

**When Time Runs Out: The Experience of Unintentional Childlessness  
for Women who Delayed Childbearing**

by

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## Abstract

Given that an increasing number of women are waiting to have children there is growing concern that more women will end up unintentionally childless as they continue to delay childbearing past the time when a viable pregnancy is possible. However, little is known about the experience of permanent, unintentional childlessness for women who have delayed childbearing. This phenomenon was the focus of this study. A qualitative approach was used to answer the question: *What is the meaning and experience of permanent unintentional childlessness for women who delayed childbearing?* In-depth, tape recorded interviews were conducted with 15 women who had expected to become mothers but were now permanently and unintentionally childless after delaying childbearing. The interviews were transcribed, coded, and analyzed using van Manen's (1990) hermeneutic phenomenological method. Thematic representations and rich descriptions of the experience of this phenomenon were developed. Six common themes were identified across the women's experiences of unintentional childlessness after delay including: 1) Sense of Grief and Loss; 2) Sense of Being an Outsider in a World of Mothers; 3) Sense of Judgment and Assumptions; 4) Sense of Powerlessness; 5) Need to Make Sense of Childlessness; and 6) Sense of Reconciliation and Acceptance. Trustworthiness of the results was determined using criteria consistent with the hermeneutic phenomenological method.

The findings are compared with the theoretical and extant literature, with emphasis being placed on how they extend our current understanding of the phenomenon of permanent unintentional childlessness after delay for women. The implications for Counselling Psychology practice and future research are also addressed.

## **Preface**

This research was conducted with the approval of the University of British Columbia (UBC) Office of Research Ethics Behavioural Research Ethics Board (BREB), certificate number H11-00366.

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## Chapter 1: Introduction

### Statement of the Problem

The demographics of the family are changing. Recent census data report that 43% of married or common law couples in Canada were childless in 2006, which is an increase of 11.2% from 2001 (Canadians redefine the family, 2007). Within this childless group there are a number of different paths to childlessness (Keizer, Dykstra, & Jansen, 2008). A significant number are childless due to infertility, which has been defined in the literature as *involuntary childlessness*. A smaller number are childless or childfree through deliberate and conscious choice – referred to in the literature as *voluntary childlessness* (Ireland, 1993, Morell, 1994; Veevers, 1980). Lastly, a growing and alarming number are becoming *unintentionally childless* after a period of delaying childbearing past the time when achieving a viable pregnancy is possible (Berrington, 2004; Wyndham, Marin Figueira, & Patrizio, 2012). These women reach the end of their childbearing years and must face a life of permanent childlessness, having always assumed that they would one day become a mother.

A relatively recent phenomenon, census data indicate that an increasing number of women are delaying childbearing into their 30s, 40s, and even 50s (Statscan, 2013; Nicoletti & Tanturri, 2005). In the literature delayed childbearing or parenthood is generally defined as postponing pregnancy until after age 30 (Dion, 1995; Poelker & Baldwin, 1999). Currently, the birth rate is declining for women in their 20s while increasing for women over 30. As an indication of this growing trend, in 1983 only 14% of Canadian women had their first child after age 30 (Statscan, 2005). By 2003, that number had tripled, with 45% of Canadian women becoming first time mothers after age

30 (Statscan, 2005). Currently, in Canada the highest birth rate is for women in the 30-34 age range, with the birth rate for women age 40-44 more than doubling from 1988 to 2008 (Statscan, 2011; Statscan, 2013).

Clearly there is a growing trend towards delayed childbearing – but what explains this trend? Research indicates that there are a number of complex and interacting factors that contribute to more women electing to delay childbearing. Access to safe contraception and legal abortion have provided women with ways to exercise more control over their fertility and the timing of childbearing. In addition, recent advancements in assisted reproductive technologies (ARTs) such as egg freezing and in-vitro fertilization have provided women with the possibility of delaying childbearing into their late 30s, 40s and even 50s – something that would not have been considered possible or socially desirable 20 years ago. Changing social norms have extended the acceptable age for marriage and childbearing (Kemkes-Grottenthaler, 2003; Stobert & Kemeny, 2003; Wu & MacNeill, 2002). Whereas 30 years ago a woman who had given birth to her first child after the age of 30 would have been considered a social and medical anomaly, today it is common and socially acceptable for women to have their first child in their 30s and even in their 40s.

The media plays an important role in the current trend towards delayed childbearing. Women are inundated with stories of “miracle” babies born to celebrities in their mid and late 40s and even into their 50s. For example, Celine Dion gave birth to two boys at the age of 42 after approximately six rounds of in vitro fertilization (IVF) treatment. Examples such as these glamorize later motherhood and downplay the risks of delayed childbearing and/or difficulties of achieving a viable pregnancy at an older age.

As such, they perpetuate the belief that it is both possible and socially acceptable to bear children and become a mother later in life.

A number of psychosocial factors have also been identified as important correlates in a woman's decision to delay childbearing. The contributions to this particular trend are complex. Recent studies exploring the correlates of delayed childbearing have found that factors such as pursuit of advanced education and career are related to childbearing decisions (Berrington, 2004; Stobert & Kemeny, 2003). For example, research indicates that women with higher education and full-time employment are more likely to delay childbearing and/or to remain childless than women who do not pursue higher education and/or full time employment (Heck, Schoendorf, Ventura, & Kiely, 1997; Hewlett, 2002; Keizer et al., 2008; Kemkes-Grottenhaler; Wu & MacNeill). Critics have argued that the working world is not amenable to both motherhood and work, leading many women to feel they have no choice but to delay motherhood in order to advance in their career (Hewlett, 2002; Wu & MacNeill). Indeed recent census data indicates that women without children earn significantly more than employed mothers – a wage gap that continues throughout the work lifespan (Zhang, 2009).

In addition, some women cite life circumstances and the need to feel emotionally and financially prepared as reasons for delaying childbearing (Maheshwari, Porter, Shetty, & Bhattacharya, 2008; Proudfoot, Wellings, & Glasier, 2009; Wu & MacNeill, 2002). Relationships status including partner suitability, relationship length, and relationship stability appear to be particularly salient factors in women's decisions to delay childbearing (Benzies, Tough, Tofflemire, Frick, Faber, & Newburn-Cook, 2006; Dion, 1995; Maheshwari et al., 2008; Proudfoot et al., 2009; Tough, Tofflemire, Benzies,

Fraser-Lee, & Newburn-Cook, 2007; Zabin, Huggins, Emerson, & Cullins, 2000). For example, in a study of 250 low income women accessing a medical centre, women were more likely to cite their current relationship status as a primary reason for postponing childbearing (Zabin et al.).

It would appear that the decision to delay childbearing is based on a complex array of psychosocial factors. But what are the consequences of this increasing trend? From a biological standpoint, women's fertility declines with advanced age, due to aging eggs and altered endocrine functioning (Leridon, 2004). The longer a woman delays childbearing, the greater is the likelihood that she will experience age-related fertility decline and have to turn to assisted conception in her efforts to produce a child. If successful in securing a pregnancy after the age of 37, she will face increased maternal and infant health risks including spontaneous miscarriage, congenital abnormalities, lower birth rate, and higher likelihood of pre-term delivery (Alonzo, 2002; ESHRE, 2005; Fretts, 2001; Statscan, 2008).

Recent research appears to indicate that although they are aware that their fertility declines with age and that there are increased maternal and fetal risks associated with later childbearing, women are not very knowledgeable about the causes of these increased risks. Many women appear to assume that good health and fitness can prolong their fertility irrespective of their age (Daniluk, Koert, & Cheung, 2012; Maheshwari et al., 2008; Tough et al., 2007). In addition, some women appear to believe that assisted reproductive technologies such as IVF, will compensate for any age-related fertility declines they may face in the future (Daniluk et al.; Maheshwari et al.; Tough et al.).

Overly positive media portrayals of successful childbearing at older ages, lack of information, and myths and misinformation about women's fertility lifespan and the ability of ARTs to compensate for age-related fertility declines have contributed to the erroneous belief that women can safely wait until they are in their late 30s, 40s, or even 50s before trying to become mothers (Berrington, 2004; Tough et al., 2007; Wu & MacNeill, 2002). The reality is that reproductive treatments and technologies have increasingly lower success rates for women after the age of 35, with women over 44 years having approximately 1% or less chance of achieving a live birth with IVF using their own eggs (Centers for Disease Control and Prevention, 2012). Fertility treatments also require a significant time commitment and are financially prohibitive – leaving many women who have delayed having children unable to realize their goal of bearing their own biological child and becoming a mother (Daniluk & Koert, 2008).

With increasing numbers of women electing to delay childbearing, it is inevitable that more women will be faced with permanent unanticipated childlessness. We know that the inability to have a child is extremely difficult for infertile women. The experience of infertility challenges a woman's identity and has significant implications for her psychosocial well-being (e.g., Daniluk, 2001; Daniluk & Koert, 2008). However, being a more recent phenomenon, the experience of unintentional childlessness after delayed childbearing is not well understood. We know less about those women who always wanted to, and assumed that one day they would become a mother, but due to delaying pregnancy until the end of their childbearing years, find themselves unintentionally childless, essentially by default.

The experience of permanent unintentional childlessness due to delay has not been studied through a psychological lens beyond anecdotal accounts and popular writings (e.g., Cain, 2002; Fleming, 1994; Hunt-Anton, 1992; Masters, 2006) and dated research (e.g., Ireland, 1993). We do not know how childlessness due to delaying childbearing is similar to, and different from, the experience of involuntary childlessness for infertile women. While both groups of women are involuntarily childless and may experience feelings of grief and loss, perhaps infertile women draw comfort from the fact that their childlessness is rooted in their reproductive biology or that of their partner, rather than in a deliberate choice to delay childbearing. Women who end up permanently childless by delay may feel more anger and resentment at media and medical professionals who they feel “duped” them into believing that they could wait until they were personally, economically, and socially *ready* to bear a child (Cain; Fleming; Hunt-Anton; Ireland, 1993; Masters). These women must re-define themselves as permanently childless when they always saw their childless status as temporary. We do not know how these women navigate the adjustment process and rebuild their lives and identities in meaningful ways as childless women in a society that prizes motherhood as women’s most important role. We do not know how women experience and make sense of their childlessness or what being unintentionally childless means to the increasing number of women who end up childless by delay. This group of women are the focus on this study.

### **Theoretical Framework**

On the outset of the study, Schlossberg, Waters, and Goodman’s (1995) transition model was proposed as a theoretical framework which may help understand the lived experience of unintentional childlessness after delay. This model acknowledges that

within our societal and cultural context, there are important life events that the majority of people expect to experience. Parenthood is one of these transitions. Certainly within most cultures of the world parenthood is understood as a key developmental task and an important marker of healthy adult development (Erikson, 1963). This is true for women in particular, who are understood as being inherently relational and driven to fulfill their biological imperative to procreate and nurture the next generation (e.g., Daniluk, 1999; Gilligan, 1982; Ireland, 1993; Levinson, 1996; Sheehy, 2006). As such, the majority of women expect to eventually become mothers (Ireland, 1993).

Transitions are considered important aspects of adult development as they provide opportunities for growth and change. According to Schlossberg et al. (1995), any transition results in shifts in “relationships, routines, assumptions, and roles” (p. 33). Individuals are uniquely situated to respond to transitions according to their personal ratio of resources and deficits in areas such as available support from others, individual characteristics and psychological resources, and their ways of coping with the transition (Schlossberg et al.). Schlossberg et al. suggest that adjusting to transitions is an active process involving both “inner and outer work” (p. 49) wherein the first step is often working through the sense of loss that accompanies the transition.

