growth’ through the ‘re-structuration’ and consolidation of their self-construct. Bergart (1997), for instance, notes that participants in her study described positive changes such as an increase in maturity and coping ability as well as modifications in their assumptive world. Similarly, Gonzales (2000) suggests that infertility may be seen as ‘a transformational process’. Daniluk’s (2001b) participants also referred to the transition to biological childlessness as a formative process of ‘reclaiming the self,’ as inducing resilience and creating a sense of ‘being a survivor’. Ireland (1993), equally, constructs the identity work and the ‘creative labours’ of the childless women she interviewed, as an alternative form of women’s adult development.

The references to development, growth and maturation, as a result of this transition, also abound in this study. Irrespective of the extent of their own experiential adjustment process, all the participants mentioned, in their own words, that they felt they had learnt a lot and grown more ‘mature’ and ‘bigger’ through this experience either personally, or as a couple, or both. Amanda, for instance, refers to her transformative process as ‘growth and opening up and growing through other parts.’ In hindsight, she sees that dealing with such a “core etching issue” has been an opportunity to grow “big time.”

Oliver talks about finding, through this, a way to grow his “spirit and soul,” and Elena mentions “the emotional development and growth that went in this process.” Several of them also referred to diverse aspects of growth in terms of becoming more ‘acceptant,’ ‘resilient,’ ‘stronger’ and ‘bouncers-back,’ and developing a more ‘realistic,’ ‘accepting’ and ‘tolerant’ view of the world. The work many have done in reworking, or reconfiguring, their identity as infertile, or as a member of an infertile couple, and in reaching self-acceptance, is also framed in terms of ‘movement,’ ‘evolution,’ ‘maturing,’ ‘growth’ and ‘development.’

Coming to terms with the inability to reproduce constitutes, for many, an existential crisis and a developmental transition in which individuals powerfully address (as we have seen in the last three chapters) both individually, and jointly, issues of intimacy, life-goal reappraisal, assumptions about the world, and generativity. Even though this development trajectory cannot be mapped in the same way, and through similar parenting ‘passages,’ stages of ‘personality growth’ and ‘self-actualisation’ are evident. In that sense, the outcome of the

transitional process of adjustment to childlessness is similar, or even greater, in terms of the human maturation process.

In this study, growth and development are illustrated through the participants' comments, around a number of themes which suggest that not only have they dealt with the developmental tasks of early and middle adulthood but also begun, for most, to address the developmental tasks of late adulthood. This appears to have been achieved not merely through the passage of biological time (although it can be argued that some of them are indeed in the middle-age part of their lives) but, in my view, through the 'existential' crisis brought about by infertility and involuntary childlessness. These developmental tasks that have been accomplished by those individuals can easily be equated to the developmental tasks of adulthood that many perform through the experience of parenting. In addition, many individuals and couples, in this sample, have already addressed some of the tasks that people commonly face much later in the course of their lives. Some, for instance, have already dealt with the final discontinuity of their own lives, developed a sense of finality and envisaged (even prepared for) their own mortality, not only metaphorically (through the loss of 'genetic immortality') but in real terms, as well. In the coming section I further develop this argument around the themes of identity development, emotional development and adaptability, life review and generativity.

Identity development and the re-working of adult self-concept

I have shown, in the last three chapters, that 'identity work' has been an important component of both the individual and the couple adjustment process, particularly for women, for the 'battlers' and for the couples who worked closely together through this process, as self-identity was re-worked and, at times, redefined concurrently on a personal level and within the relationship. Although the extent of this 'work' varies in intensity and in form (from transformation to reconfiguration and integration), depending on the place that parenthood identity has taken in their constellation of identities (as illustrated in Chapter 7), it is clear that all the participants have developed, through this transition, a high degree of self-knowledge and understanding, as well as self-acceptance. Just like the participant in Daniluk's (2001b p. 442) study who states that out of this "found me", many of the respondents in this study mentioned that they had got to 'know themselves' a lot better or were a lot clearer on 'their stuff' and on 'who they were.'

In some respects, the introspective approach associated with the adjustment to childlessness seems to have promoted, for many, a sense of greater 'authenticity' and self-acceptance and the emergence of greater self-awareness, as well as a sense of 'mature adult identity.' One of them, for instance, said: "I still know who I am; maybe now I even know better who I am, and I feel okay with me."

For many women, the task of disentangling their identity from the procreative or motherhood part has also resulted in an expansion of self, as well as of self-conceptualisation, which according to Allport (1955) is, along with self-acceptance, one of the main criteria of a 'mature personality'. Elena's comment, for instance, encapsulates this notion of expansion of 'self:'

"I think it is really important to see oneself beyond the procreative part; we are much more and it's important to see the whole of who we are...I am much more than that."

Although 'self-actualisation' or 'self-realisation' is, for some, still something 'in the distance,' as they are occupied with designing a valid alternative path for 'achievement' beyond the socially consecrated and seemingly irreplaceable parenthood route, self-development is, for many, clearly in the domain of consciousness. John, for example, comments about his and his wife's drive towards self-improvement:

"Part of this self-improvement inclination, I suppose, is to become wiser in terms of the world and where we fit in...besides the artificial boundaries that we have created, socially, there is a set of standards that basically all people should abide by and, for me, the tools I have had to deal with this have been my experience of myself and learning to be frank and honest with myself about who I am."

Most human development theorists also propose that one of the main elements of a mature personality is a positive self-concept (Hattie, 1992; Ross, 1992). Despite the fact that they missed out on the opportunity to develop an 'adult identity' through parenting, and the impact of this life-goal blockage, most participants reported coming to a positive self evaluation, stating that they did not feel a 'real' sense of failure, and saw themselves as 'okay' and 'valuable' people, 'not less, or inferior,' but generally contented, even 'proud' of 'themselves' and many expressed the feeling of being on a life path where they were finding their 'true self.'

In relation to identity work, however, there is a particular aspect which remains unanswered. If parenthood is supposed to provide a unique opportunity to 're-work the biographical issues' of childhood, and through the assumption of a new role which changes the dynamics of relationships of the family of origin, achieve separation/individuation in psychological terms, as proposed by Rubin (2001) in her review of developmental and psychodynamic issues associated with parenthood, then it would suggest that this two-faceted, complex work either does not take place (which would prevent emotional and psychological development), or that it takes place in other contexts.

Burns (1987) argues that infertility creates a 'boundary ambiguity' and risks of enmeshment within original family systems. Sarrel and DeCherney (1985), similarly, refer to the risks of an 'inadequate detachment from the family' that arises from childlessness. There have also been suggestions of 'identification' issues between mothers and daughters who do not, in turn, become mothers, thus losing the opportunity to identify, later in life, with their mother's role or even to appreciate it (Chorodow, 1978).

It is clear that the childless are not able to take on the opportunities in the relationship development with their genitors that arises from this 'role change' but the importance of this milestone, in terms of development within the context of family of origin, remains in my view, unconvincing.

None of the participants, in this study, mentioned any difficulties, impediments or complications in terms of their identity and the 'evolution' of their identity within their family context. Only John and Linda (who lost her father shortly after her marriage) mentioned having regrets about not being in the position to 'provide' grand-children to their parents. John is aware that 'on an unconscious level,' he may be disappointing them and senses that they are 'naturally more attracted' by his sibling's 'complete' family. He also states that 'they are understanding' and do not really make 'any difference on that basis,' thus showing a good level of maturity and a healthy degree of individuation.

It may well be that the absence of comments in this area are significant and perhaps they could have been solicited. But there are no indications from the data, or from my assessment, that the partial obstruction of this specific psychological developmental pathway is of any major consequence in the process of their adult self-individuation and separation. In addition, many of the participants elaborated on, and discussed, the different ways that they

‘worked through’ issues of childhood and personal biographical ‘traumas’ and rid themselves of ‘their baggage’ outside this arena, through a process of self-examination conducted within their relationships and, in a few instances, through counselling.

Life may well be an on-going identity challenge but, in this respect, coming to terms with childlessness seemed to have equipped the participating individuals and couples in this study with the experience and the skills to deal effectively with changing roles and circumstances.

Intimacy versus isolation

Erikson (1959) correlates this particular psychosocial developmental challenge of early adulthood with the formation of marital bonds and one can only presume that the capacity for intimacy is enhanced by parenthood.

Yet, the simple fact of entering a marriage relationship and even becoming a parent are not, in my opinion, necessarily sufficient conditions to successfully achieve this developmental task. The transition to involuntary childlessness, on the other hand, appears to facilitate a successful resolution of this particular crisis. Ample evidence has been provided in the literature, and confirmed through this study (see Chapter 8), to demonstrate the fact that the majority of couples, who survive this difficult experience, develop a higher than usual level of intimacy in their relationship. In some respects, even relationship break-up is also an indicator of a developmental need and the striving by one of the partners for greater fusion, emotional understanding and sharing.

Although infertility and then childlessness are both temporarily, socially isolating experiences (see my discussion in Chapter 9), the comments made by participants clearly indicate their desire, as well as their capacity, to develop more ‘meaningful,’ ‘authentic,’ ‘profound’ and ‘trusting’ relationships with other individuals in their lives.

Developing adaptative skills and dispositions

Most personality theorists emphasise, in human development, the notion of maturity and define it as the capacity of individuals to ‘undergo continual change in order to adapt successfully and cope flexibly with the demands and responsibilities of life’ (Vander Zander, 1997 p.477). Levinson (1978), in particular, stresses that one of the main tasks of middle to late adulthood is adapting to major changes in most roles.

The work of Peck (1968) focused, in greater detail, on the many aspects that this middle age

task entails. He stressed that the development of ‘mental flexibility’ and of ‘cathetic flexibility,’ are specific issues individuals have to tackle within this period of life. He defines the former as a way of cultivating new perspectives to deal with problems, and the latter as the ability to become emotionally flexible and ‘shift’ emotional investments.

Whilst the development of enhanced mental and emotional adaptive capacity is traditionally associated with the challenges of aging, and the response to losses of family roles in mid-life (the death of parents and the departure of children from home), it can be argued that the transition to involuntary childlessness also represents an opportunity for functional development in this area.

Coming to terms with childlessness and adopting a new life scenario have represented, for some, the ‘ultimate’ adaptation challenge which, when conquered, has given them a sense that they, as individuals and as couples, will now be able to deal with anything life throws at them.

Alison, for instance, considers that having been through the “worst thing that you can go through,” made a “big difference” to who they are and she feels as if they may be able to “deal with anything now.” Ian also suggests that this “kind of experience” and this “hardship” gave him more strength and the capacity to adapt to anything.

But Alistair’s remarks perhaps best illustrate this perceived enhanced capacity to deal with life’s blows (as if he had been emotionally ‘Teflon-coated’ by his experience):

“You can’t expect everything to be your own way; you have to live with disappointments. Resilient is probably a good word. You have to be resilient; strong in the world. The more resilient you are the better you can cope with things and if you have a really big thing happen to you, you become super resilient. You still have many issues to deal with but I think it prepares you a little bit better. It has some positive elements; you can come out with some positives...and you are allowed to let your emotions affect you, but you are still strong and you bounce back.”

Another aspect of this developmental adaptive disposition is also the fact that, in dealing with infertility and adjusting to childlessness, these individuals have come to accept a certain degree of ‘loss of control’ and have resigned themselves to living with unanswered questions of meaning. I referred earlier, in Chapter 8, for example, to the comments Amanda and Alison made about ‘accepting,’ that some elements of meaning about this experience would not be found in this lifetime which is, in itself, an expression of maturity. Learning that some

things in life could not be achieved despite exerting the ‘best efforts,’ and being normal and successful in all other respects, is also a lesson that many women in this sample have expressly found difficult. They did recognise, however, that it has ultimately promoted a form of development. Furthermore, there are indications in this study that, for some individuals, dealing with the blockage of the parenthood goal may have contributed to the promotion of a greater spiritual¹ and philosophical outlook on life which, again, may be associated with indicators of maturity.

In those two respects, the developmental progression which has taken place for these individuals can be seen as in terms of greater capacities for thinking complexly about one’s life and world or, in other words, as ‘cognitive or social cognitive development’ (Vygotsky, 1978).

Life philosophy, intrinsic and growth goals and confronting mortality

Developing a philosophy of life, and finding a place in the world, are also issues that are commonly associated with mid-age and, in particular, with the initial life-review and readjustment process that individuals and couples undergo at the ‘empty-nester’ stage of life. This is often the time when individuals, who have devoted years of their lives to the tasks of parenting, consider other life goals and figure out what they want for themselves (Ryff, 1985). Stephen Nock (1979), suggests that, in this respect, there might be some resemblance in life-stage between the ‘empty-nester’ family and the ‘unused-nester’ couple, although he does not elaborate on the nature of these similarities. I have shown in Chapters 7 and 8 that, given the fact that they are involuntarily childless, these individuals and couples, as they do not have access to this normative ‘parenting purpose’ and avoid the ‘maximal dual role complexity’ of mid-life, initiate this form of life-goal review a lot earlier. In their transitional process, they clearly engage in a challenging and profound quest for meaning in order to find an alternative sense of purpose to their lives and their relationship, beyond the traditional existential purpose that children tend to provide at mid-life.

Several participants commented that they had developed a ‘philosophy’ of their own about how ‘they were to be’ and ‘to fit’ into the world, and their comments indicate that many had reached a level of ‘cosmic’ rather than simply individual consciousness. In addition, I illustrated, in some detail, in Chapter 7, how the process of goal-review takes place within

¹ I purposely use the word ‘spiritual’ rather than ‘religious’ here. First of all, because those who expressed spiritual aspirations and inclinations did not share the same faith. Secondly, because their comments indicate a form of ‘philosophical spirituality’ (in their understanding of the world and of their experience) rather than a conceptual alignment with a religious institution.

this transition. What is important to emphasise, however, is that because parenthood is considered culturally and socially a high-level goal which gives life value and purpose, in reviewing and reassessing alternative objectives, the involuntarily childless tend, in a compensatory mode, to be driven to even higher-level goals in terms of personal growth and self-actualisation (intrinsic rather than extrinsic goals²), and to integrate them into their 'everyday goals' at an early stage. The integration of these goals and their focus on growth would appear, based on the latest studies of developmental psychology, to strongly enhance personality development (Bauer & McAdams, 2004). I will discuss, in more detail, issues of life meaning under the sub-heading of generativity below.

Dealing with the awareness of time limitation and personal death, or 'ego transcendence,' are equally viewed, by developmental psychologists, as 'late adulthood' tasks (Elliott, 1970; Levinson, 1978, 1996). Healthy aging adults must come to terms and adjust to the prospect of their own mortality, and most can envisage themselves as 'living after death, through their children principally, but also through their work and contributions' (Vander Zander, 1997 p. 551). For the involuntarily childless, however, there is no option of 'genetic' or symbolic immortality or continuity through children. Yet, it is clear from the participants' comments that they have, for the most part, considered both this discontinuity of life and their own mortality. Some talked about the end of the 'genealogical tree branch,' and others openly mentioned the arrangements that had been made for their after-death including the disposals of their assets and life mementos. Whilst this does not necessarily mean acceptance, it is another indication that the transition to involuntary childlessness is powerfully charged with developmental opportunities beyond chronological age.

Alternative forms of generativity

Most developmentalists see parenting as essential to generativity. Yet, it can be argued that the parental form of generativity is only one of the possible links between the biological and the societal and that this notion can be more broadly conceptualised as a form of expansion and involvement beyond the self and as some sort of 'immortal' legacy or production that outlives it. Erikson (1959), for instance, defines the psychosocial stage of generativity versus stagnation as a time in the life-cycle when individuals strive to contribute to the future. A key characteristic of that stage of development is that the individual is no longer preoccupied solely with himself but his concerns are broadened. Both theory and empirical work suggest

² According to Bauer and McAdams (2004) intrinsic goals concern personal growth, meaningful relationships and contributing to society where as extrinsic goals (presumably earlier in life) involve a concern for material things, status and physical appearance.

that parenthood is important for the understanding of generativity and human development (Peterson & Stewart, 1993) but whilst Erikson (1950 p. 267) initially believed that parenthood was the most obvious and fertile ground for generativity, as a concern to 'establish and guide' the next generation, he also recognised that some individuals 'through misfortune or because of special and genuine gifts in other directions, do not apply this drive to their own offspring'. Furthermore, he stressed that individuals also contribute to the ethics of generative succession of institutions (1968). His original concepts have been revised and expanded to include and recognise non-parental forms of generativity. Carol Hoares (2002) who reviews his latest writings argues that his view of identity striving at mid-life are also inclusive of nurturing and the pursuit of 'wisdom' through what she calls 'principled action,' as a way of transmitting to others, an ethical position about living in the world. Furthermore, Kotre (1984 p. 10) proposes that the generativity drive of middle-age should be regarded along Levinson's line (1978), as a 'desire to invest one's substance in forms of life and work that would outlive the self'. Kotre (1984) draws a more composite picture wherein technical and cultural forms of generativity feature alongside the biological and parental generativity outlets. He also establishes a distinction between agentic and communal forms of generativity which is particularly relevant in considering the existential and 'legacy' issues that are being addressed in the transition to involuntary childlessness.

What we are seeing, through this study sample, is that the transition to involuntarily childlessness also includes a generalised preoccupation to expand the notion of self in a more generic and communal sense. One of the participants, for instance, talked about finding ways to achieve fulfilment beyond the 'micro-ego.' Others discussed, at length, their 'creative labours' as well as the different forms of involvement they had with the community. As mentioned earlier, a large number of them have opted for further education and re-directed their professional energies and aspirations in more generative and communal directions.

In other words, in the absence of the parenting role, the involuntary childless seek, as part of the resolution process, not only the assumption of a role as uncles, aunts or mentors for children around them, and a sense of connection to the dynamic aspect of life through intergenerational connectedness (Ashford, LeCroy, & Lortie, 2001), but also alternative forms of nurturing and generativity, through creativity, teaching, engagement and service to others and for the 'common good.' In these multiple forms, participants endorse generativity goals that are not only agentic but also communal in motive and a contribution to the global social order.