Schlossberg et al. (1995) categorize life transitions into three categories: unanticipated, anticipated, and non-events. Unanticipated transitions are those significant life events that alter an individual’s social and personal world and must be incorporated into an individual’s life (e.g. surviving a plane crash; winning a lottery). Anticipated transitions are generally those events that are culturally and socially expected at specific points along the lifespan (e.g. career; marriage; parenthood). Non-event transitions are

those significant expected and important life events like marriage and/or parenthood, which do not occur. Non-event transitions can be personal, which reflect individual hopes and goals such as having a child, and delayed, which involve the loss of hopes and dreams as an individual begins to realize that a delayed event such as motherhood is not going to happen. Schlossberg et al. propose these non-event transitions in particular, can generate considerable psychosocial distress and difficulty, and cause an individual to question her values, beliefs, and fundamental assumptions about life. It is these non-event transitions that can result in individuals being socially out of step with their peers, family members and others in their social world. Developmentally, they may face the challenge of reconstructing their lives and goals for the future, when they are unable to experience important life events and developmental markers such as parenthood (Schlossberg et al.).

While the majority of theories and models of adult development operate from a pathological view wherein those who do not achieve particular developmental milestones or transitions are defined as lacking or deficient (e.g., Erikson, 1963; Gilligan, 1982; Levinson, 1996; Sheehy, 2006), Schlossberg et al.'s (1995) transition model provides a non-pathological framework which acknowledges the importance of non-event transitions that can also result in growth and development. In this way, unlike other transition theories (e.g., Erikson; Gilligan; Levinson; Sheehy), Schlossberg et al.'s (1995) model provides a conceptual backdrop in which to understand the process of coming to terms with the non-event transition of permanent unintentional childlessness after delayed childbearing.



## **Purpose of the Study**

The purpose of this study is to learn how women who are permanently unintentionally childless by delay experience and make sense of this non-event transition. The current body of literature on childlessness is problematic due to its dated nature and primary focus on women who are voluntarily childless by choice and those who are involuntarily childless due to infertility (e.g., Gillespie, 1999, 2000; Greil, 1991; Ireland, 1993; Lisle, 1996; Morell, 1994). To date, the research on voluntary and involuntary childlessness does not address the experience of women who face permanent unintentional childlessness due to delaying childbearing. What little that has been written on the topic, has been based on personal or anecdotal accounts (e.g., Cain, 2002; Fleming, 1994; Hunt-Anton, 1992; Masters, 2006). Much of this work is dated (e.g., Ireland, 1993), and consequently does not reflect the current medical (e.g., egg freezing, in-vitro fertilization) and social context within which women have made their decisions to delay childbearing. The question that will guide this research is: **What is the meaning and experience of permanent unintentional childlessness for women who delayed childbearing?**

As little is known about the phenomena of unintentional childlessness after delayed childbearing, an exploratory, qualitative study is appropriate (Creswell, 2009; Osborne, 1994; van Manen, 1990). Given that this research question aims to understand the meaning and experience of unintentional childlessness after delay, a phenomenological methodology is most fitting over other qualitative methods, as it will allow me to gain an in-depth understanding of the lived experience of particular

unanticipated childlessness, and the meanings that women ascribe to their experiences (Creswell; Osborne; van Manen).

An in-depth exploration of lived experience and meaning of unintentional childlessness after delayed childbearing has the potential to offer important and relevant insights that can inform subsequent clinical work, theory, and further research with this increasing population. It is hoped that this study will contribute to our limited understanding of how women who wanted to, and planned on having children, meaningfully construct their lives and negotiate their identities when motherhood is no longer a life role that is available to them.

To describe further, this study could help us understand how women experience and ascribe meaning to unintentional childlessness after delaying childbearing, and how this experience is similar to, and different from what we already know about women's experiences of infertility and voluntary childlessness. The findings may help us better understand the unique issues and emotions that women who are unintentionally childless after delay are faced with such as anger, regret, and guilt, how this experience has an impact on, and is incorporated into their identity, and how they create new life goals and visions of the future when motherhood is not possible. In addition, the findings could contribute to our understanding of the salient factors and considerations in negotiating and coming to terms with this "non-event transition" (Schlossberg et al., 1995).

Schlossberg et al. (1995) suggest that individuals dealing with a non-event transition need to actively "work through" feelings of grief and loss in order to move towards acceptance. It may well be that as more women delay childbearing, clinicians will see an increasing number of female clients needing to make sense of, and work

through, the transition to unintentional childlessness. As such, the information gleaned from the study could be used to inform more empathic and appropriate clinical support for this population.

Finally, the study could also make an important contribution to current developmental theory. Psychological theory on female adult development has been critiqued for failing to reflect the experiences of childless women (Ireland, 1993). Childless women are often viewed as bereft, lacking, deficient, selfish, and cold and are often relegated to the margins of society for not meeting traditional gender role expectations (e.g., Ireland; Koropecj-Cox, Romano, & Moras, 2007; Lampman & Dowling-Guyer, 1995). As a result, there are few or no examples of healthy and normative female identities for women who are childless (Ireland; Morell, 1994). This study offers an alternate way of viewing women who are childless – that is, through non-pathological lens advocated by the principles of Counselling Psychology, childlessness is conceptualized as an important developmental transition in and of itself, which can lead to personal growth (Schlossberg et al., 1995).

In addition, this study will provide a starting point in which to continue to study unintentional childlessness after delayed childbearing. Future research could be conducted to follow-up on areas of importance that will be highlighted in the study. The following chapters will include a review and critique of the available and relevant literature, a summary of the methodology, a summary of the findings, and a discussion of the significance of the findings and the implications for counselling and future research.

## **Chapter 2: Literature Review**

In this chapter I present a summary of the literature on unintentional childlessness after delay. First, I contextualize the experience of childlessness in general by outlining the significance of motherhood and childlessness in theories of adult development. Next, I present a summary of the theoretical framework upon which the study is based and explain its relevance for understanding the transition to permanent unintentional childlessness. Then, I present an overview of the scant available literature on the experience of unintentional childlessness after delay. I begin with an overall summary of the literature on childlessness and differentiate between the different types of, or paths to childlessness. Next, I provide a summary and critique of seminal research, dated research and writings, contemporary writings, and scholarly publications that are relevant for understanding the experience of unintentional childlessness after delayed childbearing. Unintentional childlessness after delayed childbearing is a recent and emerging phenomenon. Consequently research on this particular topic is quite limited. As such, it was necessary to turn to popular writings, anecdotal accounts, and publications from other disciplines to help inform our understanding of this phenomenon. In addition, special attention has been paid to literature that has included unintentional childlessness after delay in the examination of the broader topic of childlessness, to develop an understanding of the ways in which this experience is different than, and similar to, other experiences of childlessness. I then discuss the research findings on the adjustment to childlessness, primarily after infertility, and comment on how this research informs the study. In the final section, I provide an overall summary of the findings and then identify gaps in the current available literature.

## **Adult Development and Motherhood**

Despite the increasing number of individuals who remain childless, current models and theories of healthy adult development (e.g., Erikson, 1963; Gilligan, 1982; Levinson, 1978, 1996; Sheehy, 2006) do not fully reflect this reality (Ireland, 1993). Implicit in these theories is that, for women in particular, developmental maturity is equated with parenthood, leaving those who are childless with few examples of socially-acceptable, healthy, and normative female identities separate from the motherhood role (Ireland; Morell, 1994). In this way, dominant developmental theories reinforce societal and cultural gender norms wherein all women are expected to become mothers (Ulrich & Weatherall, 2000).

Many theories of adult development use a stage or age-based model to describe how development continues across the lifespan (e.g., Erikson, 1963; Levinson, 1978, 1996; Sheehy, 2006). There are stage-specific tasks or crises to resolve at each stage (e.g., Erikson, 1963), passage (Sheehy, 2006), or season (Levinson, 1978, 1996). These tasks often correspond to a particular age range, requiring adequate completion or resolution in order to move to the next step in an individual's development. From these theoretical perspectives, external marker events at specific life stages (e.g., graduation, marriage, parenthood, retirement) are catalysts for internal change and movement to the next life stages (Erikson, Sheehy). Often, parenthood is presented as a key task or marker event within the early and mid-life stages (e.g., Erikson, Levinson, Sheehy). Unfortunately, these rigid stage or age-based models leave little room for variation in developmental paths. As such, those who do not follow the normative trajectory or experience the external marker events are viewed as being off track or not meeting developmental norms.

In this way, the underlying assumption in many theories of adult development (e.g., Erikson, 1963; Gilligan, 1982; Levinson, 1978, 1996; Sheehy, 2006) is that since parenthood is a key developmental task or external marker event, childless adults are at a developmental disadvantage if they do not become parents. This assumption is stated more explicitly in some theories and implicitly in others. For example, in her theory of women's development, Sheehy prizes motherhood over career in women's developmental process. She says: "What happens when the achiever lets her suppressed desire to nurture come through? It produces some of the most ecstatic moms to be found in the female population" (Sheehy, p. 327). Erikson's privileging of parenthood is less blatant than is demonstrated in Sheehy's comment, but still present in his theory. For example, in describing the sixth step of his model, generativity versus stagnation, Erikson says that parenthood is "the first, and for many, the prime generative encounter" (p. 130). According to Erikson, those adults who do not develop generativity risk a sense of meaninglessness or despair.

However, there is little concrete or empirical evidence that parenthood in and of itself leads to, or has causative links with healthy adult development (Palkovitz, 1996). Rather, parenting occurs in a particular context wherein additional variables (e.g., aging), can also have an impact on developmental change, making it difficult to focus on the impact of parenting on its own. As such, it is likely that developmental maturity is reached through a variety of interconnected variables and factors (Palkovitz). In this way, childless adults may attain healthy development through means other than parenthood (Ireland, 1993). Certainly, a significant amount of research supports this claim – demonstrating that many childless adults live fulfilled, meaningful lives with high levels

of psychological well-being (An & Cooney, 2006; Connidis & McMullin, 1993; Ireland, 1993; Morell, 1994; Rothrauff & Cooney, 2008).

Surprisingly, some feminist research on adult development also promotes the necessity of motherhood for healthy adult development. Dominant developmental theories were primarily based on men's lives and developmental trajectories (e.g., Erikson, 1963; Levinson, 1978) and by inference applied to women, or situated women's development as less evolved or inferior in comparison to men's (e.g., Kohlberg, 1981). In response, feminist researchers such as Chodorow (1978) and Gilligan (1982) set out to develop theories that more accurately reflected women's experiences and their ways of being in the world and in relationships. These theories stressed that men and women engage in relationships differently, and for women, care or nurturing of others is paramount to their identity and development (Chodorow; Gilligan; Ireland, 1993). Although instrumental in shifting the understanding of women's development, theories such as those developed by Chodorow and Gilligan continue to perpetuate the "motherhood mandate" – the view of motherhood as a normative role for women (Russo, 1976), and neither acknowledge or reinforce the developmental validity of life paths for women that do not include motherhood. In this way, in reconceptualizing women as inherently relational, the mother-child relationship becomes viewed as natural and essential to healthy female development (Chodorow; Gilligan). As such, motherhood is implicitly reinforced as a goal for all women (Unger & Crawford, 1992).

The absence of any acknowledgement of the experiences of childless women in prominent theories of adult development raises important questions about the perceived psychosocial health of this increasing population. This dominant viewpoint led Ireland

(1993) to reexamine the role of motherhood as a central determinant of women's identity, based on the contention that a broader view of female development is needed that includes women who are not mothers. Others have also argued for changes to developmental theories to include alternative paths to healthy adult development besides parenthood (e.g., Gergen, 1990). In addition, Morell (1994) has challenged the underlying assumption of what Russo (1976) referred to as the "motherhood mandate" – that all women are inherently relational and desire to become mothers. Morell has suggested instead that for women, individuation may be equally as important as the relational imperative, in the attainment and maintenance of healthy female development. With an increasing number of women and men remaining childless due to infertility, personal choice, or by default, it is clear that more research is needed exploring alternative pathways to healthy adult development besides parenthood.

### **Theoretical Framework**

The initial theoretical framework for the study comes from Schlossberg, Waters, and Goodman's (1995) transition model. In this section, I will outline the main premises of Schlossberg et al.'s model with specific focus on non-event transitions. Schlossberg's model was developed based on a number of research studies conducted by Schlossberg and her colleagues. The model has been researched and refined over the last 20 years and continues to influence research and practice (Schlossberg et al.). In the most recent edition of the book that describes their transition model, Schlossberg included an appendix dedicated to describing non-events in more detail (Goodman, Schlossberg, & Anderson, 2006). Schlossberg et al.'s model fits well with the normative, health-based perspective of Counselling Psychology in offering an alternative, non-pathological



understanding of how individuals negotiate developmental transitions throughout the lifespan.

According to Schlossberg et al., the absence of marker events (e.g., parenthood) constitute non-event transitions that, like other life events, afford an individual the opportunity for change, growth, and development. Schlossberg et al.'s conceptualization of non-event transitions, or important and expected life events such as marriage or parenthood that do not occur, is particularly relevant to the study to understanding the experiences of women who always expected to, but did not experience the marker event of motherhood after a series of childbearing delays and postponements. Given that the majority of women grow up expecting that they will become mothers due to socialization and gender-role expectations (Ireland, 1993), Schlossberg et al.'s model holds great potential in helping explain and understand the lived experience of permanent childlessness after delayed childbearing, for women who wanted and expected to make the transition to motherhood. Schlossberg et al.'s concept of non-event transitions has been used in previous research to conceptualize the experience of infertility as a non-event transition for adults who had hoped to become parents (e.g., Daniluk, 2001; Daniluk & Tench, 2007; Koropatnik, Daniluk, & Pattinson, 1993).

More specifically, Schlossberg et al. (1995) define a transition as “any event or non-event that results in changed relationships, routines, assumptions, and roles” (p. 33). The underlying assumption is that within our societal and cultural context, there are important life events that the majority of people expect to experience (e.g., marriage, parenthood, retirement). Non-events, as already outlined, are those expected, anticipated, and usually desired life events that due to choice or circumstance, do not occur. They are

generally experienced as losses and can cause personal turmoil because they challenge an individual's beliefs about life, and his or her goals and assumptions. A non-event is identified as a transition if it results in change. As such, "the realization that the expected transition did not and will never occur alters the way they see themselves and might also alter the way they behave" (Schlossberg et al., p. 35).

Schlossberg et al. (1995) developed their concept of non-event transitions based on two research studies. In the first, they gathered examples of non-events from graduate students, training directors from business and industry, and students returning to school. From these examples, they developed descriptions of non-events. Then, in the second study, they conducted interviews focusing on examples of non-events with 45 men and women aged 55 and over who were randomly selected from a pool of volunteers at the University of Maryland. They also selected a smaller sample of younger adults aged 20-55. These interviews were used to provide additional support for Schlossberg et al.'s description of non-event transitions (Goodman et al., 2006).

From these studies, Schlossberg and her colleagues identified four different types of non-events: personal, ripple, resultant, and delayed (Goodman et al., 2006). The most relevant to my study are personal and delayed non-events. Personal non-events reflect individuals' personal hopes and goals such as having a baby or getting married. Delayed non-events involve the loss of hopes and dreams and the fear of never realizing a dream. In the case of delayed non-events individuals convince themselves that an event is just delayed. However, as time passes, they begin to realize that the dream is not going to come true (Goodman et al). These types of non-events are particularly relevant to the participants in the study in that they all assumed that they would one day become a

mother, but at the end of their fertile years realize that this dream and life goal is no longer possible.

According to Schlossberg and her colleagues, an individual comes to terms with a non-event transition through a unique process (Goodman et al., 2006). The first step is discovering or labeling the non-event as such, rather than keeping it hidden or unacknowledged. The second step involves grieving the loss of a dream or hope of what could have been. The third is refocusing or shifting focus from the loss of a dream to the possibility of a new dream. The last step involves reshaping, which is characterized by a changing sense of what the future will/might look like by identifying new dreams. According to this framework, an individual is said to have adapted to a transition (including non-event transitions) when it does not have a negative impact any longer. “Adaptation to transition is a process during which an individual moves from being totally preoccupied with the transition to integrating the transition into his or her life” (Schlossberg, 1981, p. 7). In this way, the individual is no longer consumed or defined by the experience or absence of the experience as in the case of unintentional childlessness due to delay.

During this process, the way in which an individual appraises the transition can also have an impact on how it is experienced (Schlossberg et al., 1995). Individuals have a ratio of resources and deficits that can help or hinder them in dealing with transitions. An individual’s well-being may change when this ratio shifts. The resources and deficits fall under four categories that Schlossberg et al. termed the “4-S”s: 1) Situation - which involves the cause, nature, and characteristics of a transition, 2) Self - which involves an individual’s characteristics and psychological resources, 3) Support - which involves the

amount of social support available, and 4) Strategies - which involves the individual's available means of coping. Specific to the women in the study, this model suggests that their psychological resources and coping strategies may influence the way in which they are able to negotiate the transition to permanent unintentional childlessness after delay. Their adaptation may also be influenced by the extent to which significant others in their lives support their childless status. Finally, the extent to which they hold themselves responsible for their permanent childlessness based on their decision to postpone childbearing, may be an important factor in their adaptation to permanent childlessness.

In summary, Schlossberg et al.'s (1995) transition model offers a unique way of conceptualizing growth and development, and the process and mechanisms by which individuals cope with, and adapt to, the varied circumstances of their lives. These researchers developed their model in response to crisis models of change. Schlossberg and her colleagues asserted that transitions may result in deterioration but they also provide opportunity for personal growth and development. In addition, Schlossberg et al. postulated that developmental transitions be seen as a process rather than a discrete event with a clear beginning and ending that are linked to particular stages or ages. In this way, their model is more fluid in recognizing that transitions are experienced over time, and differently, according to individual factors and the context in which they occur (Schlossberg et al.). As such, unlike other transition theories (e.g., Erikson, 1963; Gilligan, 1982; Levinson, 1978, 1996; Sheehy, 2006), Schlossberg et al.'s model provides an appropriate conceptual backdrop from which to understand the process of coming to terms with the non-event transition of permanent childlessness after delayed childbearing.

## Literature on Unintentional Childlessness

In general, the body of psychological and sociological research on childlessness has conceptualized those who are childless as falling into two different groups: those who are voluntarily childless, or childless by choice, and those who are involuntarily childless, or childless due to infertility (Connidis, 2010). The term *voluntary childlessness* is used to label those who actively made a decision to not pursue parenthood (Gillespie, 1999; Veevers, 1980). Traditionally, the term *involuntary childlessness* has been used to describe the psychological and sociological impacts of *infertility* – the biological condition of not being able to have children (Henning & Strauss, 2001; Matthews & Matthews, 1986). However, more recently the term *involuntary childlessness* has been expanded by some researchers to include childlessness through chance or circumstance, and all remaining reasons for childlessness outside of choice (e.g., Connidis & McMullin, 1996; Letherby, 2002).

This dichotomous view of childlessness as voluntary or involuntary has been critiqued in the literature for not accurately reflecting the many paths to childlessness (e.g., Connidis, 2010; Connidis & McMullin, 1993; Abma & Martinez, 2006). In addition, there is a significant amount of research that has grouped and studied all childless individuals together, irrespective of their individual paths to childlessness (e.g., An & Cooney, 2006; Rothrauff & Cooney, 2008; Vissing, 2002). However, this body of literature has been critiqued for using heterogeneous samples of childless individuals in which potentially important differences and experiences are lost or hidden (e.g., Connidis, 2010). More recently, researchers are recognizing that there is a third group of childless individuals – those who are childless due to circumstance, happenstance, default, chance,

or delay (e.g., Berrington, 2004; Cain, 2002; Daniluk & Koert, 2008; Ireland, 1993; Keizer et al., 2006; Kemkes-Grottenthaler, 2003). This growing group of women will be the focus of this study.

There has been little research focused specifically on women who are unintentionally childless after delayed childbearing. These women have typically been included within the samples of childless individuals, some within the voluntary childless group (e.g., Veevers, 1980), and others within the involuntary childless or infertile group (e.g., Connidis & McMullin, 1996; Letherby, 2002). However, in recognizing the unique aspects of unintentional childless due to factors other than infertility, some researchers and authors examining childlessness have devoted specific chapters of their books to addressing the experiences of women who are childless by circumstance, delay or postponement, or happenstance (e.g., Cain, 2002; Hunt Anton, 1992; Ireland, 1993).

Because there has been no in-depth research specifically focused on the meaning and experience of childlessness for women who are unintentionally childless by delay or default, I drew from the above-mentioned sources as well as the relevant research and popular literature, to begin to piece together a picture of the experiences of those women who always wanted and expected to, but never ended up becoming mothers – those who are unintentionally childless after delaying childbearing. Given the social context which still privileges motherhood as an important role for women, I was particularly interested in knowing how women learn to live with, and make sense of their childlessness. In reviewing the scant available literature it appears that meaning-making is an important aspect of reconciling and accepting childlessness. Many of these publications have been based on anecdotal accounts and written for popular audiences, therefore, they must be

interpreted and used with caution. Others have been unpublished dissertations. Some of this research is dated, and may not reflect the experiences of the current cohort of women who are ending up childless after delay. This section of the literature review is broken down as follows: seminal texts on childlessness; dated examinations of unintentional childlessness; contemporary examinations of unintentional childlessness; and scholarly examinations of unintentional childlessness.

### **Seminal Texts on Childlessness**

Although dated, two seminal texts on childlessness (Veevers, 1980; Ireland, 1993) have made significant contributions to our understanding of women's experiences of voluntary and involuntary childlessness. Veevers (1980) book, *Childless by choice*, is an often-cited text in the literature on childlessness. It was one of the first, in-depth sociological studies to be conducted on childless couples and to describe voluntary childlessness in detail beyond citing the demographics of the group. Veevers (1980) conducted semi-structured interviews with 156 childless people including 120 wives and 36 husbands. She wanted to explore the causes and consequences of remaining "childfree". In order to take part in the study, the participants must have been married for at least 5 years. Her book is a compilation of these findings with a socio-cultural critique of the "parenthood prescription" (Veevers, p. 5) wherein parenthood is seen as an essential criteria for adult development.

Although her work is 30 years old and reflects the experiences of a different cohort of women, Veevers' (1980) findings and reflections on the path to childlessness via postponement are still relevant in understanding the experience of the participants in the study. Importantly, Veevers demonstrated that among her voluntarily childless sample

there were two distinct groups, “early articulators” and “postponers”. Early articulators were those who, at an early age, made a conscious and intentional decision to remain childless. As the term implies, postponers were those who arrived at the inevitability of permanent childlessness via a series of postponements.