This is consistent with what has been described as human's universal desire to leave some sort of lasting legacy, as an immortal extension of identity with the production of something that is contributed, as in the 'generativity script' described by McAdams and de St.Aubin (1992).

The alternatives outside parenthood are not always evident and seldom recognised and, as Kirkman (2003) rightfully observes, for women in particular, the lack of meaningful alternative for generativity can be particularly problematic. I illustrated, in Chapter 7, some of these difficulties that women in this study encountered to re-adjust their life goals. However, their striving and motive for generativity and personal growth appear to be particularly strong and they all seem to have found their 'way' or 'ways' to address issues of legacy. This also concurs with the findings of the American study conducted by Butler (2003) on the generativity of childless 'baby-boomers' at mid-life. She clearly indicates that the non-intentionally childless are particularly 'generative,' not only in the expanded view of Erikson's traditional ways (guiding, nurturing and mentoring the new generation) but also in more novel ways (taking care of aging parents, community care, non-traditional jobs) and as role models and mentors to a wider range of individuals.

Evidently, it is impossible to distinguish between the two determinant factors that may impact on this particular developmental path; the transitional process, on the one hand, and the natural process of aging, on the other. Furthermore, it can be argued that several of the participants in my study have, indeed, already crossed the mid-life point and entered the later phases of adulthood which naturally induces a striving for other forms of generativity as well as moral, emotional and spiritual development. Nonetheless, my contention in examining those various forms and aspects of human development in mid to late adulthood, is that the transition to involuntary childlessness has the potential, through existential questioning, to 'trigger' complex and far-reaching development processes and to advance individuals and couples from one level of maturity to another in a way that may appear different than parenthood but that certainly does not justify our cultural stereotypical perspective of the 'immature childless.' The avenues to achieving or transforming one's potential, to self-acceptance, mental health, and to moral and social responsibility and connectedness might be diverse but they are certainly not obstructed routes, and this alternative pathway which is becoming more common, should be recognised and accepted as a parallel life-course in our theorisation of life-cycle adult development. The involuntarily childless, as the childless in general, may not have attained the consecrated 'status passage' of parenthood, and may live

without a biological or socio-cultural expansion of themselves as individuals and as couples, but there is nothing to suggest that their development has been arrested and/or to indicate that they have not reached similar degrees of cohesiveness and maturity as their age group peers³.

Values and imitations of the study

In the following section, I elaborate on the values and limitations of this study and discuss the implication for further research as well as for clinical practice.

The questions I posed, at the outset, concerned the 'lived experience' of involuntary childlessness and the factors or strategies that impact on this transition. The extent to which these questions have been addressed can be discerned from the comprehensive and multidimensional examination of the transitional process and the broad range of themes that have emerged from the data.

This study is a limited, yet unique, study of a sample of individuals and members of a couple who have negotiated (or are in the process of negotiating) the transition to involuntary and permanent childlessness, as well as on the long-term effects of this transition on their lives. It reviews, critiques and builds on the existing knowledge and in bridging with a pluridisciplinary theoretical perspective the existing gaps, it significantly contributes to developing new understandings about involuntary childlessness.

Researchers have, from a wide range of perspectives, over the last decades looked at involuntary childlessness from the view point of 'infertility' which an increasing number of couples experience in Western society today. Whilst the observations made by these studies are important in understanding the nature of this experience and alerting us to the need to provide appropriate support structures, they are limited in the sense that the time frames rarely extend beyond fertility investigations and/or treatment or, at best, to the period that coincides with the abandonment of the pursuit for a biologically related child. Very few studies have attempted to document the manner in which this transition to involuntary childlessness is actually negotiated, and on its impact, and none has focused, as this research does, on a sample of couples confronted with the finality of their childlessness.

Daniluk's (2001b) longitudinal research is the only one that deals with the transition to non-

³ To some degree, the level of cohesiveness and maturity some have reached might even be greater. However without elements of comparison, this cannot be demonstrated through this study and might be an area for further research.

parenthood. Although the observations derived from her study are extremely valuable to begin to chart this process beyond infertility, its focus on treatment couples, and the inclusion of potential or adoptive parents in her sample, restricts it to a more narrow scope of 'non-biological parenthood.' Most of the other research samples also include individuals and couples who are still carrying the hope of achieving parenthood or are involved in step-parenting whereas this study, based on a mixed sample of infertile couples who because of circumstances and their resultant decisions have become permanently childless, provides a long-term and far more comprehensive documentation of what this transition entails.

Furthermore, whereas the experience of infertility and involuntary childlessness portrayed in most other studies is restricted to infertility clinic patients and support groups (and mostly to women), this study includes treatment as well as non-treatment couples (thus allowing us to distinguish the effects of infertility and childlessness from the effects of treatment). It is also an attempt to feature the voices of both genders and thus offers a more accurate and complete representation of the experience of involuntary childlessness.

There are, however, some specific limitations which I would like to mention here as they affect the implications of these findings which I elaborate later.

First of all, despite the best of intentions, the recruitment process (discussed in Chapter 4) yielded relatively little diversity. Several of the participants come from different European backgrounds, but overall there are relatively few ethnic or socio-economic variations in the sample. The participants are primarily Caucasian, raised in Christian faiths, well educated and middle to upper class, which are all characteristics of the demographic profile found in other studies. It is important, in this respect, to recognise that the experience of involuntary childlessness may be different for people from more contrasting ethnic backgrounds in which infertility may even be more strongly sanctioned, as well as for those who are limited in their parenting and other self-realisation options (such as professional achievements) by their level of education and economic resources. The experiences of Australians of Indigenous, Asian and Middle Eastern origins might yield, in this respect, greater diversity. Further research with more diversely cultural samples should be conducted in this field. Similarly, this study does not address specific issues that other 'circumstantially childless' individuals, such as singles, never married, or same sex partners may confront, and further research is needed to determine whether they experience this transition in a similar manner.

Secondly, from a methodological point of view, it has to be stressed that the sample consists of self-recruited and recruited volunteers and that the study relies on self-reports which are 'retrospective' and also carry a risk of social desirability bias. In addition, as I mentioned in my presentation of the research design (Chapter 4), many of the men were more 'reluctant' participants as it was their spouses who came forward and persuaded them to take part in the study.

The study contains a significant amount of information on the masculine experience of involuntary childlessness and I have attempted to emphasise men's own 'voices' but, as a researcher, my sentiments are that I have obtained far greater insights and more detailed introspective accounts of this experience from the women who participated in the study. This is, in my view, largely due to the gendered nature of the experience as well as to gendered 'expression scripts' (and I have, throughout the study, offered explanations for these 'variations'). The recruitment procedure may have also played a part but the gender of the researcher cannot be discounted as another limiting factor. Short of advocating 'gendered' research, I believe, in hindsight, that a change in the design of the study, allowing for a second interview with male participants in order to clarify and possibly deepen 'personal meaning,' might have yielded more data on their 'inner-experience' of this transition.

Finally, the researcher's position as an insider/outsider remains a sensitive one. Whilst having some personal insights into the lived experience under investigation can be seen as an advantage in establishing a rapport of trust and familiarity with the participants, thus improving the potential for data gathering, it also carries a potential risk of 'identification' and of 'assumptive interpretation.' I believe my familiarity with the topic, both personal and professional, did allow me to obtain particularly meaningful data. My 'insider' position did not create any obvious problems for the conduct of the research. However, I also felt the need to be particularly attentive to address this potential bias with a methodology that is reflexive in nature. An additional safeguard, whose significance became clearer as the research progressed, is that the interview technique, influenced by my professional practice as a psychotherapist, was designed to elicit narratives but also spontaneously included a clarification of understanding. This, I realised, gave the opportunity to participants to correct me when my reflection of their comments was inaccurate or incomplete (as several did) and to serve as a reminder, in my analysis of the transcripts, to strive for the greatest possible level of objectivity achievable. Having said that, it would be naive to pretend that my

insights into the topic have not guided or influenced the reading and the presentation of the main data themes.

As stated in Chapter 4, because participants were interviewed separately, confidentiality was exercised on an individual basis. It was a choice made at the outset of the process and which in retrospect may have restricted, in some respects, the scope of the analysis. In the interests of confidentiality, the data analysis did not focus on ‘comparing’ or ‘matching’ one partner’s narrative with the other’s to any significant extent. I recognise that if this had been the objective, the insights into couple’s dynamics could have been richer. Arguably, however, the confidentiality dimension would have to have been managed differently and reflected in both the confidentiality statement and agreement, especially if further, follow up interviews had been undertaken. Moreover, the recruiting problems (discussed in Chapter 4) had already heightened my concerns over anonymity and confidentiality. The emphasis, therefore, in working with a geographically limited spread of participants was on the sensitive management of information. This may have limited the scope of social analysis with little information provided to the reader to ‘locate’ participants in their respective social contexts and networks.

In spite of these limitations, this research documents, in a very comprehensive manner, the complex mechanisms and dynamics of this transition and illustrates the many ways in which individuals and couples adapt to this biographical disruption and accommodate it in the contemporary Australian context. What I also show is that our cultural perceptions, reinforced by stereotypical depictions emerging from clinical observations (of a particularly limited group of people, at a particular point in time) and largely propagated by the media, continue to be used as reference points to conceptualise involuntary childlessness even though these clearly fail to capture both the complexity and the diversity of this experience.

Challenging stereotypes with notions of diversity and variability

Most of all, this study illustrates the diversity of ways in which this transition is ‘lived’ and experienced. Although it is apparent that from this time-limited perspective not all individuals and couples have fully (or successfully to use a qualitative term) negotiated this transition, it provides very thorough information about the multi-dimensional facets and the variability of the processes involved.

Involuntary childlessness has, thus far, been described from the perspective of partial and time-limited clinical observations of infertility patients. This approach to observation carries

a number of major inaccurate assumptions such as infertile couples have an assumed unusually strong desire to have a biologically related child and a strong commitment to gender and parenting roles and that the couple should be viewed as a reproductive unit rather than a combination of individual drives which take effect in the relationship and in the larger social context in which they are involved. This study shows, instead, that the involuntarily childless category (if there is such a category) encompasses far more diversity and variations and that the process of adjusting to this unwanted and stigmatised status is far more complex.

The participants in this study expressed a range of different positions in relation to parenthood. Whether or not this position has changed from the outset (as I believe fertility decisions fluctuate for anyone through the life course) and whether or not this position on the spectrum of commitment to parenthood has been influenced, in their retrospective accounts, by their current childless status (which may well be the case), there are clearly varying degrees of desire, realisation, personal affect, and meaning of loss that shapes the transition to involuntary childlessness. Although infertility and involuntary childlessness have, for many, profound effects, not all involuntarily childless are consumed and desperate and infertility (their own or the couple's) is not always lived as a personal failure and a 'tragedy' which takes meaning out of life although it may be temporarily experienced as such by some. In this respect I emphasise, with Letherby (2002a p. 11), the need to nuance this description of the involuntarily childless as 'people who sometimes may experience feelings of despair rather than being desperate'.

A striking finding of this study is that ambivalence which has not found a place before in infertility and involuntary childlessness studies may play an important part in coming to terms with childlessness, and in negotiating this transition. The expression of ambivalence that features in participants' accounts is not only an important element to broaden and render more accurate our knowledge and portrayal of what we might consider, erroneously, as a category of 'desperate' and 'sad' people but also to allow us to understand some of the elements involved in the transitional process itself. From an individual point of view, ambivalence is described, in this study, as taking several forms from the technical or time-based ambivalence (desire to delay, getting established or obtaining partner's agreement) to biographical ambivalence (associated with individual factors in relation to their own childhood history and their perceived ability to conform to a good parenting model) and, for women, to a gender ambivalence (wanting to be reassured that they would not lose

themselves in motherhood and can manage their ‘dual role’ aspirations). These considerations are not unique. They strongly resonate with the current preoccupations expressed by many contemporary studies about the parenting choice (see for instance Cannold, 2000), and lead me to the conclusion that there is, in this respect, no clear distinction, in the choice to parent, between the involuntarily childless and any other portions of the population and a very fine, and fluctuating, line between what we have artificially constructed as ‘voluntary’ and ‘involuntary’ childlessness on the basis of perceived ‘choice.’ It is, nevertheless, evident that both categorisations carry stigma and negative attributions and, as I showed in the last chapter, these are the ‘stereotypical markers’ of childlessness from which participants distance themselves in order to represent their experience as ‘involuntary but not desperate.’

Other aspects of this research which address the question of variability and gender differentiation, are also particularly helpful to expand the knowledge and theoretical conceptualisation of this transition.

First of all, in order to document and explain the variety of ‘transitional’ experiences in individuals, it is crucial to take into account the degree of identification and projection into an anticipated life project which includes children. In other words, the (changing) salience of the parent identity in the repertoire of the individual’s set of identities seems to dictate whether or not such a transitional process is experienced and provides indications on the length and complexity of that process. This does not strictly equate to gender or role identification. Secondly, the grief trajectory which has often been used to generalise observations about possible ‘stages,’ is shown to be an insufficient, and perhaps an inappropriate theoretical instrument to document this process. The complementary model of life goal readjustment, which includes cognitive accommodative responses, should be considered as a valuable adjunct to conceptualise this process.

The observations made by previous researchers on gender differences on the subject are instrumental in understanding the mechanisms of gender and role identification and their relevance to this process⁴. Some of their findings, in particular with regard to the social context of involuntary childlessness, the motherhood ‘mandate’ and the role threat that impacts on women, have been replicated in this study. However, this research also clearly demonstrates that gender and gender socialisation are insufficient markers to determine

⁴ See literature review and my discussion in Chapters 7, 8 and 9.

whether or not such transition will be experienced or whether it may be a particularly difficult one. To say, for instance, that women are always more affected by infertility and childlessness than men are, and that men's experiences are always mediated by their spouse's experiences, would be just as inaccurate as the idea propagated by some feminist literature that women are affected by childlessness only because of the mandate and cultural expectations of a patriarchal and pro-natalist society. This study demonstrates that individuals do, or do not, experience this transition and respond to it in a variety of ways that are not only related to gender. In this respect, it establishes three broad classifications based on the nature and extent of their transitional process. The emotional and management work required to arrive at the point where they might, as individuals, be able to 'let go' of this anticipated future and envisage and redesign their lives without the children they hoped for, is described in some detail and in its observable variations.

It is also important to re-state here that studies on the adjustment to infertility (and involuntary childlessness) have not sufficiently accounted for these variations and distinguished the many factors likely to affect this transition for each individual. Although a substantial part of psychological studies focuses on measuring morbidity and risk factors in infertility patients, a comprehensive inventory of variables likely to impact on their adjustment has not, to my knowledge, been attempted. It may be possible to draw on Livneh & Antonak's conceptual framework (1997) on psychosocial adaptation to chronic illness and disability, to develop a more complete picture of factors (or combination of factors) to determine greater vulnerability. In this case, the variables would include specifics of their fertility history, socio-demographic characteristics of the individual, and his or her personal attributes, values and beliefs including the personal meaning of childlessness, as well as characteristics of the social environment. Developing such a model was clearly beyond the scope of this exploratory research, but the data analysis did shed some light on the complexity and multiplicity of factors at play and further research in this area would be recommended.

The three dimensions of couple's adjustment to involuntary childlessness

Whereas the self-help and clinical literature on infertility contains the simplistic assumption that 'successful resolution' or adaptation involves a 'shift of focus' from 'childlessness' to the positive choice of 'becoming childfree' (Carter & Carter, 1998), this study ascertains that couple's adjustment to involuntary childlessness is a far more intricate and protracted

process, and one that needs to be considered in several dimensions.

Wirtberg's (1999) study constructs adjustment to infertility as a powerfully gender-differentiated process, radically different (possibly separate), far longer and more complex for women than for their partner. Daniluk (1996), on the other hand, presents the findings of her study on Canadian couples' adaptation to non-biological parenthood in a 'mixed voice.' Yet, the observations that allowed her to chart the transition as four progressional stages are essentially based on the accounts of female participants. She does, nonetheless, stress in her conclusions the importance of (personal) self-acceptance, as a prerequisite for couples to be able to begin the process of "constructing a satisfying mutual vision of their future together" (1996 p. 97). This study confirms that the engagement and possibly the completion of each partner's personal adjustment (which as the same author remarks has been 'underscored'), is instrumental for couples to successfully negotiate this transition but what it also establishes is that in order to understand couples' transition to involuntary childlessness it is necessary to combine three levels of observation.

There is, first of all, a personal process of adjustment to childlessness where-in each individual eventually comes personally to terms with his/her biological childlessness (and eventually discards or abandons alternative avenues to parenthood). In this process, the 'letting go' of a differentiated (in time and salience) vision of themselves as a 'parent,' or anticipated future with parenting role identification, is a fundamental process but not merely a 'single step.' Although this research endorses previous findings that ascertain that this 'task' is more complicated for women because motherhood is generally tied in with their identity and femininity, it also demonstrates that this is not always the case. If, despite the reality of their permanent childlessness, motherhood remains perceived by some women in the sample as a central identity (a fundamental part of their self-image and who they are and will continue to be, even through other means) it also strongly illustrates that this facet of identity was never envisaged as a single or master identity but only as one aspect of their rich life project which included other forms of fulfilment such as work pursuits. In that sense, the women in my sample do not fit the 'traditional' women described by Ireland (1993), but could be described as 'transitional' or 'modern.'

Evidenced in this study is also the fact that 'letting go' of a vision of the future which included children (and themselves as parent) and embracing a new future without children is not necessarily an easy path for all men either. Whilst their expectation and definition of personal loss might not be identical, it is not (as it has been constructed) diametrically

opposed and focused only on genetic lineage and continuity but includes the 'missed' experience of parenting in many similar forms.

Furthermore, 'identity work' and 'role redefinition' which is presumed to be an important element of this transition does not, irrespective of gender, inevitably take place. For many participants in this study, the transition does not necessarily involve re-working self-concept and identity but rather arriving at a point where life and a future can be envisaged and worked through without the children component. In that sense, the study reflects the contemporary dimensions and challenges of the parenthood aspirations for both genders as well as the powerful negatives that are attached to the notion of childlessness.

The second dimension, which I have examined, and which warrants, in my view, further consideration is the couple's adjustment process. I argue in this study that personal and joint adjustments are two dimensions that cannot be documented with a single voice. Although the individual's and couple's adjustment can be activated, and follow their course concomitantly (as evidenced by some of the cases presented), there appears to be, as Daniluk (1996) suggests, a pre-requisite for individuals to have attained a certain degree of accommodation, self-acceptance and personal revision of life scenario before the joint adjustment process can be effectively engaged. This study also shows that couples negotiate this transition together and reconstruct 'reality' around childlessness (Matthews & Matthews 1986b), in a variety of ways which significantly depend on the value (expressed or unspoken) placed on children as the 'product of the relationship.' The lack of 'synchronisation' and 'dissonances' experienced in relation to variations in affect and perception of loss (as a result of gender, personal differences and divergent coping styles) can cause serious strain and, in that sense, coming to terms with permanent childlessness can be a significant 'watershed' in their lives (Daniluk, 2001b). But the study also demonstrates that couples can accommodate childlessness together and successfully negotiate this transition, by acknowledging both losses and gains and re-writing, together, a new scenario for a 'rich and fulfilling future' centred on a relationship which has grown in strength and may not need to be entirely 're-defined.' Illustrations of the ways in which the mechanisms of individual adjustment processes are coordinated and combine to form a range of patterns and dynamics with considerable variations in terms of collaborative efforts are provided. This study also sheds light on some of the strategies used, during this process, to improve communication, redirect the focus on the relationship and on 'living the benefits,' and with the inclusion of significant others in their lives including children.

This research also recognises the social context in which the transition to the unintended status of childlessness takes place, as a third and crucial dimension. Previous studies have 'touched on' the social aspect of the infertility experience, and feminist literature recognises that the cultural and social environment profoundly affects the experience of women who are not able to become mothers, but there is a general agreement that the social dimension of involuntary childlessness has been largely under-studied.

The importance of the social as a negative and 'cost' component of this transition is highlighted with participants evoking memories of experiences of an attenuating, yet strong, sense of exclusion and alienation from the world of 'parents' and stressing the impact that 'being involuntarily childless' has on their social life and interactions with others.

The data documents the range of strategies they deploy to maintain boundaries, avoid feelings of loss 'triggers' and deflect stigmatisation. It also powerfully illustrates the difficulties they experience during this transition, and beyond, to seek a positive and non-stigmatic representation of their multi-faceted identity with a recognition of the experience that has contributed to shape it, in a social context where individuals and couples are perceived as being 'measured by their capacity to reproduce' and childlessness represented as a uni-dimensional attribute tainted by negative stereotypes ('childfree by choice' or 'desperate and unfulfilled childless').

Although the social 'cost' of childlessness is emphasised by both genders⁵, this study confirms that this status is experienced even more negatively and more pervasively by women as, seemingly, it spills over into all aspects of their relationships whereas men's social experiences of non-fatherhood appear to be more fragmented, as found by Wirtberg (1999).

In this respect, the study demonstrates that in spite of the significant changes that have taken place in our society with respect to the traditional family 'unit,' having children continues to be regarded, for women in particular, as the ultimate achievement and contribution to society, the main source of existential purpose, and the only normative pathway to human development. Whilst it can be argued that the participants have integrated, to a certain extent, these values into their self-concept, it is also clear that their efforts to develop, through this transition, alternative ways of being, achieving and developing, are undermined by such restrictive and exclusive cultural notions.

⁵ In terms of 'loss' of social connections and opportunities as seen in Chapter 9. In this respect the male participants equally emphasised feelings of 'missing out' on social networks.

As the sample includes infertile couples that are older than in the majority of studies and also represents a wider spectrum of age, this research demonstrates the progressive nature of this transition and confirms the influence of the 'time factor' in the way this status is experienced. In particular, it shows that the negative aspect of this 'social status' is felt in a much stronger way by the youngest who invariably feel 'out of step with their peers,' whereas older participants feel less 'aggrieved' by social pressure and judgment, in part, because they have reached a greater level of acceptance but also because they have moved into another life stage, the 'empty nester' stage, whilst for others children are no longer the 'central focus of personal and social life.' This is an important aspect to understand the 'time' element in the experience of infertility and childlessness, as one that extends beyond the progression of personal grief in applied bereavement theories.

This research should be regarded as an attempt to portray the diverse, yet 'authentic' experience of a group of involuntarily childless couples today, and to represent their journeys and their perceptions of this journey, beyond the stereotypical descriptions provided thus far in the clinical literature. The description of their diverse 'lived experiences' considerably furthers the knowledge we have been able to gather so far on involuntary childlessness and widens the debate surrounding these issues.

Furthermore, it draws on a range of theoretical backgrounds to review and question the validity of current conceptualisations of this transition and to guide intervention and clinical practices. In that sense, it bridges disciplines and theories and further contributes to the construction of a more accurate representation of this experience.

Finally, the conclusions drawn from this investigative study also contribute to the theoretical construction of the transition to involuntary childlessness as a potential transformational process and an alternative developmental pathway, which need to be recognised in the conceptualisations of human development. Unlike other studies which have sought to define 'risks,' to determine how effectively or ineffectively couples manage this difficult transition, or attempt to qualitatively define 'progression' stages, the phenomenological approach of this study is useful in providing a more accurate representation of this experiential adjustment and developing further and broader understanding of its multiple components and the overall long-term impact of the absence of this consecrated 'passage' on their lives. In that sense, the research challenges restrictive conceptions of human life-span development constructed around the family life-cycle and stresses the need for revisions to account for 'a childlessness journey.' Given today's trends, and irrespective of circumstances, the childless

path is no longer an extraneous path, and it may well provide, as I have shown, equally effective triggers and opportunities for the human maturation process to be effected. Further studies should be conducted to determine how this particular pathway may be represented in theoretical conceptualisations of adult developmental pathways.

Implications for further research and clinical practice

I made several suggestions, in the previous section, for further research, including on the cultural diversity of experience, on men's experience of this transition and of involuntary childlessness, on the applicability of these findings in the broader dimension of circumstantial childlessness and on the representation of an alternative developmental pathway. But my study also has many implications for clinical intervention and community education.

First of all, it is important to note that whilst the intervention of specialised counselling in the context of fertility clinics has been strongly advocated and is now being made available to treatment patients in Australia, the role of fertility counsellors, in this context, is complex, time-limited and fraught with ambiguity. The services they provide are often constrained by operational factors and include, beyond the provision of information and assistance in decision making, a 'shadow' screening and assessment role which affects, in real terms, the efficacy of clinical intervention and the provision of on-going support for infertile couples. It also would seem, from the relatively low-level use made of these services and low-level attendance at support groups (McArthur & Moulet, 2004), that some of the parameters for the provision of counselling services for involuntary childlessness needs to be re-examined. In any case, the narrow 'infertility' context in which these services are currently provided exclude non-treatment couples as well as couples who have abandoned their pursuit of parenthood and may require assistance to negotiate the transition to childlessness but because they no longer fit within the clinical setting do not have access to any such services. Several infertility organisations have attempted to address this shortcoming by creating 'moving-on' sub-support groups (Oasis in South Australia and Access⁶) but, although valuable, these structures may not be the only viable avenue to provide assistance and support to involuntarily childless individuals and couples. In this respect, it is important to remember that a group 'setting' is not necessarily a suitable alternative for all. The provision of more educational community programmes and services about this gradual transition,

⁶ Australia National Infertility Network.

highlighting its mechanics, so that individuals and couples might be able to identify their own personal experience, with the alternative aim of 'breaking away' from stereotypes warrants, in my view, serious consideration.

Furthermore, as infertility and involuntary childlessness are becoming more of a common occurrence, it is crucial that general medical practitioners, specialists in the field of reproduction, as well as counsellors, social workers and psychotherapists, become more familiar with its many dimensions and implications. Their knowledge about fertility issues, and the considered risks of delaying parenthood, must be clearly communicated to younger couples as a preventative measure, but they also need to inform their own, and community's, views about involuntary childlessness and contribute to a more realistic and less stigmatic representation of this experience as 'unfortunate' yet manageable (with time and effort), and as a viable alternative pathway.

For clinicians and researchers in this field, it is equally important to reflect on the many ways in which this status and transition is experienced. Previous research on this subject has been somewhat 'faulty' by conflating infertility and involuntary childlessness, and in concentrating (through their samples) mostly on 'extreme' cases. Serious consideration should be given to these findings, notably, that individuals represent many positions on a continuum of emotions and reactions to involuntary childlessness and develop, with or without help, a range of alternative ways to cope and to eventually come to terms with it. The 'hot bias' expressed in research, so far, is not to be condemned as it is the outcome of evolutionary thinking and has been useful in alerting practitioners and social workers to the specificities of this challenging and emotionally-laden experience. However, in this domain of research and counselling whilst there is a social and moral imperative to point out that some individuals and couples require support with this transition, it is also crucial to remember that its stereotypical and pathological portrayal can only be detrimental and fuel further cultural stigmatisation. What is crucial, in my view, is that we recognise that there are, in this experience, many different levels of affects, realisations and responses which are, in part, but not exclusively affected by gender scripts, and that each individual moves at his/her own pace, on their own path, and should be able to do so, with available assistance, without any qualitative judgment about the 'right' way or pace to reach some sort of closure rather than 'resolve' and with the understanding and recognition of their experience that comes from charting the many paths to 'successful resolution.' Psychologists, counsellors and social workers in this area, as well as others likely to intervene in this field, could benefit from

developing an understanding of this adjustment beyond grief and loss. This would enable them to better assess the needs of their clients and facilitate the multi-dimensional transitional processes including social re-integration and the re-construction of a meaningful life scenario. Ambivalence should be recognised and dealt with without judgment if it is to promote acceptance and recognition of losses encouraged. From a cultural and social point of view, it is important to acknowledge alternative pathways to a rich, fulfilling and generative life 'without' children and promote convincing role models and social acceptance, particularly for women.

With regard to gender, the observations made by earlier research are largely confirmed by this study. These are clinically sound observations that draw attention to the need to assist couples in dealing more effectively with possible 'dissonances' in affect, copying and communication styles. However, clinicians must also remain attentive in their interventions to avoid 'amalgamation,' 'strict genderisation,' 'siding' and tendencies to regard the couple as a 'reproductive unit' which may not be an appropriate route to 'reconciliation.' Guided by the findings of this study, I believe they could usefully adapt and 'craft' their interventions around an understanding of the different factors at play, in the individual as well as in the couple and the social equation, in order to address effectively the needs of each of the partners, and of the couple.

The couples in this study have undergone a major biographical disruption with the potential to induce, as I have shown, changes and development; with a qualitative reorganisation of inner life, that is, their understandings and feelings about self and the world; as well as a potential reorganisation of roles and relationship. In this respect, the transition to involuntary childlessness should be conceptualised as a developmental transition and taken into account in our understanding of life-span development.

Arguably, in view of the new demographic realities discussed in Chapter 1, the strategic analysis contained in this thesis offers new insights that I hope will prove valuable in guiding those who will, themselves, experience the transition to childlessness, and practitioners called upon increasingly to assist them, as well as contributing to the on-going debate on this subject so that through social education our community comes to gain a better understanding and appreciation of the involuntarily childless. The final section of this thesis makes some concluding personal remarks.

Concluding remarks

One of my greatest concerns and, in many ways, a ‘driver’ of this study has been to strike a balance, that is, a balance between the voices of women and those of men, whose are seldom heard on this subject; also between those whose experience of involuntary childlessness has been an emotionally devastating and extremely challenging life experience and others for whom it seems to be more manageable because, at the outset, they believed that irrespective of the circumstances life would still deliver its promise of fulfilment. A balance also between those who have to work hard to find ways to detach themselves from the consecrated role of parenthood in order to ‘survive’; those who were less ‘inclined’ towards parenthood, or perhaps do not (or not yet) measure the impact of that loss of opportunity on their lives; and those who have in themselves the resources to deal with this crisis or engineer them.

Much of my analysis of the data has been driven by this quest for ‘balance’. However, I did not set out to emphasise these rich nuances and the diversity in the experience of involuntary childlessness or to challenge cultural stereotypes but was, rather, led to them. To use a musical analogy, it was in listening to the ‘unique symphony’ of participants that I came to hear the individual songs and instrumentals, as well as the ensemble as a whole.

Certainly, there could have been far easier ‘routes’ to data analysis than the one I took. I consider myself very fortunate to have had such a rich and diverse range of experiences to work with because each and every one of them contributes crucial elements of a complex puzzle, one that does not call for linear thinking or to further stereotypes, categorisations or generalisations, but rather one that needs to be illustrated in its multi-dimensional nature and validated in its diversity. Just as my participants are exploring and attempting to ‘open-up’ the conversational space to find a more appropriate and ‘truthful’ position in the heavily ‘mined’ debates that reflect our cultural constructions of parenthood, infertility and childlessness, as a researcher, I have sought to open up the conceptual space on involuntary childlessness, to shed some light on this experience and to seek elements of truth that lay beyond gender, age groups and beyond reductive categorisation.

The topic is at the core of serious concerns about our societies. I feel I have spoken on one of the most important contemporary topics of our time, echoing the many voices from across a spectrum of generations born in the second half of the 20th century and caught

between the increasing tensions that exist between 'traditionalism' and an increasing cult of 'individualism,' between 'conservatism' and 'new modernism.' It is also a time when the myths of cultural immortality may well need to be shaken and a clearer, more realistic reassessment made of our biological limitations. Moreover, our society may need to accept and acknowledge that not every couple wants, or can successfully achieve functional procreation, still assumed to be 'basic,' nor does medicalisation always provide the 'infallible' answer. It is also a time when gender power struggles may need to take stock of new insights, and consider alternative directions. Only time will tell whether this research has, in some way, taken the pulse of today's Australian society on these issues and whether it accurately describes the lived experience of involuntarily childless couples in the contemporary context.

On a more practical (but nonetheless important) level, I hope this study can provide encouragement, reassurance and perhaps a sense of direction to those who, out of circumstances, are faced with this challenging transition and also that these nuanced observations can guide and help the work of clinicians and others who may be entrusted to assist them along the way.

Appendix 1

Ethics Committee Approval

Appendix 2



AUSTRALIAN CATHOLIC UNIVERSITY
INFORMATION LETTER TO PARTICIPANTS

A Long Term View Of Adaptation To Involuntary Childlessness

Dr Morag McArthur (Supervisor)
Christine Moulet (Researcher PhD Candidate)

Doctorate of Philosophy – School of Social Work

Dear.....

First of all I would like to thank you for your consideration to participate in my dissertation study. My personal experience and interest in infertility and involuntary childlessness has prompted me to do research in this area.

The aim of my study is to explore and document the way in which individuals and couples who have experienced infertility come to terms with involuntary childlessness and move on with their lives. The research is concerned with developing a better knowledge of the process of adaptation to the unwanted status of non-parent for couples who remain childlessness.

This study may not be of direct benefit to you but an understanding of this process and information on the strategies used to facilitate this transition will help counsellors and health practitioners to assist other infertile couples resolve their distress and build satisfying lives as non-parents.

Participation to this study will involve one, possibly two, interviews preferably with both partners but separately. There will be conducted by myself and are expected to last an hour to an hour and a half. The interviews will take place in the early part of next year, at a location of your choice, either in our offices at the University, in your own home if you prefer, or in any other suitable and agreed location for your convenience. The interview will be a responsive one, focusing on your past experience of infertility, your current

experience, and the process by which you came to terms with being childless. I am interested in learning how this experience has been for you.

I appreciate that this both a private and sensitive subject. As a qualified Counsellor with clinical experience in this field, I certainly intent to deal with this topic in the most tactful and respectful manner and minimize the risk of discomfort for you. However recalling your own experience and disappointments may for some of you, raise uncomfortable feelings. I, as the interviewer will allow for some time to discuss any such feelings after the interview should you wish so. Also, in the event that you experience any distress as a result of this process and wish to seek counselling, I will be able to provide a referral to an independent Counsellor who specialised in this field and has indicated her agreement to see you in the context of this project.

This research is significant because whilst there has been a number of studies on the psychological effects of infertility during and shortly after couples seek medical treatment, very little is known about the process of adaptation that is required when couples who were planning a family have to resigned themselves to the fact that their dream will not eventuate. Given the current trend in delaying child bearing, it is an issue that a growing number of couples have to face and there are strong suggestions that some couples find this transition particularly difficult and take years to come to terms with it. My study is concerned with shedding some light on that process of resolution for those who do not become parents thus contributing to the state of knowledge about adjustment. But I am also hoping that with your help, I will be able to develop some practical elements to facilitate somehow this transition.

If you agree to participate, you will be asked to sign the attached content form. You will however remain free to refuse consent altogether without having to justify your decision, and/or to withdraw your participation during the study. You will be given the opportunity to withdraw at any time, either from the whole interview and study, or from the remainder of the interview and will be able to 'pass' on any particular question, without having to give a reason and without any prejudice.

All information reported will remain completely confidential. If you agree to it, the interviews will be taped and transcribed however all identifiers will be removed and any information material collected will be kept in locked premises then destroyed. Your name will never be used in any written report, discussions and publications. The only exception to this confidentiality agreement is if information is revealed concerning harming yourself or harming someone else as it is required by law that this be reported.

Should you have any questions about the study or the procedures of the study and/or further details of your participation, I would gladly answer them.