Of particular interest to my study, within her sample Veevers (1980) highlighted a group of childless individuals who delayed childbearing until parenthood was no longer considered desirable. She identified four different stages in the path from temporary postponement of parenthood to permanent childlessness. First, many couples postponed parenthood for a period of time, often to pursue career or educational goals. During this period, couples actively used birth control to prevent conception. After this stage, a significant number of couples proceeded to have children while the remaining portion continued to postpone parenthood for an indefinite period of time. These postponing couples had a vague idea of when they wanted to become parents, but they knew for certain that it was not at the present time. They also had an idea of the circumstances in which it would be desirable to pursue parenthood (e.g., financial stability, maternity benefits). However, these standards were often unreachable which led to a series of postponements. After this stage, those couples that did not pursue parenthood entered into a period where they began to deliberate the pros and cons of parenthood. This represents a change in thinking wherein the benefits and sacrifices involved in having children were acknowledged and discussed. Up until this point, the majority of couples postponing parenthood assumed that they would become parents eventually. Veevers asserts that openly discussing the inevitability of parenthood increased the likelihood of “deciding against it” (p. 24). Finally, for those who did not pursue parenthood after this deliberation,



the last stage involved accepting permanent childlessness. In this way, at this stage, childlessness was viewed by the participants as permanent rather than temporary. For these couples, childlessness was usually not a direct decision. Rather, by progressing through these four stages, couples became aware that an “implicit decision has been made to forego parenthood” (Veevers, p. 25).

Veevers (1980) and others (e.g. Leridon, 2004; Maheshwari et al., 2008; Tough et al., 2007) have highlighted the problems with postponing parenthood in terms of declining fertility rates, increased maternal and infant health risks, and going against social norms around what is considered an appropriate age to have children. Perhaps reflecting an awareness of these implications, Veevers found that for some women in her sample, as their age increased the decision to postpone became less bearable because the time in which to pursue a pregnancy was running out. As such, these participants felt an increasing pressure/ imperative to make a decision about parenthood. For this reason, many couples in Veevers’ study set an upper age limit by which, if they were going to have children, they would pursue a pregnancy. Once this age limit had passed, they no longer saw themselves as temporary postponers, but permanently childless.

Although Veevers’ (1980) landmark study has had a significant impact on our understanding of voluntary childlessness, it is not without methodological shortcomings that limit the generalizability of her findings. Veevers did not outline a specific research question protocol to guide her inquiry. Also, her sample was very homogeneous, consisting primarily of upper middle-class, urban, heterosexual, married couples. Such a sample is not reflective of the general, heterogeneous population of childless adults, especially those who may be postponing childbearing because they do not have a partner

or are not financially stable. In addition, her data is cohort specific, being collected in the late 1970s. Consequently, her findings may have less relevance for today's experience of childlessness – particularly given the increasing social acceptance of later childbearing and the rapid advances in reproductive technologies that may assist in extending the time frame within which women can consider pursuing a pregnancy. However, her findings are helpful in outlining how the process of postponing childbearing can lead to, or result in, permanent childlessness essentially by default.

Another seminal and important book was published by Ireland in 1993. Although also dated, Ireland's book, *Reconceiving women: Separating motherhood from female identity*, provides an examination of childlessness from a psychological framework, with a particular focus on the construction and negotiation of identity for childless women and the way in which they make meaning of their childlessness. Ireland's seminal work continues to be widely cited in current research on childlessness. Along with examining the psychological development of childless women, Ireland used a feminist lens to critique the widely held societal connection between healthy adult development and motherhood. Based on interviews with 100 childless women aged 38 to 50, Ireland examined the ways in which these childless women developed their lives and identities separate from motherhood. She wanted to understand how women saw themselves as complete adults without becoming mothers. Based on her findings, Ireland proposed an alternative model for healthy female development that is separate from motherhood.

Ireland (1993) categorized the women in her study based on what she understood as the different types of childlessness. They included childless through: choice, which Ireland called "transformative"; delay, which Ireland called "transitional"; and infertility,

which Ireland called “traditional” (p. 16). For the purpose of this literature review, because it has the most relevance for my study, I will focus on the information that she gathered about the 31 women in her study who were childless through delay, or as Ireland termed, the “transitional” women in her study (p. 16).

Of the transitional women, 8 were married, 5 in committed relationships, and 17 were single. A variety of different occupations were represented in the group with the majority of women working (15 professional, 11 non professional), three being students and two being unemployed. Ireland (1993) offered an outline of the characteristics of the women in this group. She found that many of the women saw themselves as childless by chance, as they were unable to realize or attain their desired/required criteria for having children (e.g., marriage, appropriate partner, financial stability, etc.). Gender roles and expectations were particularly salient for this group, given that they felt as if they were not living up to the roles and requirements of being a woman (i.e., motherhood). Some of these transitional women found themselves stuck in a state of denial, believing that motherhood would eventually happen, or that medical intervention would be available if and when motherhood became a possibility for them at some point in the future. Some avoided the reality of their childless status. Ireland wondered, “At what point does the identity of a mother become truly eclipsed?” (p. 42). She found that for many participants, there was a gradual awakening to the reality of their childless status. According to Ireland, “At some point all are awakened by an internal voice or external event that calls their attention to the timeline of their lives; they realize that motherhood is not going to happen” (p. 41). For some, this realization came as a shock since they still felt young and healthy and thought they had ample time in which to pursue motherhood.

For the transitional women in Ireland's (1993) study, mid-life was a particularly salient time in which they began to evaluate their lives and come to terms with the likely permanence of their childless status. This process was similar to that of the "traditional" women in her study who were infertile, wherein they asked themselves how they ended up in their particular position and what it meant to them. Ireland (1993) suggested that for the transitional women, acknowledging the loss of their imaginary children was necessary in order to move towards an acceptance of their childless status. This process is similar to Schlossberg et al.'s (1995) description of adaptation to non-event transitions wherein identifying and grieving the absence of the marker event is important in order to reduce the negative impact of the experience on an individual's life.

In describing the process that occurred for her transitional participants at mid-life further, Ireland (1993) summarized: "Generally, it is only when her childbearing years appear to be at an end and/or there is no primary partner with whom to make a family possible that the transitional woman is required to address this question of meaning as an identity developmental task" (p. 43). This has interesting implications for the participants in the study, given that for the current cohort of women, with medical technology and third party reproduction (e.g., use of donor eggs), there is potentially no explicit end point in terms of the end of the childbearing years, unless financial constraints restrict the pursuit of assisted human reproduction.

In discussing her childless participants in general, Ireland (1993) suggested that for a number of the childless women in her study, an internal shift was necessary in redefining themselves separate from motherhood. Based on these findings, Ireland concluded that childless women must acknowledge that they are not going to become a

mother and need to address the meaning of childlessness in their lives. Some women may need to acknowledge the loss of motherhood and others may not feel as though anything is missing. However, for women who expected to become mothers at some time in their lives, Ireland suggests that they must confront the reality that their expectations are not going to be fulfilled. Through this acknowledgement and letting go, a new path to healthy adult development can be forged. Ireland indicates that childless women who cannot give up that path and accept the reality of never becoming mothers, can remain stuck in disappointment. In this way, they do not successfully negotiate the non-event transition and adapt to permanent childlessness, as their parental status continues to have a negative impact on their daily lives (Schlossberg et al., 1995). According to Ireland, in adapting to childlessness, some of the participants in her study realized that work was more important to them than they thought. In addition, some directed their creative energies into other endeavors as a way of re-constituting their identities and directing their nurturing energies into other avenues.

Ireland's (1993) work highlights the psychological processes of coming to terms with permanent childlessness and constructing an adult identity outside of the mothering role. However, her findings must be interpreted with caution in that she did not describe the analytic process by which she came to her conclusions. In addition, she collected her data in 1988, and as such, her descriptions and findings may be cohort specific and not as generalizable to the current cohort of unintentionally childless women. We do not know whether the psychological processes of coming to terms with childlessness for women who have delayed childbearing have changed in the 20 years since Ireland collected her data and published her results – particularly given the possibility of women now being

able to pursue a pregnancy up until, and even after menopause, through egg freezing or the use of third party reproduction (e.g., donated eggs or embryos; surrogacy). In addition, within Ireland's written account, the voices and personal experiences of her childless participants are generally secondary to her theorizing. Ireland imposed her own pre-set framework on the findings and summarized the findings, generally using her own words rather than the participants'. Although she acknowledged that women needed to make sense of, and address, the meaning of childlessness in their lives, Ireland did not offer a detailed account of the ways in which the women in her study did this. Thus, within the study, in order to extend Ireland's theory and research, it was important to examine the meaning of childlessness in the participants' lives, including how women have made sense of, and incorporated their childless status into their lives and identities.

### **Dated Examinations of Unintentional Childlessness**

Although dated, two publications by Hunt Anton (1992) and Fleming (1994) help to better understand women's experiences of childlessness. Hunt Anton's (1992) book, *Never to be a mother: A guide for all women who didn't – or couldn't – have children*, is a practical guide aimed at encouraging acceptance and resolution of permanent childlessness. Her book was written based on her own experience with age-related infertility after delayed childbearing, and on a selection of interviews with an undisclosed number of childless women aged 24 to 78. Although meant for a popular audience, Hunt-Anton's work provides insightful descriptions about the various paths to childlessness, some of which may have particular relevance for understanding the experience of unintentional childlessness.

Hunt Anton (1992) found that many single women in her study did not have children because they were not married. These women had an idea of the circumstances in which they would and should have children, which included marriage. For these women, coming to terms with childlessness was secondary to feeling sad and disappointed about not finding a suitable partner to marry. As they aged, these women described a growing sense of what they were missing out on, including getting married, having children, and eventually becoming grandparents. In addition, Hunt Anton identified a group of women who were childless due to status of their current relationships – being partnered with men who did not want children or having relationships with men who the women felt would not make suitable fathers. Some of these women hoped that their partner's decision to not have children would change and often felt powerless as they put their own parental needs and desires aside in order to continue in the relationship. In the case of dating men who would not make good fathers, Hunt Anton also described these situations in positive terms as she argued that these women were making unselfish, mature judgments around the kind of homes and relationships into which they felt were appropriate to bring children.

Hunt Anton (1992) also identified a path to childlessness that she called “the biological alarm clock” (p. 57). For the women Hunt Anton interviewed, this path involved an awareness of declining fertility, higher risk pregnancies, and reaching menopause. She summarized: “Many women set a deadline for themselves, a given age after which they will not get pregnant because of increased risk to themselves and to a baby” (p. 57). She suggested that a number of women who delay childbearing ultimately

become pregnant when they try. However, “Many others will not; they will face regret and remorse because they waited too long” (p. 58).

In describing these paths to childlessness, Hunt Anton (1992) suggested that in general, women she interviewed who were not able to have children found their childless status distressing because they always assumed that they would become a mother but for a range of reasons, were unable to do so.

In the second half of her book, Hunt Anton (1992) describes in detail her suggestions for a series of steps to resolution, or acceptance of childlessness. These include acknowledging, experiencing, understanding, and surviving the loss of motherhood, and focusing on identifying ways in which to integrate feminine energy and childlessness into one’s life. A number of these steps are consistent with Schlossberg’s four-step process of adaptation to a non-event transition (Goodman et al., 2006). For example, both Schlossberg and Hunt Anton identify the need to identify and grieve the loss or non-event and then shift focus onto the future and new possibilities for fulfillment.