There will be several opportunities for me to provide you with some feedback on the results of the project. On completion of my thesis, if you are interested I will be happy to send you a summary of my findings.

You should know that this study has been approved by the Human Research Ethics Committee at Australian Catholic University.

If you have grounds for any complaint or concern about the way you have been treated during the study, or if you have any query that the Investigator or Supervisor and Student Researcher has (have) not been able to satisfy, you may write to the Chair of the Human Research Ethics Committee care of the the Research Services Unit.

Chair, HREC
C/o Research Services
Australian Catholic University
Locked Bag 2002
STRATHFIELD NSW 2135
Tel: 02 9739 2159
Fax: 02 9739 2350

Any complaint or concern will be treated in confidence and fully investigated. The participant will be informed of the outcome.

I hope you will agree to participate in this study. If so, please sign both copies of the Consent Form to indicate your agreement, retain one copy for your records and return the other copy to me at the address listed below.

Thanking you for your interest in this research project.

Yours sincerely,

.....
SIGNATURE OF SUPERVISOR
Dr Morag McArthur

.....
SIGNATURE OF THE STUDENT RESEARCHER
Christine Moulet

Australian Catholic University
Signadou Campus
223 Antill Street
Watson ACT 2602
November 2001

Appendix 3



AUSTRALIAN CATHOLIC UNIVERSITY

CONSENT FORM

TITLE OF PROJECT: A LONG TERM VIEW OF ADAPTATION TO INVOLUNTARY CHILDLESSNESS

NAMES OF STAFF INVESTIGATORS or SUPERVISORS: Dr Morag McARTHUR

NAME OF STUDENT RESEARCHER: Christine MOULET

I.....(*the participant*), have read (*or where appropriate have had had read to me*) and understood the information provided in the attached Letter to participants. Any questions I have asked have been answered to my satisfaction. I agree to participate in this activity, realising that I can withdraw at any time. I agree that research data collected for the study may be published or may be provided to other researchers in a form that does not identify me in any way.

NAME OF PARTICIPANT:.....

SIGNATURE:.....

SIGNATURE OF PRINCIPAL INVESTIGATOR OR SUPERVISOR:.....

DATE:.....

SIGNATURE OF STUDENT RESEARCHER:.....

DATE:.....

Appendix 4

Interview guide

It is intended to use a narrative style of interview with mainly open-ended questions.

The interviews are designed to generate information from the participants in three main areas.

- Experience of infertility
- Experience and process of self-adjustment to involuntary childlessness
- Experience and process of couple's adjustment to involuntary childlessness

In order to ensure that all areas of interest are covered and that the interview elicits comprehensive information from the participant, the following guide/prompts may be used.

Remind participants that they are given the opportunity to withdraw at any time or 'pass' on any questions they might be uncomfortable with.

Demographical data

Age: confirmation after telephone screening/intake

Size of family of origin; e.g. How many siblings do you have?

Current relationship history: e.g. How did you and when did you meet? How long have you been married /together?

Invite narrative - Tell me about yourself?

Do you have any concerns about this interview, any questions?

Experience of infertility & medical treatment (if relevant)

Intentions ie: How much do you remember about wanting to have a child? How much do you remember about making the decision for yourself to start a family?

When did you first try to become pregnant?

How long did you try?

Did you seek treatment?

What went into the decision to seek treatment? What did it mean for you to take that step?

What did the doctors find out?

What treatment procedures did you go through?

What was it like? How did you get through this/cope?

What have been the most difficult aspects of infertility?

What impact did it have on you?

How long were you in treatment?

How did you decide to stop? How the decision to stop was made?

Do you recall how you felt about it then?

Can you remember what having children meant to you?

Did you consider other options; gamete donation, surrogacy, adoption?

Were you provided/did you seek any help? ie, counselling

Transition - Experience and process of adjustment to involuntary childlessness

After treatment did you continue to try to get pregnant?

Did you try any other alternatives? E.g natural therapies..

When and how did you reach the conclusion that you will not have a biological child?

Do you recall any key moments or events which led you to that conclusion?

What impact did this have on you?

How did you come to accept the fact that you will not have the family you wanted?

Can you describe to me how you adjusted to this?

What strategies helped you to 'move on'?

Did you seek counselling/psychotherapy to help you deal with this?

How did you come to revise the concept you had of yourself as mother/father to a non-mother/father?

What impact if any did this have on your social life?

What have been the most difficult aspects of that transition?
Tell me about current relationships with friends and family?
Have these relationships changed in any way?
Do you have a lot of friends who like you, do not have children?
Does the fact of not having children impacts in any way in your interactions with others?
What is most meaningful in your life now?
What does children/no children means to you now?
Are there children present in your life now?
How do you view yourself now?
What do you most enjoy doing?
How do you envisage your life and your future today?
Do you in any way see the world divided in parents/non-parents? How do you see it?
Do you feel in any way different from other families? How?
How do you think other people view you?
How does it feel reflecting on that journey now?

Experience and process of couple adjustment to involuntary childlessness

Note: This is not necessarily to be treated as a separate topic and it is likely that information relating to the process of adjustment occurring within the couple's relationship will be already covered elsewhere. The following prompts are simply meant to ensure that this dynamic couple process is documented.

How much support did you get from your partner?
What impact did this experience have in the relationship with your spouse/partner?
Did you feel that you arrived at the same decisions? Conclusions?
Do you think there were different issues for him/her?
Did you talk much about what was going on for each one of you?
How do you think your partner has come to a resolution on this issue?
How do you think she/he adjusted?
Do you still talk about it?
What kind of readjustment if any did you had to make in the relationship?
Are there new focuses in your relationship?
How do you view you life together as a couple and a family?

Appendix 5

Involuntary childlessness: participants sought for PhD research project

(Advertised information for recruitment purposes)

I am conducting a research project on infertility and involuntary childlessness and would welcome an opportunity to talk to individuals and couples who have experienced infertility and, as a consequence, have remained childless.

Adaptation to involuntary childlessness is not well understood except by those whom it directly affects. My research will focus on this process of adjustment. It will be an empirical study, exploring and documenting the ways in which individuals and couples who have experienced infertility come to accept a childless or child-free life.

While the project is primarily the basis of my doctoral thesis, it is also intended to contribute to practical outcomes. I have myself experienced infertility and childlessness and, as a clinical worker in this field, I hope my research will lead to the development of a program to assist infertile couples through this difficult transition.

I am seeking couples willing to talk to me about their experiences. If you are aged 40 and over and remain permanently childless, that is, you have no children either through adoption or from a previous marriage, I would welcome an opportunity to talk to you and, if willing, your participation in the project.

If you agree, it would involve you and your partner participating in one (or possibly two) one-on-one interviews with me. It would take approximately an hour at a time and place of your choice. The topics I wish to explore through these interviews include your experience of infertility and the process by which they have come to terms with living a child-free life.

Also, if you know of any other prospective participants, I would appreciate if you could let them know about this project and encourage them to contact me.

I would be very happy to provide more detailed information about myself and the research project.

Bibliography

- Abbey, A., Andrews, F. & Halman, L.J. (1991a). The importance of social relationships for infertile couples' well-being. In A. L. Stanton & C. Dunkel-Schetter (Eds.), *Infertility: Perspectives from Stress and Coping Research* (pp. 61-86). New York: Plenum Press.
- Abbey, A., Andrews, F. & Halman, L.J. (1991b). Gender's role in responses to infertility. *Psychology of Women Quarterly*, 15(2), 295-316.
- Abbey, A., Andrews, F.M. & Halman, L. J. (1992). Infertility and subjective well-being. The mediating roles of self-esteem, internal control and interpersonal conflict. *Journal of Marriage and the Family*, 54, 408-417.
- ABS. (1999). Lifetime childlessness. *Australian Demographic Statistics, September Quarter 1999* (ABS catalogue 3101.0). Canberra: Australian Bureau of Statistics.
- ABS. (2002a). *Australian Social Trends 2002 : Family - Family Formation: Trends in Childlessness*. Canberra: Australian Bureau of Statistics.
- ABS. (2002b). *Year Book Australia 2002 - Population: Households and Families*. Canberra: Australian Bureau of Statistics.
- Adair, V.A. (1994). *Parenting After Assisted Conception by In Vitro Fertilisation, GIFT or Donor Insemination*. Unpublished PhD dissertation, University of Auckland, New Zealand, Auckland.
- Adair, V.A. & Rogan, C. (1998). Infertility and parenting: the story so far. In V.A. Adair & R.S. Dixon (Eds.), *Family in Aotearoa New Zealand*. Auckland: Adison Wesley Longman.
- Affleck, G. & Tenen, H. (1996). Construing benefits from adversity: Adaptational significance and dispositional underpinnings. *Journal of Personality* (64), 899-922.
- AIHW. (2001a). *Assisted Conception Australia and New Zealand since 1979*. Australian Institute of Health and Welfare, Canberra.
- AIHW. (2001b). *Australia's Welfare 2001*. Australian Institute of Health and Welfare, Canberra.
- AIHW. (2004). *Assisted Reproductive Technology in Australia and New Zealand 2002* (PER-26). Australian Institute of Health and Welfare, Canberra.
- Alexander, B.B, Rubinstein, R.L., Goodman, M. & Luborsky, M. (1992). A path not taken: A cultural analysis of regrets and childlessness in the lives of older women. *The Gerontologist*, 32(5), 618-626.
- Allen, J. G. & Haccoun, D. M. (1976). Sex differences in emotionality: A multidimensional approach. *Human Relations* (29), 711-720.

- Allport, G. W. (1955). *Becoming: Basic Considerations for a Psychology of Personality*. New York: Holt, Rinehart & Winston.
- Alvesson, M. & Skoldberg, K. (2000). *Reflexive methodology: New vistas for qualitative research*. Thousand Oaks, CA: Sage Publications.
- Anderson, K. (1989). Infertility: The silent crisis. *Canada's Mental Health*, 37(1), 9-12.
- Andrews, F. M., Abbey, A. & Halman, L. J. (1991). Stress from infertility, marriage factors, and subjective well-being of wives and husbands. *Journal of Health & Social Behavior*, 32(3), 238-253.
- Anleu : see Roach Anleu
- Anthony, E. J. & Benedek, T. (Eds.) (1970). *Parenthood: Its Psychology and Psychopathology*. Boston: Little, Brown and Company Publishers.
- Anton, L. H. (1992). *Never to be a mother: A guide for all women who didn't - or couldn't - have children*. New York: Harper Collins Publishers.
- Applegarth, L. D. (1999). Individual counseling and psychotherapy. In L. H. Burns & N. Sharon (Eds.), *Infertility Counseling: A Comprehensive Handbook for Clinicians*. New York: Parthenon Publishing Group.
- Arditti, R., Klein, R. & Minden, S. (1984). *Test-tube women: What future for motherhood?* London: Pandora Press.
- Ashford, J. B., LeCroy, C. W. & Lortie, K. L. (2001). *Human Behavior in the Social Environment: A Multidimensional Perspective* (2nd ed.). Pacific Grove, CA: Brooks/Cole.
- Atkinson, P. & Coffey, A. (2003). Revisiting the relationship between participants observation and interviewing. In J. Holstein & J. F. Gubrium (Eds.), *Inside Interviewing: New Lenses, New Concerns* (pp. 415-429). London: Sage Publications.
- Atwood, J. & Dobkins, S. (1991). Storm clouds are coming: Ways to help reconstruct the crisis of infertility. *Contemporary Family Therapy*, 14, 11-27.
- Auhagen-Stephanos, U. (1989). Psychosomatics of female sterility. *Praxis der Psychotherapie und Psychosomatik*, 34(4), 184-194.
- Baber, K. M. & Allen, K. R. (1992). *Women and Families: Feminist Reconstructions*. New York: Guilford Press.
- Badinter, E. (1992). *X Y de l'Identité Masculine*. Paris: Editions Odile Jacob.
- Baker, M. (2003). *Infertility, Social Exclusion and Social Policy*. Paper prepared for the Australian Social Policy Conference, Sydney 9 -11 July 2003. Social Policy Research Centre. Available: <http://www.sprc1.sprc.unsw.edu.au/aspc2003/> [2004, July].
- Baker Miller : see Miller J.B.

- Baltes, P. & Reese, H. (1984). The life span perspective in developmental psychology. In M. Bornstein & M. Lamb (Eds.), *Developmental Psychology: An Advanced Textbook* (pp. 493-532). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- Baram, D., Tourtelot, E., Muechler, E. & Huang, K.E. (1988). Psychosocial adjustment following unsuccessful IVF. *Journal of Psychosomatic Obstetrics & Gynecology*, 9, 181-190.
- Barbo, A. M. (1992). *The Meaning of Parenthood after In Vitro Fertilization Has Failed: An In-Depth Interview Study of Infertile Couples*. Unpublished PhD, New York University, NY.
- Barbosa, R. M. (2000). Gender relations, infertility and new reproductive technologies. *Estudos Feministas*, 8(1), 212-228.
- Bardwick, J. M. (1979). *In Transition*. New York: Holt, Rinehart & Wilson.
- Bauer, J.J & McAdams, D.P. (2004). Growth goals, maturity and well-being. *Developmental Psychology*, 40(1), 114-127.
- Bauman, Z. (1992). *Intimations of Postmodernity*. London: Routledge.
- Becker, G. (1990). *Healing the Infertile Family: Strengthening Your Relationship in the Search for Parenthood*. Berkeley, New York: Bantam Books.
- Becker, G. (1994). Metaphors in disrupted lives: Infertility and cultural constructions of continuity. *Medical Anthropology Quarterly (New Series)*, 8(4), 383-410.
- Becker, G. & Nachtigall, R. D. (1992). Eager for medicalisation: The social production of infertility as a disease. *Sociology of Health & Illness*, 14(4), 456-471.
- Becker, G. & Nachtigall, R. D. (1994). 'Born to be a mother': The cultural construction of risk in infertility treatment in the U.S. *Social Science & Medicine*, 39(4), 507-518.
- Becker, H. S. & Geer, B. (1967). Participant observation and interviewing : A comparison. In G. S. McCall (Ed.), *Issues in Participant Observation: A Text and Reader* (pp. 322-331). Reading, UK: Addison-Wesley.
- Belenky, M. F., Clinchy, B. M., Goldberger, N. R. & Tarule, J. M. (1986). *Women's Ways of Knowing: The Development of Self, Voice and Mind*. New York: Basic Books.
- Benedek, T. (1951). Infertility as a psychosomatic defense. *Fertility and Sterility*, 3, 527-541.
- Bengston, V. L. & Allen, K. R. (1993). The life course perspective applied to families over time. In P.G. Boss, W.J. Doherty, R. LaRossa, W.R. Schumm & S.K. Steinmetz (Eds.), *Sourcebook of Family Theories and Methods: A Contextual Approach* (pp. 469-499). New York: Plenum Press.
- Berg, B. & Wilson, J. (1990). Psychiatric morbidity in the infertile population: A reconceptualisation. *Fertility and Sterility* (53), 654-661.
- Berg, B. & Wilson, J. (1991). Psychological functioning across stages of treatment for infertility. *Journal of Behavioral Medicine*, 14(10), 11-26.

- Berg, B., Wilson, J. & Weingartner, P. (1991). Psychological sequelae of infertility treatment: The role of gender and sex-role identification. *Social Science & Medicine*, 33(9), 1071-1080.
- Bergart, A. (1997). *Women's View of Their Lives after Infertility Treatment Fails*. Chicago: University of Chicago.
- Bergart, A. (2000). The experience of women in unsuccessful infertility treatment: What do patients need when medical intervention fails? *Social Work in Health Care*, 30(4), 45-69.
- Berger, P. & Luckmann, T. (1975). *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. Ringwood, VIC: Penguin University Books.
- Bernstein, J., Brill, M., Levin, S. & Seibel, M. (1992). Coping with infertility: A new nursing perspective. *Clinical Issues in Perinatal & Womens Health Nursing NAACOGS*, 3(2), 335-342.
- Black, N. (1994). Why we need qualitative research. *Journal of Epidemiology and Community Health* (48), 425-426.
- Blain, J. (1993). The daily construction of fatherhood: Men talk about their lives. In T. Haddad (Ed.), *Men and Masculinities: A Critical Anthology*. Toronto: Canadian Scholars' Press.
- Blake, J. (1979). Is zero preferred? American attitudes towards childlessness in the 1970s. *Journal of Marriage & the Family*, 41, 245-257.
- Bleier, R. (1984). *Science and Gender: A Critique of Biology and its Theories on Women*. New York: Pergamon Press.
- Blenner, J. L. (1990). Passage through infertility treatment: A stage theory. *Image - the Journal of Nursing Scholarship*, 22(3) Fall 1990, 153-158.
- Bliss, C. E. (1999). *Narrative Constructions of Infertility: Voices of Ten Minority Women*. Unpublished PhD Dissertation, University of Denver.
- Blyth, E. (1999). The social work in assisted conception. *British Journal of Social Work*, 29(5), 727-740.
- Bohan, J. (1997). Regarding gender, constructionism and feminist psychology. In M. Gergen & S. Davis (Eds.), *Towards a New Psychology of Gender* (pp. 31-47). London: Routledge.
- Boivin, J. & Takefman, J. E. (1995). Stress level across stages of in vitro fertilization in subsequently pregnant and non pregnant women. *Fertility and Sterility* (64), 802-810.
- Boldero, J. & Jill, F. (2002). Goals, standards, and the self: Reference values serving different functions. *Personality and Social Psychology Review*, 6(3), 232-241.
- Bordo, S. (1990). Feminism, postmodernism, and gender-scepticism. In L. Nicholson (Ed.), *Feminism/Postmodernism* (pp. 133-155). New York: Routledge.
- Bowlby, J. (1980). *Attachment and Loss* (Vol. 3). New York: Basic Books.