However, generalizations based on Hunt Anton’s (1992) findings must be made with caution for several reasons. She did not offer information about how she collected and analyzed her data. Therefore, her outlined steps to resolution are offered without substantial research support. In addition, Hunt Anton’s text is almost 20 years old, which means that it may have less relevance for the current cohort of childless women, given that delaying childbearing until late into the 30s and even 40s is increasingly common and more socially acceptable. Also, with the advancement in reproductive technologies extending the time frame within which a woman can potentially pursue a pregnancy, the period of adjustment to childlessness may begin later and extend longer than was the case



for previous cohorts. In addition, Hunt Anton's findings were based on interviews with women who were childless for a number of reasons besides delay. It may well be that the women in the current study who are childless because of their decisions to postpone childbearing, have unique reactions to their permanently childless statuses. Finally, Hunt Anton's steps are linear and do not reflect the dynamic process wherein the meaning and experience of childlessness is revisited across the lifespan. As such, the rigidity in Hunt Anton's steps to resolution leaves little room for individual difference and variation. Despite these challenges, Hunt Anton's work is helpful in providing an illustration of the experience of, and adjustment to, the non-event transition to permanent childlessness.

Like Hunt Anton (1992), Fleming (1994) wrote her autobiographical book, *Motherhood deferred: A woman's journey*, based on her personal experience of age-related infertility after delayed motherhood. Although a personal, somewhat dated account meant for a popular audience, and thus not generalizable, Fleming's narrative provides important insight into the personal experience of childlessness after delayed childbearing. Fleming rejected motherhood for a time, and then when ready, found out that it was too late to have children. Fleming alternates from reflections on her past to her recent experiences of having pursuing assisted reproductive technology. Fleming's narrative takes an angry tone. She feels as if she was "duped" into childlessness by a number of external factors, which are unique to her specific time and context. For example, she describes the situation in which many of her cohort initially rejected motherhood because they wanted to "elude our mothers' fates" (Fleming, p. 80) – a fate which they viewed as involving self-sacrifice and oppression. Spurred by the women's movement in the 1970s, Fleming and her cohort pursued independence and sexual

pleasure separate from conception. They were “high achievers” (p. 116) who “*forgot [emphasis added]* to have children” (p. 52). In attempting to be liberated from their mothers’ fates, they completely rejected the motherhood imperative.

Fleming describes how she felt she was affected by the feminist movement’s shift to pro-family values in the 1980s. During that time, women were encouraged to be both feminine and feminist. However, Fleming found that it was difficult to reconcile earlier messages with those that now suggested that a desire for a husband and child was empowering and consistent with feminist values. Unfortunately for Fleming, when she began to see motherhood through new eyes, and realize that she wanted to become a mother, she was unable to achieve a viable pregnancy, even with the assistance of reproductive technology. As such, Fleming was left to deal with, and make sense of, her permanent childlessness. When describing her path to childlessness, Fleming offers an articulate summary:

It was a collusion or a collusion of so many things, my non-motherhood and that of many women I knew: the childhood memories, the non-fail contraceptives that had transformed our lives, the women’s liberation movement hitting us right in our early twenties, the age when so many of our mothers had nested and bred. We were the making of a revolution, the unmaking of the idea that biology had to be destiny, and it was thrilling, thrilling to think that you had a purpose on earth beyond biology, beyond caretaking, beyond the traditional ‘female’ role. (p. 137)

Cohort effects may limit the applicability of Fleming’s narrative to the experience of currently unintentionally childless women after delay. That is, the context in which Fleming became unintentionally childless after delay and the factors in which she sees as

instrumental in this delay (e.g., the influence of the feminist movement), may not be as relevant or applicable to the current context in which women are becoming unintentionally childless after delay. However, Fleming's narrative suggests that assigning responsibility (internal, external) when making sense childlessness is an important aspect of the lived experience of this phenomenon.

### **Contemporary Examinations of Unintentional Childlessness**

A number of contemporary books offer a composite description of the lives of women who are childless for a variety of reasons (e.g., Black & Scull, 2005; Cain, 2002; Vissing, 2002). Three books will be reviewed in this section: Black and Scull (2005), Cain (2002), and Vissing (2002) because they included women who are unintentionally childless after delayed childbearing in their heterogeneous samples of childless women. Spurred by their personal experiences of childlessness, these authors have sought to describe the lives of childless women within our current socio-cultural context wherein a period of delay is acceptable to pursue education and career, but motherhood continues to be advanced as women's most important and desirable role. Through collecting a number of interviews and anecdotal accounts from childless women, these authors examine how women construct their lives as childless women within this societal context. Generally, this data collection and analysis was not located within a particular research paradigm or outlined in detail in order to determine the trustworthiness of the results. However, although the books to be reviewed are written by non-academic writers or authors from disciplines outside of psychology, they offer some preliminary information about the experience and meaning of childlessness in general, and unintentional childlessness after delay, more specifically. This information helps to begin to piece together a picture of the

experiences of the more recent cohort of women who always wanted and expected to become mothers, but ended up permanently childless after delaying childbearing until a viable pregnancy was no longer possible.

Vissing's (2002) book, *Women without children: Nurturing lives*, is a sociological examination aimed at exploring the question: "What is the meaning of childlessness in women's lives, and how do they construct lives challenging the expectation that all women are, or should be, mothers?" Vissing interviewed 125 childless women between the ages of 40 and 60 to explore this topic and included both voluntarily and involuntarily childless participants in her sample. She organized the book into different topics such as the social context and meaning of childlessness, reasons for childlessness, and the day-to-day experiences of life as a childless woman. Most relevant to the current study is that within her sample, Vissing included some women who postponed motherhood and ran out of time to have children. She categorized these women as "those who subconsciously decided not to have a child, or who let life situations dictate their choices" (p. 129). However, she did not pay special attention to describing how these women's experiences were different than those who are childless for other reasons. For this reason, the applicability of Vissing's findings to the cohort of interest in this study is limited.

However, a few points of possible relevance will be highlighted.

A significant number of women that Vissing (2002) interviewed described the challenging task of developing and negotiating their identities as childless women in a society that promotes the beliefs that motherhood is women's most important role and that women are inherently relational and nurturing. Like Ireland (1993) found with her childless participants, Vissing highlighted how childless women found alternative

feminine identities outside of motherhood, and by extension, other ways to nurture besides motherhood, such as building relationships with other children, and providing service in the community. Given Vissing's sociological lens, she focused on the social meaning of childlessness rather than the personal meaning of this alternate identity.

Vissing (2002) identified commonalities in the process by which her voluntarily and involuntarily childless participants emotionally adjusted to childlessness. Her participants initially experienced a period of denial and difficulty, after which they reported experiencing "a range of volatile emotions, including depression, grief, and regret" (p. 134). Certainly these reactions echo the experience of Fleming (1994) and a number of Ireland's (1993) 'transitional' and 'traditional' participants. Vissing interpreted these reactions as being part of a grieving process that begins when participants adjusted from expected parenthood to unexpected childlessness. Another important factor in the grieving process identified by Vissing was that a number of the participants who found that their grief was not recognized by society – given that, unlike other concrete losses (e.g., the loss of a child), there was nothing tangible over which to grieve. This fits with Doka's (2002) conception of disenfranchised grief, which is grief that is unrecognized by society or others.

It may well be that the participants in the current study have similar experiences of unacknowledged loss relative to their childlessness – based on the assumptions of others that their career or educational attainment was more of a priority in their lives than motherhood.

Also of relevance to the study, in their recent book, *Beyond childlessness: For every woman who ever wanted to have a child – and didn't*, Black and Scull (2005)

gathered stories from 200 childless women who identified as childless by circumstance rather than choice. The circumstances included reasons related to infertility, marital or partner status, age, financial restraints, and others. The authors also included the stories of women who had been able to have one child but were unable to have more, and women who had adopted, used surrogacy, or became a step-mother through marriage. Black and Scull's book contains excerpts from the childless women's personal stories and information that the authors gathered through consultations with service providers in fields relating to reproduction. Both of the authors identify as childless through circumstance. Their book was born out of their own experiences and desire to examine the reasons for childlessness, the experience of childlessness, how being childless affects relationships with self and others, and how women come to terms with their childless status.

Although their book is based on anecdotal accounts the stories of women who came to their childlessness by circumstances rather than choice may have some relevance for the current study. For example, in the section on the dream versus reality of wanting a child, the authors highlight the childless women's process of a "gradually dawning realisation" (Black & Scull, 2005, p. 49) that motherhood was not going to happen. Ireland (1993) also described this process of the realization of permanent childlessness. For a number of the women that Black and Scull interviewed, motherhood was always something they planned to pursue in the future, but eventually they realized that time had run out. For these women, coming to terms with the permanency of their childless state was a difficult process that occurred over a period of time, rather than being a discrete "moment of crisis" (p. 49). This process is also consistent with Schlossberg et al.'s

(1995) contention that adaptation to such an event occurs over time and involves a stage in which the reality and permanence of the loss is gradually realized.

The literature suggests that, with the termination of unsuccessful medical treatments, infertile women are faced with and must confront the permanence of their biological childlessness (Daniluk, 2001; Greil, 1991). Given the possibilities for childbearing and motherhood afforded through the use of reproductive technologies and the availability of third party reproductive options, it will be particularly interesting to learn about how the women in the current study come to the realization that they will never bear a child, and achieve closure regarding the permanence of their childlessness. An in-depth examination of the experiences of women who are childless through delay will provide additional information to help us to further understand the similarities and potential differences in the experience of permanent unintentional childless due to the decision to delay childbearing in comparison to other paths to childlessness.

Cain's (2002) book, *The childless revolution: What it means to be childless today*, is similarly based on interviews with 100 childless women. She did not restrict her sample according to reasons for childlessness. Cain is a women's studies professor and struggled with infertility before having a child. She began researching her book and interviewing childless women with the assumption that childless women are missing something, and a desire to examine what that entailed. Interestingly, similar to Ireland (1993), Cain came to the realization that the childless women with whom she spoke were not necessarily lacking anything in their lives, and many have been able to build meaningful lives that do not include the motherhood role.

Like Ireland (1993), Cain (2002) distinguishes between three types of childlessness, which she identifies as: childless by chance (infertility), choice, and happenstance. The happenstance group has the most relevance to unintentional childlessness after delayed childbearing. Cain suggests that these women “unexpectedly evolved into childlessness” (p. xiv). Based on her interviews, she summarizes how women in this group thought that they would parent at some point, but they remained childless. In this way, childlessness was a journey that they did not intend to take. Like, Ireland (1993), Cain devoted a chapter of her book to each of these three types of childlessness. For the purposes of this literature review, the chapter on childlessness by happenstance will be the primary focus.