- Brady, J. (1998). *I Don't Need a Baby To Be Who I Am: Thoughts and Affirmations on a Fulfilling Life*. New York: Pocket Books.
- Brandtstädter, J. & Rothermund, K. (2002). The life-course dynamics of goal pursuit and goal adjustment: A two-process framework. *Developmental Review* (22), 117-150.
- Braverman, A. (1997). When is enough, enough? Abandoning medical treatment for infertility. In S. Leiblum (Ed.), *Infertility: Psychological issues and Counseling Strategies* (pp. 209-229). New York: John Wiley & Sons.
- Brenner, M., Brown, J. M. & Canter, D. (1985). *The Research Interview: Uses and Approaches*. London: Academic Press.
- Bresnick, E. R. (1981). A holistic approach to the treatment of the crisis of infertility. *Journal of Marital & Family Therapy*, 7(2), 181-188.
- Bresnick, E. R. & Taymor, M. L. (1979). The role of counseling in infertility. *Fertility and Sterility* 32 (2), 154-156.
- Bruner, J. (1990). *Acts of Meaning*. London: Harvard University Press
- Bryman, A. (2001). *Social Research Methods*. Oxford: Oxford University Press.
- Burns, L.H. (1987). Infertility as boundary ambiguity: One theoretical perspective. *Family Process*, 26(3), 359-372.
- Burns, L. H. & Covington, S. N. (Eds.) (1999). *Infertility Counseling: A Comprehensive Handbook for Clinicians*. New York: Parthenon Publishing Group.
- Bury, M. (1982). Chronic illness as a biographical disruption. *Sociology of Health and Illness*, 4, 167-182.
- Butler, C. M. (2003). *Generativity in Midlife Baby-Boomer Women without Children: A Psychological Study*. Unpublished PhD, Cleveland State University, Cleveland, Ohio.
- Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity*. London: Routledge.
- Butler, J. (1992). Contingent foundations: Feminism and the question of 'postmodernism'. In J. Butler & J. Scott (Eds.), *Feminists Theorize the Political* (pp. 3-21). New York: Routledge.
- Cain, M. (2001). *The Childless Revolution*. Cambridge, MA: Perseus Publishing.
- Calhoun, L. G. & Selby, J. W. (1980). Voluntary childlessness, involuntary childlessness, and having children: A study of social perceptions. *Family Relations*, 29(2), 181-183.
- Callan, V. J. (1985). Perceptions of parents, the voluntary and involuntary childless: A multidimensional scaling analysis. *Journal of Marriage and the Family*, 1045-1050.
- Callan, V. J. (1987). The personal and marital adjustment of mothers and of voluntarily and involuntarily childless wives. *Journal of Marriage and the Family*, 49 (November), 847-856.

- Callan, V. J. & Hennessey, J. F. (1982). How do Australians value children? A review and research update using the perceptions of parents and voluntarily childless adults. *Australian and New Zealand Journal of Sociology (ANZJS)*, 18 (November), 394-398.
- Callan, V. J. & Hennessey, J. F. (1989). Strategies for coping with infertility. *British Journal of Medical Psychology*, 62, 343-354.
- Cameron, J. (1990). *Why Have Children? A New Zealand Case Study*. Christchurch, NZ: University of Canterbury Press.
- Camillieri, A. (1980). A realistic approach to infertility. *Practitioner*, 224, 835-837.
- Campbell, E. (1985). *The Childless Marriage*. London: Tavistock Publications.
- Cannold, L. (2000). *Who's Crying Now? Chosen Childlessness, Circumstantial Childlessness and the Irrationality of Motherhood: A Study of Fertility Decisions of Australian and North American Women*. Melbourne: University of Melbourne Press.
- Carmeli, Y. S. & Birenbaum-Carmeli, D. (1994). The predicaments of masculinity: Towards understanding the male experience of infertility treatments. *Sex Roles* (30), 663-677.
- Carter, B. & McGoldrick, M. (1989). *The Changing Family Life Cycle: A Framework for Family Therapy (2nd ed.)*. Boston: Allyn and Bacon.
- Carter, J. W. & Carter, M. (1998). *Sweet Grapes : How to Stop Being Infertile and Start Living Again (2nd Ed.)*. Indianapolis: Perspectives Press.
- Carveth, D. (1984). Psychoanalysis and social theory: The Hobbesian problem revisited. *Psychoanalysis & Contemporary Thought*, 7(1), 43-98.
- Chorodow, N. (1978). *The Reproduction of Mothering*. Berkeley: University of California Press.
- Clark, L. F., Henry, S. M. & Taylor, D. M. (1991). Cognitive examination of motivation for childbearing as a factor in adjustment to infertility. In A. Stanton & C. Dunkel-Schetter (Eds.), *Infertility: Perspectives from Stress and Coping Research*. (pp. 157-180). New York: Plenum Press.
- Coble, J. R. (1985). *A Qualitative Analysis of the Phases of Involuntary Childlessness*. Unpublished PhD, The University of North Carolina.
- Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. S. Valle & M. King (Eds.), *Existential-Phenomenological Alternatives for Psychology* (pp. 48-71). New York: Oxford University Press.
- Colarusso, C. & Nemiroff, R. (1981). *Adult Development*. New York: Plenum Press.
- Coleman, D. (2000). Male fertility in industrial countries: Theories in search of some evidence. In S. Bledsoe, S. Lerner, G. Guyer (Eds.), *Fertility and the Male Life-Cycle in the Era of Fertility Decline* (pp. 29-60). Oxford: Oxford University Press.
- Coltrane, S. (1996). *Family Man: Fatherhood, Housework and Gender Equity*. Oxford: Oxford University Press.

- Coltrane, S. & Parke, R. (1998). *Reinventing Fatherhood: Toward an Historical Understanding of Continuity and Change in Men's Family Lives*. National Centre on Fathers and Families, University of Pennsylvania. Available: <http://www.ncoff.gse.upenn.edu/briefs/parkebrief.pdf> [2003, May].
- Connell, R. W. (1995). *Masculinities*. St. Leonards, NSW: Allen & Unwin.
- Connell, R. W., Ashenden, D. J., Kessler, S. & Dowsett, W. (1982). *Making the Difference: Schools, Families and Social Division*. Sydney: Allen & Unwin.
- Connidis, I. & McMullin, J. (1999). Permanent childlessness: Perceived advantages and disadvantages among older persons. *Canadian Journal on Aging*, 18(4), 447-465.
- Connolly, K., Edelmann, R. & Cooke, I. (1987). Distress and marital problems associated with infertility. *Journal of Reproductive & Infant Psychology* (5), 49-57.
- Connolly, K., Edelmann, R. & Cooke, I. (1992). The impact of infertility on psychological functioning. *Journal of Psychosomatic Research*, 36(5), 459-468.
- Conway, P. & Valentine, D. (1988). Reproductive losses and grieving. *Journal of Social Work & Human Sexuality*, 6(1), 43-64.
- Cook, E. (1987). Characteristics of the biopsychosocial crisis of infertility. *Journal of Counseling and Development*, 65, 465-470.
- Cook, R., Parsons, J., Mason, B. & Golombok, S. (1989). Emotional, marital and sexual functioning in patients embarking upon IVF and AID treatment for infertility. *Journal of Reproductive & Infant Psychology* (7), 87-93.
- Cooper, S. (1997). Ethical issues associated with the new reproductive technologies. In S. Leiblum (Ed.), *Infertility: Psychosocial Issues and Counselling Strategies* (pp. 41-66). New York: Wiley & Sons.
- Cooper-Hilbert, B. (1998). *Infertility & Involuntary Childlessness: Helping Couples Cope*. New York: W. W. Norton & Company.
- Cooper-Hilbert, B. (1999). The infertility crisis: Breaking through the cycle of hope and despair. *Family Therapy Networker* (Nov/December), 65-76.
- Cronbach, L. J. (1975). Beyond the two disciplines of scientific psychology. *American Psychologist*, 30(2), 116-127.
- Crotty, M. (1998). *The Foundations of Social Research; Meaning and Perspective in the Research Process*. St. Leonards, NSW: Allen & Unwin.
- Daly, K. (1988). Reshaped parenthood identity: The transition to adoptive parenthood. *Journal of Contemporary Ethnography*, 17(1), 40-66.
- Daly, K. J. (1999). Crisis of genealogy: Facing the challenges of infertility. In H. I. McCubbin & E. A. Thompson (Eds.), *The Dynamics of Resilient Families. Resiliency in Families* (Vol. 4, pp. 1-39). Thousand Oaks, CA: Sage Publications, Inc.
- Damario, M. A., Davis, O. K. & Rosenwaks, Z. (1999). The role of maternal age in the assisted reproductive technologies. *Reproductive Medicine Review*, 7(1), 41-60.

- Daniels, K. (1989). Psychosocial factors for couples awaiting in vitro fertilization. *Social Work in Health Care*, 14(2), 81-98.
- Daniels, K. (1993). Infertility counseling: The need for a psychosocial perspective. *British Journal of Social Work*, 23(5), 501-515.
- Daniels, K., Gunby, J., Legge, M., Williams, T. & Wynn-Williams, D. (1984). Issues and problems for the infertile couple. *New Zealand Medical Journal* (97), 185-187.
- Daniluk, J. (1988). Infertility: Intrapersonal and interpersonal impact. *Fertility & Sterility*, 49(6), 982-990.
- Daniluk, J. (1996). When treatment fails: The transition to biological childlessness for infertile women. *Women & Therapy*, 19(2) 1996, 81-98.
- Daniluk, J. (1997). Gender and infertility. *Infertility: Psychological Issues and Counseling Strategies*. (pp. 103-125). New York: John Wiley & Sons.
- Daniluk, J. (2001a). "If we had it to do over again . . .": Couples' reflections on their experiences of infertility treatments. *Family Journal: Counseling & Therapy for Couples & Families*, 9(2) Apr 2001, 122-133.
- Daniluk, J. (2001b). Reconstructing their lives: A longitudinal, qualitative analysis of the transition to biological childlessness for infertile couples. *Journal of Counseling and Development*, 79(4), 439-449.
- Darlington, Y. & Scott, D. (2002). *Qualitative Research in Practice: Stories from the Field*. Sydney: Allen & Unwin.
- Davis, S. & Gergen, M. (1997). Towards a new psychology of gender: Opening conversations. *Towards a New Psychology of Gender* (pp. 1-27). London: Routledge.
- De Beauvoir, S. (1975). *The Second Sex*. Harmondsworth: Penguin.
- De Lacey, S. (2000). *All for Nothing: A Post Modern Reading of the Thwarted Search for Motherhood through Infertility Treatment*. Unpublished thesis for the award of PhD, Flinders University, Adelaide, South Australia.
- De Vaus, D. (2002). Fertility decline in Australia - A demographic context. *Family Matters - Australian Institute of Family Studies* (63), 14-21.
- Denzin, N. K. (1998). The art and politics of interpretation. In N. K. Denzin & Y. Lincoln (Eds.), *Collecting and Interpreting Qualitative Research* (Volume 1, Chapter 11, pp. 313-344). London: Sage Publications.
- Denzin, N. K. & Lincoln, Y. S. (1994). *Handbook of Qualitative Research*. London: Sage Publications.
- Derrida, J. (1978). *Writing and Difference*. Chicago: University of Chicago Press.
- DeVault, M. (1999). *Liberating Methods: Feminism and Social Research*. Philadelphia: Temple University Press.
- Dilthey, W. (1976). *Selected Writings*. Cambridge, UK: Cambridge University Press.

- Domar, A. (1997). Stress and infertility in women. In S. R. Leiblum (Ed.), *Infertility: Psychological Issues and Counseling Strategies* (pp. 67-82.). New York: John Wiley & Sons.
- Domar, A., Zuttermeister, P. C. & Friedman, R. (1993). The psychological impact of infertility: A comparison with patients with other medical conditions. *Journal of Psychosomatic Obstetrics & Gynecology*, 14 Suppl, 45-52.
- Donchin, A. (1996). Feminist critiques of new fertility technologies: Implications for social policy. *Journal of Medicine & Philosophy*, 21(5), 475-498.
- Dowrick, S. & Grundberg, S. (1980). *Why Children?* New York: Women's Press.
- Draye, M. A., Woods, N. F. & Mitchell, E. (1988). Coping with infertility in couples: Gender differences. *Health Care for Women International*, 9(3), 163-175.
- Dunkel-Schetter, C. & Lobel, M. (1991). Psychological reactions to infertility. A. L. Stanton & C. Dunkel-Schetter (Eds) *Infertility: Perspectives from Stress and Coping Research*. (pp. 29-57). New York: Plenum Press.
- Dunkel-Schetter, C. & Stanton, A. L. (1991). Psychological adjustment to infertility: Future directions in research and application. In A. L. Stanton & C. Dunkel-Schetter (Eds), *Infertility: Perspectives from Stress and Coping Research* (pp. 197-222). New York: Plenum Press.
- Duvall, E. M. (1971). *Family Development*. Philadelphia: J.B. Lippincott (4th ed.).
- Edelmann, R. J. & Connolly, K. J. (1998). Psychological state and psychological strain in relation to infertility. *Journal of Community & Applied Social Psychology*, 8(4) Jul-Aug 1998, 301-311.
- Edelmann, R. J. & Golombok, S. (1989). Stress and reproductive failure. *Journal of Reproductive & Infant Psychology*, 7(2), 79-86.
- Edgar, D. (1993). Parents at the core of family life. *Family Matters - Australian Institute of Family Studies*, September (36), 2-3.
- Eisner, B. G. (1963). Some psychological differences between fertile and infertile women. *Journal of Clinical Psychology*, 19, 391-395.
- Eisner, E. W. (1991). *The Enlightened Eye: Qualitative Inquiry and the Enhancement of Educational Practice*. New York: Macmillan.
- Elias, N. (1994). *The Civilising Process*. Oxford: Blackwell.
- Elliott, A. (2001). *Concepts of the Self*. Malden, MA: Blackwell Publishers.
- Elliott, J. (1970). Death and the mid-life crisis. *Work, Creativity and Social Justice*. London: Heinemann.
- Ellis, C., Kiesinger, C. & Tillmann-Healy, L. (1997). Interactive interviewing: Talking about emotional experience (pp. 119-149). In R. Hertz (Ed.), *Reflexivity and Voice* (pp. 119-149). Newbury Park, CA: Sage Publications.

- Ely, M., Anzul, M., Friedman, T., Garner, D. & Steimetz, M. C. (1991). *Doing Qualitative Research: Circles within Circles*. London: The Falmer Press.
- Epstein, Y. M. & Rosenberg, H. S. (1997). He does, she doesn't; She does, he doesn't : Couples conflicts about infertility. In S. Leiblum (Ed.), *Infertility, Psychological Issues and Counseling Strategies* (pp. 129 -147). New York: John Wiley & Sons.
- Erikson, E. (1968). *Identity: Youth and Crisis*. New York: Norton Books.
- Erikson, E. (1959). *Identity and the Life Cycle*. New York: International Universities Press.
- Erikson, E. (1950). *Childhood and Society*. New York: W.W. Norton & Co Inc.
- Eunpu, D. L. (1995). The impact of infertility and treatment guidelines for couples therapy. *American Journal of Family Therapy*, 23(2) Sum 1995, 115-128.
- Evans, M. D. R. & Kelley, J. (1999). Small families or large? Australian in international perspective. *Australian Social Monitor*, 2, 13-19.
- Exley, C. & Letherby, G. (2001). Managing a disrupted lifecourse: Issues of identity and emotion work. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness & Medicine*, 5(1) Jan 2001, 112-132.
- Ezzy, D. (2002): *Qualitative Analysis: Practice and Innovation*, Allen & Unwin, St. Leonards.
- Ezzy, D. (2000). *Interpreting Qualitative Data*. Sydney: Allen and Unwin.
- Finch, J. (1984). It's great to have someone to talk to: The ethics and politics of interviewing women. In C. Bells & H. Roberts (Eds.), *Social Researching* (pp. 70-87). London: Routledge.
- Fine, M. (1985). Reflections on a feminist psychology of women. *Psychology of Women Quarterly* (9), 167-183.
- Fleming, J. & Burry, K. (1987). Coping with infertility. *Journal of Social Work & Human Sexuality*, 61(1) 1987, 37-41.
- Fleming, J. & Burry, K. (1988). Coping with infertility. In D. Valentine (Ed.) *Infertility and Adoption: A Guide for Social Work Practice*. (pp. 37-41). New York: Haworth.
- Fonow, M. & Cook, J. (1991). *Beyond Methodology: Feminist Scholarship as Lived Research*. Bloomington: Indiana University Press.
- Fontana, A. & Frey, J. (1994). Interviewing: The art of science. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 361-376). Thousand Oaks, CA: Sage Publications.
- Forrest, L. & Gilbert, M. (1992). Infertility: An unanticipated and prolonged life crisis. *Journal of Mental Health Counseling*, 14(1), 42-58.
- Foucault, M. (1980). *Power/Knowledge: Selected Interviews and Other Writings 1972-1977*. Paris: Pantheon.