Within the childless by happenstance group, Cain (2002) divided the women she interviewed into four different groups: childless by childhood, childless by standards, childless by marriage, and unexpectedly childfree. Like some of Veevers’ (1980) “early articulators” and similar to the cohort of women of Fleming’s (1994) generation, those who were childless by childhood did not pursue parenthood because of some experience in their childhood (e.g., seeing mom’s personal sacrifice and not wanting to repeat this pattern). By the time some of them were ready to pursue a pregnancy, they had run out of time. Those who were childless by standards had specific ideas as to the situation and circumstances in which they would be open to pursuing a pregnancy (e.g., within marriage). However, when these standards or circumstances were not realized in their lives the women ended up permanently childless. Those who were childless by marriage, entered a relationship in which their spouse already had children, did not want children, or felt he was too old to pursue parenthood. Lastly, those who were unexpectedly



childfree had always expected that they would one day become a mother but found their lives and careers fulfilling and thus did not pursue a pregnancy. Some women in this group described how “it just turned out this way.” In the words of one of Cain’s participants: “there was no conscious decision about not having kids. I never sat down and said no, I’m not going to have a child. I just feel this is the path life took. I am the classic person who slid into it...oops! I forgot to have kids!” (Cain, p. 127). These findings suggest that within the current study, it will be important to recognize that there may be a number of different paths to, or reasons for, unintentional childlessness after delayed childbearing. Similarly, the process of adapting to, and negotiating, the transition to permanent childlessness may well differ depending on each woman’s individual path to childlessness.

Similar to Black and Scull (2005), Cain (2002) found that coming to terms with childlessness was a process that occurred over time. Cain’s participants constantly revisited their childlessness at different points in their lives. She was especially impacted by a group of women within her sample who were unable to come to terms with their childless status. These women who were over 45 and single, still believed that a pregnancy was possible. They thought that they were still fertile because they continued to ovulate. In reality, it would be very unlikely that they could achieve a viable pregnancy at this point, with or without the aid of reproductive technology (Cain). However, these women had a difficult time admitting that they would never have a child, so they never actually made this pronouncement. It may well be that a number of women who have delayed childbearing into their 40s and even 50s find it difficult to accept their permanent childlessness, and like some of the women in Cain’s study, continue to identify

themselves as “not yet pregnant” past the point when a pregnancy is likely (Greil, 1991). Complicating matters further, the current social discourse and medical context promotes the notion that women’s reproductive years are now potentially extended into their 40s and even 50s. Cain’s findings begin to underscore the complexity of this issue. The current study has the potential to extend our limited understanding of this issue within the current cohort of women.

Based on her findings, Cain (2002) remarked that the cultural mantras that women can have it all and that they can take charge of their lives and destinies did not hold true for the women she interviewed who were childlessness by happenstance. For these women, being constantly inundated with such messages played a role in the difficulty they experienced in letting go of their dream of motherhood and accepting their permanent childlessness.

Although Cain’s (2002) discussion of women who end up permanently childless by “happenstance” highlight the complexity of this transition, her findings must be interpreted with caution due to some methodological shortcomings in her research design. For example, Cain did not provide a full description of her sample nor did she describe how she analyzed her data. In addition, it is unclear the extent to which her own experiences as a temporarily childless woman, and then a mother, and her guiding assumption that childless women are missing something in their lives, influenced the collection and interpretation of her data. Despite these apparent shortcomings, similar to Ireland’s (1993) findings, Cain’s writing provides an interesting and generally positive perspective on the experiences of childless women, many of whom have been able to

come to terms with their childlessness and construct meaningful lives outside of motherhood.

### **Scholarly Examinations of Unintentional Childlessness**

In this section, the very limited scholarly research on unintentional childlessness after delay is reviewed. This includes research studies conducted by Kemkes-Grottenthaler (2003), Hewlett (2002), and Tonkin (2010), as well as three recent dissertations which focus on childlessness at mid-life by Zanolini (2009), Smolen (2004), and Singer (2005). Particular attention is paid to the relevance of these studies for understanding the meanings and experience of unintentional childlessness for women who have delayed childbearing.

Kemkes-Grottenthaler (2003) conducted a quantitative study in order to examine differences in reasons for childlessness among female academics in a university in Germany. The researcher wanted to determine whether professional, childless women were rejecting or merely postponing parenthood. In order to make comparisons between groups, Kemkes-Grottenthaler recruited mothers, childless women, and infertile women to answer a series of questionnaires. A total of 193 women took part in the study. Demographic, attitudes and motivations towards children, and job/career satisfaction data were collected. Interestingly, and most relevant to the study, Kemkes-Grottenthaler found that within her sample, a significant number of the currently childless women intended to postpone childbearing until their careers were stable. These women did not intend to choose to remain childless, but rather postponed childbearing because they saw career advancement in the academy as incompatible with motherhood. Many of the participants highlighted the potential negative impact of motherhood on their careers. Similarly, other

researchers (e.g. Hewlett, 2002) have found that permanently childless women with professional careers did not see themselves as “choosing” childlessness per se. Rather, these women found it impossible to pursue both a career and motherhood, particularly in the early stages of their careers when they were trying to ensure their success.

Conclusions and generalizations based on Kemkes-Grottenthaler’s (2003) findings must be made with caution for a few reasons. All of the participants were highly educated women with academic careers. The experiences of such a homogeneous sample of women for whom the tenure clock and biological clocks clearly are in conflict may not have relevance for women whose career paths and career success are not as closely tied to the biological clock. Also, Kemkes-Grottenthaler’s research was conducted in Europe where the context of delayed and later childbearing and the availability and use of assisted reproductive technologies may be different than is the case currently in North America. For example, many countries in Europe fund several free cycles of IVF, while in North America, few if any states and only one province, cover the costs of one or more IVF cycles. This study may extend our understanding of the impact of career and economic circumstances in women’s decisions to delay, and ultimately end up childless within the current, Canadian context.

Although not specifically on the lived experience of unintentional childlessness, Hewlett’s (2002) study provides important information about the path to unintentional childlessness after delay, so I have elected to include a brief summary here. Hewlett features the results of her study in her book, *Creating a life: Professional women and the quest for children*. She initially conducted a series of interviews with high achieving women and found something “surprising” (Hewlett, p. 2) – none of these women had

children, and none of these women felt they had chosen to be childless. As a result of these interviews, Hewlett conducted a larger, nationally representative study in the United States of 1,186 high achieving career women from age 28-55 who were employed full time or self employed. Hewlett conceptualized women as “high achieving” if their incomes were in the top 10% for their age group (over \$55,000 for those age 28-40 and over \$65,000 for those age 41-55). Hewlett found that 33% of high achieving women in general were childless at age 40. Of those childless high achievers who were age 41-50, 25% continued to want to have a child. Those women who were “ultra achievers,” if they made more than \$100,000 a year, demonstrated similar patterns – 49% were childless, and 31% of those who were age 41-50 continued to want to have a child. Overall, Hewlett found that only 11-14% of those women who did not have children identified their childlessness as a preference.

Hewlett (2002) supplemented her findings with the stories that she gathered from women who are living this difficult reality. She found that these women grieved the loss of the motherhood role. She quotes one of her participants who conceptualized this experience of childlessness as a “creeping nonchoice” (Hewlett, p. 3). According to Hewlett, these women feel that the choice of motherhood had been taken away from them given the demands of their careers, the difficulty of having a child later in life, and traditional gender roles around responsibilities for childrearing. In terms of applicability to the current study, although she included both mothers and childless women in her sample, Hewlett’s study provides important information about one of the paths through which women are ending up childless (i.e., career pursuits), which may be relevant in understanding the lived experience of the women in the current study.

Tonkin (2010) examined the experiences of 27 women in New Zealand in their 30s and 40s who identified as what she termed “contingently childless” (p. 177) - that is, they assumed that they would become a mother, but find themselves near the end of their natural fertility without having had a child. She characterizes this group of women as being in the “position of being neither ‘voluntarily childless’ (since they would like to have a child), nor ‘involuntarily childless’ (since they were/are, at least initially, biologically capable of doing so.)” (p. 177). This experience of childlessness shares similarities with what I am calling *unintentional childlessness after delay* in the current study. Tonkin’s understanding of this third type of childlessness within the larger childless cohort is consistent with previous research and writing (e.g., Cain, 2002; Ireland, 1993), and provides further evidence that there are unique aspects to this particular phenomenon that are worthy of examination.

Through a series of qualitative interviews, a sense of grief and loss emerged as a major theme in the study. Tonkin’s article focuses on the social aspect of this loss, suggesting that the women’s grief is “disenfranchised” (Doka, 1989, 2002), which results in a painful sense of isolation and alienation for the women. As such, this contributes to the silence and misunderstanding of the experience and leads the women to question the legitimacy of their loss. Tonkin’s findings underscore the normative rules around what type of grief is acknowledged or deemed legitimate within our social context. Those women who played a role in bringing loss into their lives (e.g., by staying in a relationship with a man who does not want to have children), are seen as being less deserving of support from others than those who are seen as passive victims. As a result, the women Tonkin’s study struggled between a sense of responsibility for their life

choices, and a sense of injustice that others did not acknowledge the complexity of their decisions.

In terms of the applicability to the current study, it is important to note that Tonkin's group of women were in their 30s or 40s, and were "probably not becoming biological mothers" (p. 178). These women are at the early stages of accepting the reality that they may end up permanently, unintentionally childless. However, at this age range, they continued to have access to options such as assisted reproduction, third party reproduction (i.e., use of donor egg, donor sperm), or adoption should they decide that they do not want to remain childless. The women in the current study are older, and at a point in which motherhood is no longer an option for them. The lived experience of childlessness may well be different at these different stages. That being said, Tonkin's (2010) study offers important information about women's experience of grief and loss when they begin to realize that the motherhood role may not be possible, and the "social invisibility" (p. 177) and legitimacy of this loss.

Related to the notion of reconstructing life dreams, a recent qualitative doctoral dissertation in Clinical Psychology (Zanobini, 2009) was undertaken to examine the mid-life developmental trajectory of women who were unintentionally childless after reproductive ambivalence. Specifically, Zanobini wanted to determine whether or not Levinson's (1978, 1996) concept of 'the dream' was relevant for six unintentionally childless women who were in their early to mid-50s. According to Levinson (1978, 1996), 'the dream' describes an individual's ideal life. This image is usually formed in early adulthood and guides an individual through his or her life course. Often, in mid-life, an individual's dream needs to be reassessed in terms of its attainability, and an adjustment

may be necessary. Zanolini was interested in how Levinson's concept of 'the dream' related to the experience of adapting to childlessness due to delay. As well, she wondered how the mid-life transition was experienced when women were unintentionally childless.

Results from Zanolini's (2009) study revealed that all of her six participants had developed 'dreams' but having children was included in the dreams of only two participants. More often, for the women in Zanolini's study, their dreams included careers and relationships. Five out of six of the participants reported that they had fulfilled their dreams by mid-life despite not becoming mothers. The women described the process of considering having a child in their 30s, but not pursuing it actively, then at the age 40 transition, realizing and accepting their childlessness. Overall, according to Zanolini, the participants seemed well-adjusted and satisfied with their childless lives.

Zanolini's (2009) findings have limited relevance for the study given that becoming a mother was included in the dreams of only two of her six participants. The inclusion criteria for the current study required that the participants expected to have a child or children, but ended up not fulfilling this dream. It may well be that Zanolini's participants appeared to be well-adjusted and satisfied because they had fulfilled their other life dreams that did not include motherhood.

Another dissertation in Clinical Psychology conducted by Smolen (2004) utilized a qualitative, heuristic research method to examine the experience of women grieving childlessness at mid-life. A Response to Loss inventory was also administered. The participants included the researcher and 12 co-researchers who ranged in age from 44 to 67 years. To participate in the study the women needed to self identify as childless. Reasons for, and paths to, childlessness were not restricted. Rather, participants only



needed to be actively grieving their childless status during the time of the interview in order to meet the study inclusion criteria.

Results from Smolen's (2004) study showed that although engaged in the grieving process, the participants were not clinically depressed. Rather, they viewed their grief over their childless status at mid-life as resulting in personal growth. Unlike Hunt Anton's (1992) prescribed steps ending in resolution, the participants identified the grieving process as ongoing. This fits with Schlossberg et al.'s (1995) notion of adaptation to a non-event as a process occurring over time, and echoes the findings of Cain (2002) and Black and Scull (2005). Smolen formulated themes from the qualitative data that she collected from her co-researchers. These themes included grief responses, losses, experiences with children, relationships, early familial influences, metaphors for childlessness, and the discovery of meaning. The words of one participant reflect the ongoing nature of this grief process: "I don't think the sense of loss or grief really goes away completely. I think it just gets tempered over time, and you accept it over time, and you try to find some way of having it in some manner..." (Smolen, p. 54). Smolen found that in mid-life, the grief experienced by the childless women in her study was particularly intense as "this grief re-awakens one's deepest longings and unrealized dreams of intimacy, relationships, and inter-generational legacy" (p. 55). Smolen's findings suggest that grief is an important dimension in the experience and meaning of unintentional, permanent childlessness.

Smolen's results (2004) must be interpreted and generalized with caution because the paths to childlessness varied for her participants, with some coming to their childlessness through infertility and others through other life circumstances. It may well

be that grieving childlessness due to a medical fertility condition is a qualitatively different experience than grieving the end of fertility after waiting too long to pursue a pregnancy. It is important to note that in order to participate, Smolen's participants needed to be actively grieving their childlessness. This particular inclusion criterion excluded childless women who had come to terms with their childless status. Given the wider inclusion criteria, the current study may extend Smolen's findings and provide important information on how grief may shift and change for women who are at different stages of the acceptance and reconciliation process.

A final dissertation in Counselling Psychology by Singer (2005) may be relevant in understanding the experience of unintentionally childless women after delay. Singer conducted a qualitative study that examined the experiences of 10 childless women at mid-life. The participants ranged in age from 44 to 50 years old. Similar to the purpose of the current study, Singer examined how the women made meaning in their lives and established their identities as childless women. Within her sample, five participants were childless through choice and five were childless because they had "forgotten to have kids" (p. v).

Results from Singer's (2005) study indicated that the majority of the participants had reached a level of acceptance through a process that took a number of years. Schlossberg et al.'s (1995) process by which an individual adapts to a non-event transition offers an underlying framework for Singer's results. Similar to Schlossberg's steps of discovering, grieving, refocusing, and reshaping (Goodman et al., 2006), the process of this lived experience for Singer's participants involved "middle age awakening, awareness of loss, taking stock, and acceptance" (p. v). Interesting in terms of the current

study, Singer noted that the women in her study negotiated the developmental tasks of mid-life with varying degrees of success depending on their reasons for childlessness. Specifically, those women who identified themselves as child-free (i.e., those who were voluntarily childless) reached a level of acceptance of their childless status that was not apparent for the women who had ended up childless after delaying motherhood. These findings have been echoed in previous research on the adjustment to childlessness following infertility (e.g., Daniluk, 2001; Sewall, 1999). Singer's findings may have limited relevance to understanding the lived experience of unintentional childlessness after delay given that the women may not perceive their childlessness as a personal choice, but rather one that was imposed on them due to life circumstances. In this way, their experience of adapting to permanent childlessness may be more similar to the experiences of infertile women whose childlessness was a result of problems with reproductive biology or that of her partner. The literature on adaptation to childlessness following infertility treatment will be reviewed in the next section of this review.

### **Adjustment to Childlessness**

A growing body of literature exists that examines the psychosocial consequences of infertility treatment and the subsequent transition and adjustment to childlessness and non-parenthood for infertile individuals and couples (e.g., Bergart, 1997; Boden, 2007; Daniluk, 2001; Daniluk & Tench, 2007; Matthews & Matthews, 1986; Wirtberg, Moller, Hogstrom, Tronstad, & Lalos, 2007). The research on adjustment to childlessness after infertility treatment will be reviewed in this section as it may shed some light on the adjustment process to permanent childlessness after delayed childbearing. This literature may be particularly relevant for women who delayed

childbearing only to find out when they tried to pursue a pregnancy, that their fertility was no longer viable. Within this body of literature, results highlight similar processes as outlined in Schlossberg et al.'s process of adaption to non-event transitions wherein individuals grieve, re-focus, and move towards acceptance of their non-parenthood or childless status.

Matthews and Matthews' (1986) conceptual framework, which was based on their longitudinal study with couples seeking treatment for infertility, has been cited and supported in numerous research studies on infertility and involuntary childlessness, as a way of understanding the transition to non-parenthood for infertile couples and individuals who assumed that they would eventually become parents but were unable to take on this important role (e.g., Bergart, 1997; Boden, 2007; Daniluk, 2001; Daniluk & Tench, 2007). According to Matthews and Matthews, like the transition to parenthood (Rossi, 1968), the transition from anticipated parenthood to unwanted non-parenthood includes readjustments to roles and identity or as they describe, "reality reconstructions, identity transformations, and role readjustments" (p. 641).

Matthews and Matthews (1986) suggest that those who are the most committed to their identity as parents will have the most difficulty with infertility and non-parenthood. This can be experienced as a failure to perform expected roles and relates to what Matthews and Matthews call *identity shock* – when individuals are unable to take on the parental role that they always anticipated. With the realization that they will never achieve a pregnancy they are no longer able to exist in the world as someone who is "not yet pregnant" (Greil, 1991), or not yet a parent. They must then find a way to incorporate their childlessness into their identity and self structure. The failure to perform expected

roles is connected to both internal and external pressures regarding the social and cultural expectations of parenthood. From this perspective, issues of locus of control and responsibility are important in the transition to non-parenthood – being a transition that involves an acceptance of the impossibility of biological parenthood.

Although dated, and developed based on the experiences of infertile couples, Matthews and Matthews' (1986) conceptual framework informs the current study by providing a way in which to understand the process by which individuals who were committed to becoming parents, adjust their identities and roles when parenthood is no longer an option. For the current cohort of unintentionally childless women, we do not know the extent to which the issues of locus of control and responsibility are implicated in the degree to which they are able to adapt to permanent childlessness after delay. Although including women who were childless by choice and childless by circumstance, Singer's (2005) results underscore the role of both of these factors in the adjustment process, as her participants' perception of choice, or lack thereof – had implications for their level of acceptance of their childless status. As such, both of these aspects will be attended to when attempting to understand the experience of permanent childlessness for women after delayed childbearing.

A mixed-method longitudinal study (Daniluk, 2001; Daniluk & Tench, 2007) examined the process of negotiating the transition to biological childlessness after failed fertility treatments and identified the factors that were related to this transition (e.g., sexual and marital satisfaction, self esteem). This study conceptualized the transition to biological childlessness after infertility from a Counseling Psychology and developmental transitions (Schlossberg et al., 1995) perspective in order to understand

the personal experience of this transition through a non-pathological lens. In this study, the abandonment of infertility treatment and subsequent transition to biological childlessness was conceptualized as a non-event transition (Schlossberg et al.).

The participants in the study were 37 infertile couples who had abandoned infertility treatment (Daniluk, 2001; Daniluk & Tench, 2007). The couples completed a series of questionnaires and underwent in-depth qualitative interviews at four times over a three-year period. Qualitative and quantitative data were analyzed and published separately. In the quantitative portion of the study, questionnaires were administered to measure and compare levels of psychological distress, marital, sexual, and life satisfaction, and self-esteem at 3 months, 12 months, 22 months, and 30 months post treatment termination (Daniluk & Tench, 2007). Results of the quantitative portion of the study indicated that there were no significant differences in psychological distress according to gender and age over time. Additionally, couples demonstrated increased self-esteem but decreased sexual satisfaction over time. Couples using problem focused coping (e.g., pursuing other hobbies and interests) rather than emotion focused coping (e.g., wishful thinking) demonstrated better overall adjustment to biological childlessness.

Qualitative data was collected through a series of in-depth interviews and analyzed using a phenomenological method (Daniluk, 2001). Results of the phenomenological analysis indicated that the non-event of biological childlessness was a painful life transition for these infertile individuals – a transition that required a significant amount of time to process and heal. Participants reported considerable grief and loss over their failure to produce a child. For the participants in this study, adaptation to infertility was a difficult and time-consuming process which involved “pursuing

solutions; considering options; grieving losses; redefining the self, family, and the future; eventually being able to realize and appreciate the gains of having survived infertility; and ultimately, reconstructing positive self-conceptions and a meaningful life without biological children” (Daniluk, p. 447). This process has similar components to both Hunt Anton’s (1994) steps to resolution of childlessness and Schlossberg et al.’s (1995) adaptation to non-event transitions.

In addition, Daniluk’s (2001) qualitative results indicated that the most difficult stages for the participants were the initial stages of this non-event transition to permanent biological childlessness. During this time, they became aware of the permanence of their infertility and attempted to put this stage of their life behind them. Couples had to reject the social convention of the link between reproductive status and self-worth in order to move forward with acceptance of their childless status. This process was most difficult for those who were unable to separate their sense of their self-worth from their reproductive status. Daniluk suggests that in order to be successful in negotiating the transition to biological childlessness, individuals needed to “reclaim the self” and move towards self-acceptance of their biological childless status in a way that challenged the social and cultural conceptions of the connection between worth and genetic parenthood. In this way, Daniluk’s study provides important information about the experience of adjusting one’s identity when biological parenthood is not an option. This adjustment process is consistent with Schlossberg’s et al.’s (1995) description of the process by which individuals adapt to non-event transitions. It is also similar to the psychological processes that Ireland (1993) highlighted in her study. It may well be that participants in

the current study describe similar means through which they “reclaim the self” as childless or child-free women.

Overall, the quantitative and qualitative results of Daniluk’s study underscore the importance of identifying, pursuing, and accepting different life paths and role options besides biological parenting in adjusting to biological childlessness (Daniluk, 2001; Daniluk & Tench, 2007). Daniluk suggested that expanding one’s ideas of what constitutes family can be helpful in adjusting to biological childlessness. For some couples in the study, this meant pursuing adoption. For others, this meant remaining childless, embracing their childless status, and reconstructing their identities as child-free rather than childless individuals. This research highlights examples of ways in which couples that remained childless were successful in constructing satisfying and meaningful lives through directing their energy into other life roles. For some participants, their child-free identities included building relationships with other children and younger adults. This is consistent with Sewall’s (1999) contention that choosing alternate nurturing routes besides parenthood has the potential to bring hope, relief, and growth to infertile individual’s lives and renew a sense of control and agency.

This mixed-method, longitudinal study (Daniluk, 2001; Daniluk & Tench, 2007) also recognized and acknowledged the societal and cultural context wherein parenthood is promoted as a normative developmental task. As such, it highlighted ways in which couples experienced and responded to these pressures and constructed their own sense of healthy adulthood outside of biological parenthood.

Finally, the participants in Daniluk’s study had a discrete ending to their efforts to reproduce, when all treatment efforts failed. It was at this point that they were forced to



accept their permanent biological childlessness. However, this finding may have limited relevance for the women in the current study given with the possibility of extending fertility afforded by reproductive technology, there may be no clear end point in their expectations of one day becoming a mother – no clear point at which the transition to permanent childlessness begins.

In another study, Bergart (1997) utilized a grounded theory research design to examine how women viewed their lives after fertility treatment was abandoned and no other means of parenthood was sought. Three in-depth interviews were conducted with 10 women who had ended fertility treatment at least six months prior to the study. In the data analysis, major categories were identified and key processes were highlighted.