- Franklin, S. (1990). Deconstructing 'desperateness': The social construction of infertility in popular representations of new reproductive technologies. In M. Mc Neil & I. Varcoe & S. Yearley (Eds.), *The New Reproductive Technologies* (pp. 200-229). London: Macmillan.
- Franz, C. E. & White, K. M. (1985). Individuation and attachment in personality development: Extending Erikson's theory. *Journal of Personality* (53), 224-256.
- Freeman, E., Boxer, A., Rickels, K., Tureck, R. & Mastroianni, L. (1985). Psychological evaluation and support in a program of in vitro fertilization and embryo transfer. *Fertility and Sterility*, 43, 48-53.
- Freud, S. (1938). *Basic Writings of Sigmund Freud*. New York: Random House.
- Frias, A. & Wilson, S. (1985). When biological childlessness is inevitable. *Medical Aspects of Human Sexuality*, 19(8) Aug 1985, 43-51.
- Gadamer, H.-G. (1994). *Truth and Method*. (Trans.) Weinsheimer and Marshall. New York: Continuum Press.
- Galinsky, E. (1987). *The Six Stages of Parenthood*. New York: Addison Wesley.
- Ganong, L., Coleman, M. & Mapes, D. (1990). A meta-analytic review of family structures stereotypes. *Journal of Marriage and the Family* (52), 287-297.
- Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist* (40), 266-275.
- Gergen, K. J. (2001). *An Invitation to Social Construction*. London: Sage.
- Gergen, K. J., & Gergen, M. M. (1991). Towards reflexive methodologies. In E. Steier (Ed.), *Research and Reflexivity* (pp. 76-95). Newbury Park, CA: Sage Publications.
- Gerrity, D. (2001). A biopsychosocial theory of infertility. *Family Journal*, 9(2), 151-158.
- Gerson, K. (1985). *Hard Choices: How Women Decide about Work, Career and Motherhood*. Berkeley: University of California Press.
- Gibson, D. & Myers, J. (2000). Gender and infertility: A relational approach to counseling women. *Journal of Counseling and Development*, 78 (4 Fall 2000), 400-410.
- Giddens, A. (1982). *Sociology: A Brief but Critical Introduction*. London: The Macmillan Press.
- Giddens, A. (1991a). *Modernity and Self-Identity: Self and Society in the Late Modern Age*. Cambridge, UK: Polity Press.
- Giddens, A. (1991b). A reply to my critics. In D. Held & J. Thompson (Eds.), *Social Modern Theories: Anthony Giddens and his Critics* (pp. 249-301). Melbourne: Cambridge University Press.
- Gilding, M. (2000). *Australian Families: A Comparative Perspective*. Sydney: Pearson Education Australia.

- Gillespie, R. (2000). When no means no: Disbelief, disregard and deviance as discourses of voluntary childlessness. *Reproductive Health Matters*, 23(2), 223-234.
- Gilligan, C. (1982). *In a Different Voice*. Cambridge, MA: Harvard University Press.
- Gittins, D. (1985). *The Family in Question*. London: Macmillan.
- Glaser, B. G. (1978). *Theoretical Sensitivity: Advances in the Methodology of Grounded Theory*. Mill Valley, CA: Sociology Press.
- Glazer, E. S. (1990). *The Long-Awaited Stork : A Guide to Parenting after Infertility*. Lexington, Massachusetts: Lexington Books.
- Glover, L., Gannon, K., Sherr, L. & Abel, P. D. (1996). Distress in sub-fertile men: A longitudinal study. *Journal of Reproductive & Infant Psychology*, 14(1), 23-36.
- Glover, L., Hunter, M., Richards, J.M., Katz, M. & Abel, P. (1999). Development of the fertility adjustment scale. *Fertility and Sterility*, 72(4), 623-628.
- Gonzalez, L. (2000). Infertility as a transformational process: A framework for psychotherapeutic support of the infertile women. *Issues in Mental Health Nursing*, 21(6), 619-633.
- Gray, E. (2002). *What Do We Know About Men's Infertility Levels in Australia*. Negotiating the Life Course Discussion Paper. Canberra: ANU, Demography Program, RSSS.
- Greenfeld, D. A. (1997). Infertility and assisted reproductive technology: The role of the perinatal social worker. *Social Work in Health Care*, 24(3-4), 39-46.
- Greil, A. L. (1991a). *Not Yet Pregnant: Infertile Couples in Contemporary America*. New Brunswick, NJ: Rutgers University Press.
- Greil, A. L. (1991b). A secret stigma: The analogy between infertility and chronic illness and disability. *Advances in Medical Sociology*, 2, 17-38.
- Greil, A. L. (1997). Infertility and psychological distress: A critical review of the literature. *Social Science & Medicine*, 45(11), 1679-1704.
- Greil, A. L., Leitko, T. A. & Porter, K. L. (1988). Infertility: His and hers. *Gender & Society*, 2(2), 172-199.
- Greil, A. L., Porter, K. L., Leitko, T. A. & Riscilli, C. (1989). Why me? Theodicies of infertile women and men. *Sociology of Health & Illness*, 11(3), 213-229.
- Guba, E. (1990). *The Paradigm Dialog*. Beverly Hills, CA: Sage.
- Guba, E. & Lincoln, Y. (1981). *Effective Evaluation : Improving the Usefulness of Evaluation Results through Responsive and Naturalistic Approaches*. San Francisco: Jossey-Bass.
- Guba, E. & Lincoln, Y. (1989). *Fourth Generation Evaluation*. Newbury Park, CA: Sage Publications.

- Guba, E. & Lincoln, Y. (1994). Competing paradigms in qualitative research. In N. Denzin & Y. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 105-117). London: Sage Publications.
- Gubrium, J. F. & Holstein, J. A. (1997). *The New Language of Qualitative Method*. New York: Oxford University Press.
- Guerra, D., Llobera, A., Veiga, A. & Barri, P. (1998). Psychiatric morbidity in couples attending a fertility service. *Human Reproduction*, 13(6), 1733-1736.
- Gutmann, D. (1975). Parenthood: A key to the comparative study of the life cycle. In N. Datan & L. Ginsberg (Eds.), *Life-Span Developmental Psychology: Normative Life Crises* (pp.167-184). New York: Academic Press.
- Hammer-Burns: See Burns.
- Hammersley, M. & Atkinson, P. (1995). *Ethnography: Principles in Practice (2nd ed.)*. London: Routledge.
- Haslanger, S. (2000). Gender and race: (What) are they? (What) do we want them to be? *Nous*, 34(1), 31-55.
- Hattie, J. (1992). *Self-Concept*. Hillsdale, N.J.: Lawrence Erlbaum Associates, Inc.
- Haussegger, V. (2003). Has feminism let us down? *The Age* (23 April 2003).
- Haussegger, V. (2005). *Wonder Woman - The Myth of Having It All*. Sydney: Allen & Unwin.
- Healey, J. (2002). *Parenting*. Rozelle, NSW: Spinney Press.
- Healy, K. (2000). *Social Work Practices: Contemporary Perspectives on Change*. London: Sage Publications.
- Heaton, T. & Jacobsen, C. (1999). Persistence and change in decisions to remain childless. *Journal of Marriage and the Family*, 61, 531-539.
- Heidegger, M. (1962). *Being and Time*. New York: Harper and Row.
- Hewlett, S. A. (2002). *Baby Hunger : The New Battle for Motherhood*. London: Atlantic books.
- HFEA. (1998). *Code of Practice - Guidelines for Counselling in Infertility*. London: Human Fertilisation and Embryology Authority. [Outline also published in *Human Reproduction*, vol 16, No 6, 1301-1304 June 2001.]
- Higgins, E.T. (1987). Self-discrepancy: A theory relating self and affect. *Psychological Review* 94, 319-340
- Hill, R. (1970). *Family Development in Three Generations*. Cambridge, MA: Schenkman.
- Hird, M. & Abshoff, K. (2000). Women without children: A contradiction in terms? *Journal of Comparative Family Studies*, 31(3), 347-366.

- Hirsch, A. M. & Hirsch, S. M. (1995). The long term psychological effects of infertility. *Journal of Obstetrics and Gynecological Neonatal Nursing*, 24, 517-522.
- Hoares, C. (2002). *Erikson on Development in Adulthood: New Insights on his Unpublished Papers*. Oxford: Oxford University Press.
- Hoffman, L. (1979). The value of children in the United States: A new approach to the study of fertility. *Journal of Marriage and the Family*, 41, 583-596.
- Hoffman, L. & Hoffman, M. (1973). The value of children to parents. In J. T. E. Fawcett (Ed.), *Psychological Perspectives on Population* (pp.19-76). New York: Basic Books.
- Holland, J. (1998). *Generativity and the Transition to Fatherhood: the Emergence of Fathers' Nurturing Capacities*. Melbourne: Australian Institute of Family Studies Conference (25-27 Nov).
- Holway, W. & Jefferson, T. (2000). *Doing Qualitative Research Differently*. London: Sage Publications.
- Horney, K. (1973). *Feminine Psychology*. New York: W.W. Norton.
- Hurst, T. & Lancaster, P. (2001). *Assisted Conception Australia and New Zealand 1998 and 1999*. Canberra: Australian Institute of Health and Welfare. National Perinatal Statistics Unit and the Fertility Society of Australia.
- Inhorn, M. & van Balen, F. (2002). *Infertility around the Globe: New Thinking on Childlessness, Gender and Reproductive Technologies*. London, University of California Press.
- Ireland, M. S. (1993). *Reconceiving Women: Separating Motherhood from Female Identity*. New York: Guilford Press.
- Jackson, S. & Scott, S. (2002). Introduction: The gendering of society. *Gender: A Sociological Reader* (pp. 1-23). London: Routledge.
- James, W. (1892). *Psychology: Briefer Course*. London: Macmillan.
- Jansen, R. (2003). The effect of female age on the likelihood of a live birth from one in vitro fertilisation treatment. *Medical Journal of Australia*, 178, 258-261.
- Jeffries, S. & Konnert, C. (2002). Regrets and psychological well-being among voluntarily and involuntarily childless women and mothers. *International Journal of Aging and Human Development*, 54(2), 89-106.
- Johnston, P. I. (1994). *Taking Charge of Infertility*. Indianapolis: Perspectives Press.
- Jordan, C. & Revenson, T. A. (1999). Gender differences in coping with infertility: A meta-analysis. *Journal of Behavioral Medicine*, 22(4), 341-359.
- Jung, C. (1993). *Modern Man in Search of a Soul*. New York: Harcourt Brace & World.
- Jung, C. (1954). *The Development of Personality*. Princeton: Princeton University Press.
- Kaminer, W. (2000). Reproductive entitlement. *The American Prospect*, 11(10), 14-15.

- Kellner, D. (1995). *Media Culture. Cultural Studies, Identity, and Politics Between the Modern and the Postmodern*. London: Routledge.
- Kessler, S. & McKenna, W. (1978). *Gender: An Ethnomethodological Approach*. New York: John Wiley & Sons.
- Keye, W. R. (1999). Medical Aspects of Infertility for the Counselor. In L.H. Burns & S.N. Covington (Eds.), *Infertility Counseling: A Comprehensive Handbook for Clinicians* (pp. 27-46). London: Parthenon Publishing Group.
- Kikendall, K. (1994). Self-discrepancy as an important factor in addressing women's emotional reactions to infertility. *Professional Psychology - Research & Practice*, 25(3), 214-220.
- Kinnear, P. (2002). *New Families for Changing Times* (Discussion Paper 47). Canberra: Australian Institute of Family Studies.
- Kirkman, M. (1999). *Revisiting the Plot: Autobiographical Narratives after Infertility*. Paper presented at the International Conference of the Association for Qualitative Research, Melbourne, Australia (6-10 July).
- Kirkman, M. (2003). Infertile women and the narrative work of mourning: Barriers to the revision of autobiographical narratives of motherhood. *Narrative Inquiry*, 13(1), 243-262.
- Klein, M. (1984). The psycho-analysis of children. In R. Money-Kyrle & T. A. Strachey (Eds.), *The writings of Melanie Klein (Vol. 2)*. New York: Free Press. (Original work published 1932).
- Klein, R. (1989). *Infertility: Women Speak Out about their Experiences of Reproductive Medicine*. London: Pandora.
- Kohut, H. (1971). *The Analysis of the Self. A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders* (Vol. I) New York: International University Press.
- Kohut, H. (1977). *The Restoration of the Self*. New York: International Universities Press.
- Kohut, H. & Wolf, E. S. (1978). The disorders of the self and their treatment: An outline. *Journal of Psychoanalysis*, 59, 413-424.
- Kopper, B. & Smith, S. (2001). Knowledge and attitudes towards infertility and childless couples. *Journal of Applied Psychology*, 31(11), 2275-2291.
- Koropatnick, S., Daniluk, J. & Pattinson, A. (1993). Infertility: A non-event transition. *Fertility & Sterility*, 59, 163-171.
- Koropecjy-Cox, T. (1998). Loneliness and depression in middle and old age: Are the childless more vulnerable? *Journal of Gerontology*, 53B(6), 303-312.
- Kotre, J. (1984). *Outliving the Self*. Maryland: John Hopkins Press.

- Kraft, A., Palombo, J., Mitchell, D., Dean, C., Meyers, S. & Schmidt, A. (1980). The psychological dimensions of infertility. *American Journal of Orthopsychiatry*, 50(4), 618-628.
- Kubler-Ross, E. (1969). *On Death and Dying*. New York: Macmillan.
- La Rossa, R. (1997). *The Modernisation of Fatherhood: A Social and Political History*. Chicago: Chicago University Press.
- Lacan, J. (1998). *The Language of the Self: The Function of Language in Psychoanalysis* (Trans) Wilden, Anthony. Baltimore: Johns Hopkins University Press.
- Lackley, C. (1992). Gidden's modernity and self-identity. *Berkeley Journal of Sociology* (37), 183.
- Lalos, A., Lalos, O., Jacobsson, L. & von Schoultz, B. (1985). The psychosocial impact of infertility two years after completed surgical treatment. *Acta Obstet Gynecol Scand*, 64, 599-604.
- Lalos, A., Lalos, O., Jacobsson, L. & von Schoultz, B. (1986). Depression, guilt and isolation among infertile women and their partners. *Journal of Psychosomatic Obstetrics and Gynaecology*, 5(3), 197-206.
- Lampman, C. & Dowling-Guyer, S. (1995). Attitudes toward voluntary and involuntary childlessness. *Basic & Applied Social Psychology*, 17(1-2) Aug 1995, 213-222.
- Lang, S. S. (1991). *Women without Children: The Reasons, the Rewards, the Regrets*. New York: Pharos Books.
- Langdridge, D., Connolly, K. & Sheeran, P. (2000). Reasons for wanting a child: A network analytical study. *Journal of Reproductive & Infant Psychology*, 18(4), 321-338.
- Lasker, J. & Borg, S. (1989). *In Search of Parenthood - Coping with Infertility and High-Tech Conception*. London: Pandora Press.
- Laslett, B. & Brenner, J. (1989). Gender and social reproduction: Historical perspectives. *Annual Review of Sociology* (15), 381-404.
- Lathar, S. (1991). Ecofeminist theory and grassroots politics. *Hypatia*, 6(1), 28-45.
- Lather, P. (1991). *Getting Smart: Feminist Research and Pedagogy with/in the Postmodern*. New York: Routledge.
- Laurance, J. (1982). The moral pressure to have children. *New Society*, 61(1029), 216-218.
- Lee, A. H. (1995). *People in Crisis: Understanding and Helping* (4th ed.). San Francisco: Jossey-Bass Publishers.
- Leiblum, S. (1993). The impact of infertility on sexual and marital satisfaction. *Annual Review of Sex Research*, 4, 99-120.
- Leiblum, S. (1997a). Gender and infertility. In S. Leiblum (Ed.), *Infertility: Psychological Issues and Counseling Strategies* (pp. 103-125). Toronto: John Wiley & Sons.

- Leiblum, S. (Ed.). (1997b). *Infertility: Psychological Issues and Counseling Strategies*. New York: John Wiley & Sons.
- Leiblum, S., Aviv, A. & Hamer, R. (1998). Life after infertility treatment: A long-term investigation of marital and sexual function. *Human Reproduction*, 13(12), 3569-3574.
- Lemert, C. (1997). *Postmodernism Is Not What You Think*. Oxford: Blackwell.
- Letherby, G. (1994). Mother or not, mother or what? Problems of definition and identity. *Women's Studies International Forum*, 17(5), 525-532.
- Letherby, G. (1999). Other than mother and mothers as others: The experience of motherhood and non-motherhood in relation to 'infertility' and 'involuntary childlessness'. *Women's Studies International Forum*, 22(3), 359-372.
- Letherby, G. (2002a). Childless and bereft? Stereotypes and realities in relation to 'voluntary' and 'involuntary' childlessness and womanhood. *Sociological Enquiry*, 72(1), 7-20.
- Letherby, G. (2002b). Challenging dominant discourses: Identity and change and the experience of 'infertility' and 'involuntary childlessness'. *Journal of Gender Studies*, 11(3), 277-288.
- Letherby, G. & Williams, C. (1999). Non-motherhood: Ambivalent biographies. *Feminist Studies*, 25(3).
- Levine, J. & Pitt, M. (2002). *The Future of Fatherhood: Why We Must, How We Can Get Men Involved in Childrearing*. Families and Work Institute, the Fatherhood Project, NY, USA. Available: http://www.osservatorionazionalefamiglie.it/documentazione/costodeifigli/levine_pitt.pdf [2003, May].
- Levinson, D. (1978). *The Seasons of a Man's Life*. New York: Knopf.
- Levinson, D. (1996). *The Seasons of a Woman's Life*. New York: Knopf.
- Levi-Strauss. (1966). *The Savage Mind*. Chicago: University of Chicago Press.
- Lincoln, S. Y. & Guba, E. G. (1985). *Naturalistic Inquiry*. Thousand Oaks, CA: Sage Publications.
- Lindgren, C. L., Burke, M. L., Hainsworth, M. A. & Eakes, G. G. (1992). Chronic sorrow: A lifespan concept. *Scholarly Inquiry for Nursing Practice*, 6(1), 27-40.
- Lisle, L. (1996). *Without Child: Challenging the Stigma of Childlessness*. New York: Ballantine Books.
- Littlejohn, S. W. (1992). *Theories of Human Communication*, (4th ed.) Belmont, CA: Wadsworth Publishing Company.
- Livneh, H. & Antonak, R. (1997). *Psychosocial Adaptation to Chronic Illness and Disability*. Gaithersburg, MA: Aspen Publication.
- Lonsdale, M. (2003). Family, it's all relative. *The Age* (26 February). Melbourne.

- Lorber, J. & Bandlamudi, L. (1993). The dynamics of marital bargaining in male infertility. *Gender & Society*, 7(1), 32-49.
- Lott, B. (1986). *Women's Lives: Themes and Variations in Gender Learning*. Monterey, CA: Brooks/Cole.
- Luhmann, N. (1986). The autopoiesis of social systems. In F. Geyer & J. van der Zouwen (Eds.), *Sociocybernetic Paradoxes*. London: Sage Publications.
- Luhmann, N. (1987). The evolution and differentiation between society and interaction, *The Micro-Macro Link*. Berkeley: University of California Press.
- Lupton, D. & Barcklay, L. (1997). *Constructing Fatherhood - Discourses and Experiences*. London: Sage Publications.
- Lyotard, J. F. (1984). *The Postmodern Condition: A Report on Knowledge*. Minneapolis,: University of Minnesota Press.
- Mahlstedt, P. P. (1985). The psychological components of infertility. *Modern Trends*, 43(3), 335-346.
- Mahlstedt, P. P. (1987). The crisis of infertility: An opportunity for growth. In G. Weeks & L. Hof (Eds.), *Integrating Sex and Marital Therapy: A Clinical Guide* (pp. 121-148). Philadelphia: Brunner/Mazel, Inc.
- Mai, F. M., Munday, R. N. & Rump, E. E. (1972). Psychiatric interview comparisons between infertile and fertile couples. *Psychosomatic Medicine*, 34(5), 431-440.
- Manning, P. K. (1995). The challenge of postmodernism. In J. Van Maanen (Ed.), *Representation in Ethnography* (pp. 245-272). Thousand Oaks, CA: Sage Publications.
- Mao & Wood. (1984). Barriers to treatment of infertility by IVF and embryo transfer. *Medical Journal of Australia*, 140, 532-533.
- Marciano, T. D. (1978). Male pressure in the decision to remain childfree. *Alternative Lifestyles* (2), 95-111.
- Marshall, H. (1991). The social construction of motherhood: An analysis of childcare and parenting manuals. In A. Phoenix & A. Woollett & E. Llyod (Eds.), *Motherhood: Meanings, Practices and Ideologies* (pp. 66-85). London: Sage Publications.
- Marshall, H. (1993). *Not Having Children*. Melbourne: Oxford University Press.
- Marsiglio, W. (1998). *Procreative Men*. New York: University Press.
- Marsiglio, W., Hutchinson, S. & Cohan, M. (2001). Young men's procreative identity: Becoming aware, being aware, and being responsible. *Journal of Marriage and Family* (63), 123-135.
- Martin, E. (1987). *The Women in the Body: A Cultural Analysis of Reproduction*. Boston: Beacon Press.
- Maslow, A. (1954). *Motivation and Personality*. New York: Harper & Row Publishers.

- Mason, M. C. (1993). *Male Infertility - Men Talking*. London: Routledge.
- Matthews, A. M. & Matthews, R. (1986a). Beyond the mechanics of infertility: Perspectives on the social psychology of infertility and involuntary childlessness. *Family Relations: Journal of Applied Family & Child Studies*, 35(4), 479-487.
- Matthews, A. M. & Matthews, R. (1986b). Infertility and involuntary childlessness: The transition to nonparenthood. *Journal of Marriage & the Family*, 48(3), 641-649.
- Maturana, H. R. & Varela, F. J. (1988). *The Tree of Knowledge - The Biological Roots of Human Understanding*. Boston: Shambala.
- May, T. (1993). *Social Research, Issues, Methods and Process*. Buckinghamshire: Open University Press.
- Mazor, M. D. (1979). Barren couples. *Psychology Today* (12), 101-112.
- Mazor, M. D. (1984). Emotional reactions to infertility. In M. Mazor & H. Simons (Eds.), *Infertility: Medical, Emotional and Social Considerations* (pp. 23-35). New York: Human Sciences Press.
- Mazure, C. M., Takefman, J. E., Milki, A. A. & Polan, M. L. (1992). Assisted reproductive technologies: Psychologic implications for women and their partners, Part 2. *Journal of Women's Health*, 1(4), 275-281.
- McAdams, D. P. & de St. Aubin, E. (1992). A theory of generativity and its assessment through self-report, behavioral acts and narrative themes in autobiography. *Journal of Personality and Social Psychology*, 62(6), 1003-1015.
- McAllister, F. & Clarke, L. (1998). *Choosing Childlessness: A Study of Childlessness in Britain*. Family Policy Studies Center, Joseph Rowntree Foundation, London.
- McArthur, M. & Moulet, C. (2004). Counselling in infertility scope and limitations - A profile of counselling services in Australian reproductive clinics. *Women in Welfare Education*, (7), 64-77.
- McCraken, G. (1988). *The Long Interview*. Newbury Park, CA: Sage Publications.
- McDaniel, S. H., Hepworth, J. & Doherty, W. (1993). Medical family therapy with couples facing infertility. *American Journal of Family Therapy*, 20(2)(Sum 92), 101-122.
- McDonald, P. (1998). Contemporary fertility patterns in Australia: First data from the 1996 Census. *People and Places*, 6(1), 1-12.
- McEwan, K. L., Costello, C. G. & Taylor, P. J. (1987). Adjustment to infertility. *Journal of Abnormal Psychology*, 96(2), 108-116.
- MacNab, R. T. (1984). *Infertility and Men: A Study of Change and Adaptive Choices in the Lives of Involuntarily Childless Men*. Unpublished PhD, The Fielding Institute, Santa Barbara, CA.
- McWhinnie, A. (1995). Reproductive medicine: Why do we need counselling? In S. Jennings (Ed.), *Infertility Counselling* (pp. 234-276). Melbourne: Blackwell Sciences Ltd.

- Meares, R. (2001). *Intimacy and Alienation: Memory, Trauma and Personal Being*. New York: Brunner-Routledge.
- Men, P. (1998). *Procreative Men*. New York: New York University Press.
- Mendola, R., Tennen, H., Affleck, G. & McCann, L. (1990). Appraisal and adaptation among women with impaired fertility. *Cognitive Therapy & Research*, 14(1) Feb 1990, 79-93.
- Menning, B. (1980). The emotional needs of infertile couples. *Modern Trends*, 34(4), 313-314.
- Menning, B. (1988). *Infertility: A Guide for the Childless Couple* (2nd ed.). New York: Prentice Hall Press.
- Merleau-Ponty, M. (1962). *The Phenomenology of Perception*. (Trans.) Smith, Colin. New York: Humanities Press.
- Merlo, R. (2002). *Voluntary or Involuntary Childlessness*. Record of conversation. Preparation for a new research project - Working hypothesis that a number of declared voluntary childless respondents may be in fact involuntary childlessness due to age or circumstances. ANU, Canberra.
- Merlo, R. & Rowland, D. (2000). The prevalence of childlessness in Australia. *People and Place*, 8(2).
- Miall, C. E. (1986). The stigma of involuntary childlessness. *Social Problems*, 33(4), 268-282.
- Miall, C. E. (1989). Reproductive technology vs. the stigma of involuntary childlessness. *Social Casework*, 70(1) Jan 1989, 43-50.
- Miall, C. E. (1994). Community constructs of involuntary childlessness: Sympathy, stigma, and social support. *La Revue Canadienne de Sociologie et d'Anthropologie/The Canadian Review of Sociology & Anthropology*, 31(4), 392-421.
- Miller, J.B. (1973). *Psychoanalysis and Women: Contributions to New Theory and Therapy*. New York: Brunner / Mazel Publishers.
- Minichiello, V., Aroni, R., Timewell, E. & Alexander, L. (1995). *In-Depth Interviewing (2nd ed)*. Sydney: Pearsons Education Australia.
- Mitchell, D. & Gray, E. (2004). *Declining Fertility: Intentions, Attitudes and Aspirations*. Paper presented at the The Australian Sociological Conference (TASA), Beechworth Campus of La Trobe University.
- Monach, J. H. (1993). *Childless: No Choice: The Experience of Involuntary Childlessness*. London: Routledge.
- Morell, C. (1994). *Unwomanly Conduct: The Challenges of Intentional Childlessness*. New York: Routledge.

- Morley, S. (1993). *Enough is Enough: Women's Narratives about Resolving Infertility*. Unpublished PhD, Antioch University, New England Graduate School, Antioch, New England.
- Moustakas, C. E. (1994). *Phenomenological Research Methods*. Thousand Oaks, CA: Sage Publications.
- Myers, L. B. & Wark, L. (1996). Psychotherapy for infertility: A cognitive-behavioral approach for couples. *American Journal of Family Therapy*, 24(1), 9-20.
- NBCC. (1991). *Reproductive Technology and Counselling*. Canberra: National Bio-ethics Consultative Committee, Commonwealth of Australia, Final Report for the Australian Health Ministers Conference.
- Nemiroff, R. & Colarusso, C. (1990). *New Dimensions in Adult Development*. New York: Basic Books.
- Newton, C. R. (1999). Counseling the infertile couple. In L.H. Burns & S.N. Covington (Eds.), *Infertility Counseling: A Comprehensive Handbook for Clinicians*. New York: Parthenon Publishing Group.
- Newton, C. R., Hearn, M. T. & Yuzpe, A. A. (1990). Psychological assessment and follow-up after in vitro fertilization: Assessing the impact of failure. *Fertility and Sterility* (54), 879-886.
- Newton, C.R. & Houle, M. (1993). Gender differences in psychological response to infertility treatment. *Infertility & Reproductive Medicine Clinics of North America*, 4(3), 545-558.
- Newton, C. R., Sherrard, W. & Glavac, I. (1999). The fertility problem inventory: Measuring perceived infertility related stress. *Fertility and Sterility*, 72(1), 54-62.
- Nicholson, L. (1995). Interpreting gender. In L. Nicholson & S. Seidman (Eds.), *Social Postmodernism: Beyond Identity Politics* (pp. 39-67). Cambridge, UK: Cambridge University Press.
- Nielsen, J. M. (1990). Introduction. In J. M. Nielsen (Ed.), *Feminist Research Methods: Exemplary Readings in the Social Sciences* (pp. 1-37). San Francisco: Westview Press.
- Nock, S. (1979). The family life cycle: Empirical or conceptual tool. *Journal of Marriage and the Family*, 15-25.
- Oakley, A. (1980). *Women Confined: Towards a Sociology of Childbirth*. Harmondsworth: Penguin.
- Oakley, A. (1981). Interviewing women: A contradiction in terms. In H. Roberts (Ed.), *Doing Feminist Research* (pp. 30-61). London: Routledge and Kegan Paul.
- Oakley, A. (2000). *Experiments in Knowing*. Cambridge, UK: Polity Press.
- O'Brien, M. (1981). *The Politics of Reproduction*. Boston: Routledge.

- Olesen, V. (1994). Feminisms and models of qualitative research. In N. Denzin & Y. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 158-174). Thousand Oaks, CA: Sage Publications.
- Olshansky, E. F. (1987). Identity of self as infertile: An example of theory-generating research. *Advances in Nursing Science*, 9(2), 54-63.
- Orenstein, P. (2000). *Flux: Women on Sex, Work, Love, Kids & Life in a Half-Changed World*. New York: Anchor Books.
- Osborne, J. (1990). Some basic existential-phenomenological research methodology for counsellors. *Canadian Journal of Counselling* (24), 79-91.
- Osborne, J. (1994). Some similarities and differences among phenomenological and other methods of psychological qualitative research. *Canadian Psychology*, 35(2), 167-189.
- OTA - Office of Technology Assessment, U.S (1988). *Infertility: Medical and Social Choices*. Washington, DC: USA Congress, US Government Printing Office.
- Owens, D. (1982). The desire to father: Reproductive ideologies and involuntary childless men. In L. McKee & M. O'Brien (Eds.), *Father Figures* (pp. 72-86). London: Tavistock Publications.
- Palkovitz, R. (2002). Involved fathering and men's adult development: Provisional balances. In R. Palkovitz & M.B. Sussman (Eds.), *Transitions to Parenthood*. New York: Haworth Press.
- Park, K. (2002). Stigma management among the voluntarily childless. *Sociological Perspectives*, 45(1), 21-45.
- Parsons, T. (1949). The social structure of the family. In R. N. Anshen. (Ed.), *Family: Its Functions and Destiny*, (pp173-201). New York: Harper.
- Patton, M. (1987). *How to Use Qualitative Methods in Evaluation*. New York: Sage Publications.
- Patton, M. (1990). *Qualitative Evaluation and Research Methods*, (2nd ed). Newbury Park, CA: Sage Publications.
- Pease, B. (2002). *Men and Gender Relations*. Croydon, VIC: Tertiary Press.
- Peck, R. (1968). Psychological developments in the second half of life. In B. Neugarten (Ed.), *Middle Age and Aging* (pp. 88-90). Chicago: University of Chicago Press.
- Peterson, B. & Stewart, A. (1993). Generativity and social motives in young adults: Personality processes and individual differences. *Journal of Personality and Social Psychology*, 65(1), 186-198.
- Pfeffer, N. (1993). *The Stork and the Syringe: A Political History of Reproductive Medicine*. Cambridge, UK: Polity Press.
- Pfeffer, N. (1995). *The Stigma of Infertility*. Buckingham, England: Open University Press.

- Phoenix, A., Woollett, A. & Lloyd, E. (1991). *Motherhood: Meanings, Practices and Ideologies*. London: Sage Publications.
- Platt, J., Ficher, I. & Silver, M. (1973). Infertile couples: Personality traits and self-ideal concept discrepancies. *Fertility and Sterility*, 24(12), 972-977.
- Polit, D. (1978). Stereotypes relating to family-size status. *Journal of Marriage & the Family* (40), 105-114.
- Polkinghorne, D. (1989). Phenomenological research methods. In R. Valle & S. Halling (Eds.), *Existential Phenomenological Perspectives in Psychology* (pp. 41-61). New York: Plenum Press.
- Polkinghorne, D. E. (1983). *Methodology for the Human Sciences: Systems of Inquiry*. Albany, NY: State University of New York Press.
- Powell, S. & Stagoll, H. (1992). *When You Can't Have a Child : Personal Stories of Living Through Infertility and Childlessness*. North Sydney: Allen & Unwin.
- Proctor, D. & Ingwersen, R. (2001, September). *An Ounce of Prevention (Reproductive Health and Early Intervention)*. Paper presented at the Public Health Association of Australia Conference, Sydney.
- Qu, L., Weston, R. & Kilmartin, C. (2000). Children? No children? Effects of changing personal relationships on decisions about having children. *Family Matters - Australian Institute of Family Studies* (57), 14-19.
- Read, J. (1995). *Counselling for Fertility Problems*. Thousand Oaks, CA: Sage Publications.
- Reinharz, S. (1992). *Feminist Methods in Social Research*. Cambridge, UK: Polity Press.
- Rhodes, R. (1988). Women, motherhood and infertility: The social and historical context. *Journal of Social Work & Human Sexuality*, 6(5-20).
- Rice, P. L. & Ezzy, D. (1999). *Qualitative Research Methods, A Health Focus*. Melbourne: Oxford University Press.
- Richards, L. (1990). *Nobody's Home*. Melbourne, Australia: Oxford University Press.
- Roach Anleu, S. (1993). Reproductive autonomy: infertility, deviance and conceptive technology. *Law in Context*, 11(2), 17-40.
- Rogoff-Thompson, L. & Thompson, J. (1990). Adoption: Coping constructively with the social and psychological contexts. In J. Spurlock & C. B. Robinowitz (Eds.) *Women's Progress: Promises and Problems* (pp. 61-74). New York: Plenum Press.
- Ross, A. O. (1992). *The Sense of Self: Research and Theory*. New York: Springer Publishing.
- Roth, W. M. & Breuer, F. (2003). Subjectivity and reflexivity in the social sciences: Epistemic windows and methodological consequences. *Forum: Qualitative Social Research (on-line journal)*, 4(2). Available: <http://www.qualitative-research.net/fqs-texte/2-03/2-03intro-3-e.htm> [4, 25/08/2003].

- Rovi, S. D. (1994). Taking 'no' for an answer : Using negative reproductive intentions to study the childless/childfree. *Population Research and Policy Review*, 13, 343-365.
- Rowland, D. (1998). The prevalence of childlessness in cohorts of older women. *Australasian Journal on Ageing*, 17(1), 18-23.
- Rowland, R. (1982). The childfree experience in the ageing context: An investigation of the pronatalist bias of life-span developmental literature. *Australian Psychologist*, 17(2), 141-150.
- Rubin, G. (1976). *Worlds of Pain: Life in the Working-Class Family*. New York: Basic Books.
- Rubin, H. (2001). *The Impact and Meanings of Childlessness: An Interview Study of Childless Women*. Unpublished PhD Partial fulfillment dissertation, California School of Professional Psychology, San Diego.
- Russo, N. (1976). The motherhood mandate. *Journal of Social Issues*, 32(3), 143-153.
- Ryff, C. D. (1985). The subjective experience of life-span transitions. In A. S. Rossi (Ed.), *Gender and the Life Course* (pp. 97-113). Chicago: Adline.
- Sabatelli, R. M., Meth, R. L. & Gavazzi, S. M. (1988). Factors mediating the adjustment to involuntary childlessness. *Family Relations*, 37(3), 338-343.
- Safer, J. (1996). *Beyond Motherhood: Choosing a Life without Children*: Pocket Paper.
- Salzer, L. (1991). *Surviving Infertility*. Boston: GK Hall.
- Sandelowski, M. (1986a). The colour gray: Ambiguity and infertility. *Image - the Journal of Nursing Scholarship* (19), 70-74.
- Sandelowski, M. (1986b). Sophie's choice: A metaphor for infertility. *Health Care for Women International*, 7(6), 439-453.
- Sandelowski, M. (1988). Without child: The world of infertile women. *Health Care for Women International*, 9(3), 147-161.
- Sandelowski, M. (1990a). Failures of volition: Female agency and infertility in historical perspective. *Journal of Women in Culture and Society*, Vol 15(3), 475-499.
- Sandelowski, M. (1990b). Fault lines: Infertility and imperiled sisterhood. *Feminist Studies*, 16(1), 33-51.
- Sandelowski, M. (1995). A theory of the transition to parenthood of infertile couples. *Research in Nursing & Health*, 18(2), 123-132.
- Sandelowski, M., Holditch-Davis, D. & Harris, B. G. (1990). Living the life: explanations of infertility. *Sociology of Health & Illness*, 12(2), 195-215.
- Sandelowski, M. & Jones, L. C. (1986). Social exchanges of infertile women. *Issues in Mental Health Nursing*, 8(3), 173-189.
- Sandelowski, M. & Pollock, C. (1986). Women's experiences of infertility. *Journal of Nursing Scholarship*, 18(4), 140-144.

- Sandler, B. (1961). Infertility of emotional origin. *Ostet Gynaecol Bri Emp*, 68, 809-815.
- Sandler, B. (1992). Emotional stress and infertility. *Journal of Psychosomatic Research*, 12, 51-59.
- Sarrel, P. M. & DeCherney, A. H. (1985). Psychotherapeutic interventions for treatment of couples with secondary infertility. *Fertility and Sterility* (43), 897-900.
- Schlossberg, N. K. (1981). A model for analysing human adaptation. *The Counseling Psychologist*, 9(2), 2-18.
- Schlossberg, N. K. (1984). *Counseling Adults in Transition: Linking Practice with Theory*. New York: Springer.
- Schoen, R., Kim, Y. J., Nathanson, C. A., Fields, J. & Astone, N. M. (1997). Why do Americans want children? *Population and Development Review*, 23(2), 333-358.
- Schutz, A. (1967). *The Phenomenology of the Social World*. Evanston, IL: Northwestern University Press.
- Schutz, A. & Lukmann, T. (1973). *The Structures of the Life World*. Evanston, IL: Northwestern University Press.
- Schwandt, T. A. (1990). Paths to enquiry in the social disciplines: Scientific, constructivist and critical methodologies. In E. E. Guba (Ed.), *The Paradigm Dialog* (pp. 258-276). Newbury Park, CA, US.
- Scott, J. (1988). *Gender and the Politics of History*. New York: Columbia University Press.
- Searles, J. (1995). *The Construction of Social Reality*. London: Penguin Books.
- Seibel, M. M. & Taymor, M. L. (1982). Emotional aspects of infertility. *Fertility and Sterility*, 37, 137-145.
- Seidman, I. (1998). *Interviewing as Qualitative Research: A Guide for Researchers in Education and the Social Sciences*. New York: Teachers College Press.
- Seligman, M. (1990). *Learned optimism*. New York: Pocket Books.
- Sewall, G. (1999). Involuntary childlessness: Deciding to remain child-free. In L. H Burns, and S.N. Covington (Eds.), *Infertility Counseling: A Comprehensive Handbook for Clinicians*. New York: Parthenon Publishing Group.
- Sewpaul, V. (1995). Psychosocial considerations in infertility and the new reproductive technologies (NRTS). *Maatskaplike Werk/Social Work*, 31(3), 253-264.
- Shapiro, S. A. (1988). Psychological consequences of infertility. In J. E. Offerman-Zuckerberg (Ed.), *Critical Psychophysical Passages in the Life of a Woman: A Psychodynamic Perspective* (pp. 269-289). New York: Plenum Medical Book Co/Plenum Press.
- Sheppard, J. (2000). Learning from personal experience: Reflexions on social work practice with mothers in child and family care. *Journal of Social Work Practice*, 14(1), 37-50.

- Sherrod, R. A. (1995). A male perspective on infertility. *MCN, American Journal of Maternal Child Nursing*, 20(5), 269-275.
- Silverman, D. (2000). *Doing Qualitative Research: A Practical Handbook*. London: Sage Publications.
- Simon, H. F. (1984). Infertility: Implications for policy formulation. In M. D. Mazor & H. F. Simons (Eds.), *Infertility: Medical, Emotional and Social Considerations*. New York: Human Sciences Press.
- Simpson, G. (1966). *People in Families: Sociology, Psychoanalysis and the American Family*. Cleveland: Meridian Books.
- Singer, D. & Hunter, M. (2003). *Assisted Human Reproduction Psychological and Ethical Dilemmas*. London: Whurr Publishers.
- Singleton, A. (2005). 'I think we should only have two': Men and fertility decision making. *Just Policy* (36), June, 29-34.
- Sleeboos, J. (2003). *Low Fertility Rates in OECD Countries: Facts and Policy Responses* (OECD Social, Employment and Migration Working Papers No 15). Paris: OECD.
- Smart, B. (1992). *Postmodern Conditions: Postmodern Controversies*. London: Routledge.
- Smart, C. & Neale, B. (1999). *Family Fragments?* Cambridge, UK: Polity Press.
- Smyth, J. & Shacklock, G. (1998). *Being Reflexive in Critical Educational and Social Research*. London: Falmer Press.
- Snarey, J., Son, L., Kuehne, V., Hauser, S. & Vaillant, G. (1987). The role of parenting in men's psychosocial development: A longitudinal study of early adulthood infertility and midlife generativity. *Developmental Psychology*, 23(4), 593-603.
- Snitow, A. (1992). Feminism and motherhood: An American reading. *Feminist Review* (40), 32-51.
- Sparrow, J. (2000). *Bearing Life: Women's Writings on Childlessness*. New York: The Feminist Press.
- Spector, A. (1985). *Effects of Fertility Status on Women's Self-Concept and Life Choices*. Unpublished PhD dissertation, University of Pennsylvania.
- Spencer, H. (1969). *The Study of Sociology*. Ann Arbor, MI: University of Michigan Press.
- Spiegelberg, H. (1982). *The Phenomenological Movement*. The Hague: Martinus Nijhoff.
- Stake, R. E. (1978). The case study method in social inquiry. *Educational Researcher*, 72, February (2), 5-8.
- Stammer, H., Wischmann, T., Verres, R. (2002). Counseling and couple-therapy for infertile couples. *Family Process* (41), 111-122.
- Stanley, L. & Wise, S. (1993). *Breaking Out Again: Feminist Ontology and Epistemology*. London: Routledge.

- Stanton, A. L. (1991). Cognitive appraisals, coping processes and adjustment to infertility. In A. L. Stanton & C. Dunkel-Schetter (Eds.), *Infertility: Perspectives from Stress and Coping Research* (pp. 87-108). New York: Plenum Press.
- Stanton, A. L. & Dunkel-Schetter, C. (1991a). *Psychological Adjustment to Infertility: An Overview of Conceptual Approaches*. New York: Plenum Press.
- Stanton, A. L. & Dunkel-Schetter, C. (Eds.). (1991b). *Infertility: Perspectives from Stress and Coping Research*. New York: Plenum Press.
- Stanton, A. L., Tennen, H., Affleck, G. & Mendola, R. (1991). Cognitive appraisal and adjustment to infertility. *Women & Health* (17), 1-15.
- Stanton, A. L., Tennen, H., Affleck, G. & Mendola, R. (1992). Coping and adjustment to infertility. *Journal of Social & Clinical Psychology*, 11(1) Spring 1992, 1-13.
- Stanway, A. I. (1986). *Infertility: A Common Sense Guide for the Childless*. Rochester, UK: Thorsons Publishers.
- Stewart, A., Vandewater, E. (1999). "If I had it to do over again...": Midlife review, midcourse corrections, and women's well-being in midlife. *Journal of Personality and Social Psychology*, 76(2), 270-283.
- Strauss, A. & Corbin, J. (1990). *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Newbury Park, CA: Sage Publications.
- Strickland, S. (1994). Feminism, postmodernism and difference. In K. Lennin & M. Whitford (Eds.), *Knowing the Difference: Feminist Perspectives on Epistemology* (pp. 265-274). New York: Routledge.
- Strickler, J. (1992). The new reproductive technology: Problem or solution? *Sociology of Health and Illness*, 14(1), 11-132.
- Sullivan, J. E. (1993). *Infertility and Decision Making: A Phenomenological Study of Married Women's Experiences*. Unpublished PhD, Massachusetts School of Professional Psychology.
- Tajfel, H. (1981). *Human Groups and Social Categories: Studies in Social Psychology*. Cambridge, UK: Cambridge University Press.
- Tanfer, K. & Mott, F. (1997). *The Meaning of Fatherhood for Men* (Prepared for NICHD Workshop 'Improving data on Male Fertility and Family'. Washington January 16-17, 1997). Urban Institute Washington. Available: <http://aspe.os.dhhs.gov/fathers/cfsforum/apenc.htm> [2004, June].
- Taylor, S. & Bogdan, R. (1998). *Introduction to Qualitative Research Methods : A Guidebook and Resource*. New York: John Wiley and Sons.
- Taymor, M. L. (1990). *Infertility: A Clinician's Guide to Diagnosis and Treatment*. New York: Plenum Medical Book Co/Plenum Press.
- Thorne, B. (2002). Do boys and girls have different cultures? In S. Jackson & J. Scott (Eds.), *Gender: A Sociological Reader* (pp. 291-299).

- Throsby, K. & Gill, R. (2004). It's different for men: Masculinity and IVF. *Men and Masculinities*, 6(4), 330-348.
- Touraine, A. & Khosrokhavar, F. (1995). *La Recherche de Soi. Dialogue sur le Sujet*. Paris: Éditions Fayard.
- Trinder, L. (2000). Reading the texts: Postmodern feminism and the doing of research. In B. Fawcett & B. Feartherstone & J. Fook & A. Rossieter (Eds.), *Practice and Research in Social Work: Postmodern Feminist Perspectives* (pp. 39-61). London: Routledge.
- Tyler, M. (1995). *Barren in the Promised Land - Childless American and the Pursuit of Happiness*. New York: Basic Books.
- Tyson, P., & Tyson, R. (1990). *Psychoanalytical Theories of Development: An Integration*. New Haven: Yale University Press.
- Ulbrich, P. M., Coyle, A. T. & Llabre, M. M. (1990). Involuntary childlessness and marital adjustment: His and hers. *Journal of Sex & Marital Therapy*, 16(3) Fal 1990, 147-158.
- Ulrich, M. & Weatherall, A. (2000). Motherhood and infertility: Viewing motherhood through the lens of infertility. *Feminism & Psychology*, 10(3), 323-336.
- Ussher, J. M. (1989). *The Psychology of the Female Body*. New York: Routledge.
- Valentine, D. P. (1986). Psychological impact of infertility: Identifying issues and needs. *Social Work in Health Care*, 11(4), 61-69.
- van Balen, F. & Trimbos-Kemper, T. (1993). Long-term infertile couples: A study of their well-being. *J. Psychosom. Obstet. Gynaecol*, 14 (special issue), 53-60.
- van Balen, F. & Trimbos-Kemper, T. (1995). Involuntary childless couples: Their desire to have children and their motives. *J. Psychosom. Obstet. Gynaecol*, 16, 137-144.
- van Balen, F. & van Schravendijk, K. (1994). Factors influencing the well-being of long-term infertile couples. *J. Psychosom. Obstet. Gynecol*, 15, 157-164.
- van Kaam, A. L. (1966). *Existential Foundations of Psychology*. Pittsburgh, PA: Dusquesne University Press.
- van Keep, P. A. & Schmidt-Elmendorff, H. (1975). Involuntary childlessness. *Journal of Biosocial Science*, 7(1), 37-48.
- van Manen, M. (1997). *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy* (2nd ed.). London, Ontario, Canada: Althouse Press.
- van Zuuren, F., Wertz, F. & Mook, B. (1987). *Advances in Qualitative Psychology: Themes and Variations*. Lisse, the Netherlands: Swets & Zeitlinger.
- van der Zander, J. (1997). *Human Development*. Sydney: McGraw-Hill.
- Veevers, J. E. (1973). The social meaning of parenthood. *Psychiatry*, 36 (August 1973), 291-310.
- Veevers, J. E. (1980). *Childless by Choice*. Toronto: Butterworths.

- Von der Lippe, H. (2002). *Where Qualitative Research Meets Demography: Interdisciplinary Explorations of Conceptions on Fatherhood in an Extremely Low Fertility Context*. Available at www.demogr.mpg.de/papers/working/wp-2002-028.pdf [2003, May 2003].
- Vygotsky, L. S. (1978). *Mind in Society: The Development of Higher Psychological Processes*. Cambridge, MA: Harvard University Press.
- Warnock. (1984). *The Warnock Report - Report of the Committee of Enquiry into Human Fertilisation and Embryology*. London: HMSO.
- Wasser, S. K. (1994). Psychosocial stress and infertility. Cause or effect? *Human Nature*, 5(3), 293-306.
- Wearing, B. (1984). *The Ideology of Motherhood*. Sydney: Allen & Unwin.
- Wearing, B. (1996). *Gender: The Pain and Pleasure of Difference*. Melbourne: Longman.
- Webb, R. & Daniluk, J. C. (1999). The end of the line: Infertile men's experiences of being unable to produce a child. *Men and Masculinities*, 2(1), 6-25.
- Weiss, R. S. (1994). *Learning from Strangers: The Art and Method of Qualitative Interview Studies*. New York: The Free Press.
- Wengraft, T. (2001). *Qualitative Research Interviewing*. Thousand Oaks, CA: Sage Publications.
- Wertz, F. (1984). Procedures in phenomenological research and the question of validity: Readings in phenomenological psychology. In C. Anastos (Ed.) *Exploring the Lived World: Readings in Phenomenological Psychology* (pp. 23-48): West Georgia College Studies in the Social Sciences.
- Weston, R., Qu, L., Parker, R. & Alexander, M. (2004). *'It's Not For Lack Of Wanting Kids...' A Report on the Fertility Decision Making Project. Report No 11*. Canberra: Australian Institute of Family Studies.
- Wheeler, J. (2005). *Decision Making Styles of Women who Choose Not To Have Children*. Paper presented at the 9th Australian Institute of Family Studies Conference 9-11 February, Melbourne.
- Whelehan, I. (1995). *Modern Feminist Thought: From the Second Wave to Postfeminism*. New York: New York University Press.
- Whitmore, E. (1994). To tell the truth: Working with oppressed groups in participatory approaches to inquiry. In P. Reason (Ed.), *Participation in Human Inquiry* (pp. 82-98). Thousand Oaks, CA: Sage Publications.
- Williams, L., Bischoff, R. & Ludes, J. (1992). A biopsychosocial model for treating infertility. *Contemporary Family Therapy*, 14(4), 309-321.
- Wilson, E. O. (1975). *Sociobiology: A New Synthesis*. Cambridge, MA: Harvard University Press.

- Wilson, J. (1990). *Single Fathers: Australian Men Take On a New Role*. Melbourne: Sun Books.
- Winnicott, D. W. (1960). *The Maturation Process and the Facilitating Environment*. New York: International Universities Press.
- Wirtberg, I. (1999). Trying to become a family: Or, parents without children. *Marriage & Family Review*, 28(3-4) 1999, 121-133.
- Wood, G. (2000). *Childlessness - A 'Choice' Among Women in Management*. Available: <http://www.ballarat.edu.au/ard/business/research/resources/Wood.pdf> [2004, August].
- Woods, N. F., Olshansky, E. & Draye, M. A. (1991). Infertility: Women's experiences. *Health Care for Women International*, 12(2), 179-190.
- Woollett, A. (1985). Childlessness: Strategies for coping with infertility. *International Journal of Behavioral Development*, 8(4), 473-482.
- Woollett, A. (1991). Having children: Accounts of childless women and women with reproductive problems. In A. Phoenix & A. Woollett & E. Lloyd (Eds.), *Motherhood: Meaning, Practices and Ideologies* (pp. 47-65). London: Sage publications.
- Woollett, A. (1996). Infertility: From 'Inside/Out' to 'Outside/In'. *Feminism & Psychology*, 6(1), 74-78.
- Woollett, A. (2000). A review of Laurie Lisle's book: Without child: Challenging the stigma of childlessness. *Journal of Reproductive and Infant Psychology*, 18(3), 269-270.
- Woollett, A. & Nicholson, P. (1998). The social construction of motherhood and fatherhood, *Current Issues in Infancy and Parenthood* (pp. 1-14). Oxford: Butterworth-Heinemann.
- Woollett, A. & Nicolson, P. (1990). The social construction of motherhood and fatherhood. In C. Niven & A. Walker (Eds.), *Current Issues in Infancy and Parenthood* (pp. 1-14). 1998: Butterworth-Heinemann.
- Worden, W., J. (1991). *Grief Counselling and Grief Therapy* (2nd ed.). London: Routledge, Springer Publishing.
- Wright, J., Allard, M., Lecours, A. & Sabourin, S. (1989). Psychological distress and infertility: A review of controlled research. *International Journal of Fertility*, 34(2).
- Wright, J., Duchesne, C., Sabourin, S., Bissonnette, F., Benoit, J. & Girard, Y. (1991). Psychological distress and infertility: Men and women respond differently. *Fertility and Sterility*, 54, 975-985.
- Wright, J. & Sabourin, S. (1994). Psychosocial consultations for childless couples: Research & intervention strategies. *Canadian Psychology*, 35(1), 24-46.
- Zelizer, V. (1994). *Pricing the Priceless Child: The Changing Social Value of Children*. Princeton, NJ: Princeton University Press.
- Zhang, Z. & Hayward, M. D. (2001). Childlessness and the psychological well-being of older persons. *Journal of Gerontology: Social Sciences*, 56 B, 311-320.

- Zoldbrod, A. P. (1993). *Men, women, and infertility: Intervention and treatment strategies*. New York: Lexington Books/Macmillan, Inc.
- Zucker, A. (1999). The psychological impact of reproductive difficulties on women's lives. *Sex Roles*, 40(9/10), 767-786.