Results showed that the majority of participants continued to hold out hope for a pregnancy to occur, despite ending fertility treatment. This hope is somewhat similar to that displayed by the women in Cain's (2002) study who continued to hold out hope for a pregnancy based on the fact that they were still menstruating. Many in Bergart's (1997) study experienced feelings of grief and loss over the inability to realize their dreams of becoming a mother. Similar to Daniluk's (2001) findings, participants who had been out of treatment longer demonstrated the desire and motivation to rebuild their lives through energies focused on their identity, marriages, friendships, and personal interests. Like participants in studies already mentioned (e.g., Ireland, 1993; Vissing, 2002), a number of these women identified their need to engage in alternative forms of nurturing besides parenthood. Also, consistent with Schlossberg et al.'s (1995) description of adaptation to a non-event, some of Bergart's participants described how they no longer felt that they were defined and consumed by the experience of infertility and childlessness.

In another study by Boden (2007), a phenomenological design was used to investigate how couples coped after ending fertility treatment. In interviews with 35 couples, Boden found differences in the degree to which couples adjusted to life without biological children up to five years after ending treatment. Those who were able to come to a sense of closure after they ended treatment and to adjust their goals and build a life without biological children fared better than those couples that continued to struggle with their inability to adapt to life without a biological child. Like Daniluk's (2001) participants, a number of couples pursued alternative options besides biological parenthood (e.g., adoption). This research indicates that it can be particularly challenging to adapt to life without the child that was anticipated, as demonstrated by those who were continuing to struggle with their childless status five years after treatment had been abandoned. This research also indicates that a significant number of participants were able to adapt to the non-event transition to biological childlessness by re-adjusting their life goals and investing energy into their relationships. Social support and relationships are factors identified in Schlossberg et al.'s (1995) model as being important resources in supporting successful adaptation to life transitions. We do not know whether women who are unintentionally childless after delay undergo a similarly lengthy process of coming to terms with their permanent childlessness.

Finally, Wirtberg et al. (2007) interviewed 14 women 20 years after they ended fertility treatments in order to examine the long-lasting effects of involuntary childlessness. They found that the majority of the participants had come to terms with their childlessness by putting energy into other areas of their lives. In this way, they were able to see their lives as meaningful, despite being childless. A small portion continued to

actively grieve and could not build their lives without children and as such, lived in a self-described “limbo-land.” The difference between these women and those participants who had come to terms with their childlessness was that they could not create a fulfilling life without their own children. They talked about their lives as meaningless without children and described how this experience dominated all other areas of their lives. In this way, these participants continued to be defined and consumed by their childlessness. None of these particular women saw adoption as an alternative. In addition, many of the participants in Wirtberg et al.’s study stressed that although there were rituals involved to welcome women into parenthood, their own transition to non-parenthood had been conducted in silence and isolation. Wirtberg’s study also underscored the presence of an additional loss within the lived experience of childlessness – what she termed “grandchildlessness” (p. 600).

Another important finding in Wirtberg et al.’s (2007) study was that grieving and acceptance of childlessness was related to menstruation for some participants. For example, half of the participants continued to menstruate and for some, the monthly menstruation represented hope that childlessness was not permanent. For others, they finally grieved their childlessness when menses ceased. Similarly, in Cain’s (2002) study, a small group of women who were childless through happenstance, continued to hold out some hope that their childlessness was not permanent because they continued to menstruate. In both these studies, the presence of menses has implications for the acceptance of childlessness as permanent.

In all of the studies cited in this section (Bergart, 1997; Boden, 2007; Daniluk, 2001; Daniluk & Tench, 2007; Wirtberg et al., 2007), the resolution and acceptance of

childlessness appeared to involve a process that occurred over time. Some of the key tasks necessary in this process involved the experience and resolution of emotions such as grief and loss, and readjustments in expected identities and roles. Participants across the studies demonstrated a variety of reactions and experiences – some were stuck in feelings of hopefulness, regret and ‘if onlys’ and others had begun to recreate their identities and relationships in various forms besides biological parenthood. Being focused specifically on the experiences of infertile individuals who end up childless following medical treatment, this body of research provides important information that helps me understand the experience of the transition to childlessness after infertility treatment. Additional research is needed to examine whether the adjustment process is similar for those women who are faced with permanent childlessness after delaying childbearing who may or may not have had the opportunity to try to become pregnant.

### **Summary**

In this chapter, I have reviewed the scant available literature on the experience of unintentional childlessness after delayed childbearing. Seminal research (Ireland, 1993; Veevers, 1980), dated research and writings (Hunt Anton, 1992; Fleming, 1994), contemporary writings (Black & Scull, 2005; Cain, 2002; Vissing, 2002), and scholarly publications (Hewlett, 2002; Kemkes-Grottenthaler, 2003; Singer, 2005; Smolen, 2004; Tonkin, 2010; Zanobini, 2009) inform my study in a number of ways. It appears that for women who always assumed that they would have children, permanent childlessness is often met with a range of emotions including shock, grief, loss, and regret (e.g., Cain; Fleming; Hunt Anton; Ireland; Smolen). Meaning-making appears to be an important way in which women are able to eventually reconcile and accept their childlessness. In

this way, a significant number of women are able to make sense of this experience and successfully negotiate their lives and identities as childless and child-free women in our pronatalist society (e.g., Cain; Ireland). Through a process of grieving this lost role and refocusing their energies, lives, and goals on other desirable life roles, these women find unique ways to come to an acceptance of their permanent childless status after always intending to become mothers, through engaging in alternative tasks and roles that make their lives meaningful. For many, this process appears to be ongoing and continues to be revisited across the lifespan. However, some appear to find it more difficult to accept their childless status and continue to actively grieve their inability to fulfill their dream of becoming a parent. These women are unable to see themselves separate from motherhood, and thus, their lives and relationships continue to be defined and experienced through this deficit.

Although this reviewed research and writing offers important information about childless women in general, any conclusions and generalizations must be made with caution for a number of reasons. First, a number of the publications did not clearly outline their analytical process and used anecdotal and personal accounts to substantiate their arguments (e.g., Black & Scull, 2005; Fleming, 1994; Hunt Anton, 1992; Vissing, 2002). Also, a number of the publications are dated and may not reflect the current socio-cultural context in which delayed childbearing is more socially acceptable (e.g., Fleming; Hunt Anton; Ireland; 1993; Veivers, 1980). Furthermore, the rapid advancements and wide availability of assisted reproductive technologies have extended the period in which women can bear a child, albeit in many cases only through the use of third party reproduction. These social and medical trends, as well as the popular media, have

contributed to the perception that women can wait until they are ready to bear a child. In addition, an in-depth examination of the personal, lived experience of unintentional childlessness is virtually absent from the publications reviewed in this chapter. Rather, unintentionally childless women were included and studied within heterogeneous samples of childless women, who displayed different paths to, and reasons for childlessness, which makes it difficult to separate and understand the unique experiences of this growing cohort. Given that an increasing number of women are delaying childbearing and consequently ending up permanently and unintentionally childless, an in-depth study of the lived experience of this phenomenon in its current context is warranted.

## **Chapter 3: Methodology**

### **Introduction**

In this chapter, I outline the methodology that I have selected for the research study: hermeneutic or interpretive phenomenology. While both ‘hermeneutic’ and ‘interpretive’ have been used to describe this type of phenomenology (e.g., Conroy, 2003; Dowling, 2007; Lopez & Willis, 2004; van Manen, 1990) for the sake of clarity and brevity, I will refer to it as ‘hermeneutic phenomenology’ throughout the remainder of the chapter. I will first outline my rationale for the selection of this particular qualitative method and highlight the philosophical tenets of phenomenology. I then outline my pre-understandings and assumptions that are of relevance to the study. Next, I describe the research design and procedures that were undertaken when conducting the study. This will include a focus on the work of van Manen (1990) whose hermeneutic phenomenological approach will inform the research procedures for the current study. Finally, I will outline the methods that I undertook to ensure trustworthiness of the study’s findings. Within this description, I have relied heavily on seminal texts that continue to influence and inform current hermeneutic phenomenological research at this time.

### **Approach to the Research Question**

This exploratory, qualitative study examined the lived experience of unintentional childlessness for women who delayed childbearing for the purpose of gaining a better understanding of how women negotiate their identities and lives when the motherhood role is no longer available to them. A qualitative approach is appropriate for this inquiry because little is known about the phenomena of unintentional childlessness after delay.

This approach to data collection and analysis will provide rich, detailed accounts of the phenomena of interest (Creswell, 2009; Palys, 1997).

The question that will guide this research is: *What is the meaning and experience of unintentional childlessness for women who delayed childbearing?*

With this research question in mind, when designing the research study, a number of qualitative methods that use individuals' descriptions of their experiences as the data were considered including critical incident technique, grounded theory, and narrative (Osborne, 1994). However, these methods differ in their focus and purpose and thus have varying degrees of appropriateness for the current study (Osborne; Creswell, 2009). For example, a critical incident approach would identify helpful and hindering factors in women's experiences of unintentional childlessness after delay, but would be too restrictive to examine the various nuances of the lived experience of a phenomenon. A grounded theory approach would seek to create an explanatory theory of unintentional childlessness after delay, rather than articulating the meanings women ascribe to their experiences (Creswell; Osborne). A narrative method would not be the most appropriate design because it does not focus primarily on the lived experience of a phenomenon and on finding similarities across experiences. Given that the study aimed to understand the meaning and experience of unintentional childlessness after delay, a hermeneutic phenomenological methodology was determined to be the most appropriate method. This approach allowed me to gain an in-depth understanding of the lived experience of unintentional childlessness after delay, and the personal meanings that women ascribe to their experiences (Creswell; Osborne; van Manen, 1990).



Phenomenology, rooted in the philosophies of Husserl and Heidegger, is the study of lived experiences (Colazzi, 1978; Osborne, 1994; van Manen, 1990). It allows the researcher to access lived experiences from the ‘inside’ in order to discover shared meaning structures (Osborne, 1994; Patton, 1990). As such, phenomenology is not concerned with facts of meaning but rather the nature of experience (van Manen).

Phenomenology is generally understood as having two main streams: *descriptive* and *hermeneutic* or *interpretive* (Osborne, 1990). Descriptive phenomenology focuses on the description of lived experience. Hermeneutic or interpretive phenomenology is based on the assumption that description without interpretation is impossible (van Manen, 1990). Hermeneutic phenomenology assumes that all knowledge is perspectival, in that there is no objective truth to be discovered. Rather, there are a variety of different interpretations possible when exploring the lived experience of a particular phenomenon (Leonard, 1989; Osborne, 1990; Walters, 1995). In this way, the focus of the inquiry is on the individual’s subjective experience and understanding of her world (Osborne, 1994).

Hermeneutic phenomenology is rooted in the interpretive research tradition, which grew out of a resistance to the traditional natural scientific or positivist research tradition (Osborne, 1990). Each perspective has unique views on the way in which knowledge and truth are constructed and the claims that can be made with that knowledge (Crotty, 1998). The natural scientific or positivist perspective views knowledge as fixed and as such, there is a ‘truth’ that can be uncovered through objective research. In this way, knowledge can be accumulated by observation. In an interpretive study, the subjective nature of knowledge and truth is acknowledged (Crotty). This perspective views knowledge as constructed and not static. In this way, knowledge and ‘truth’ can

change and shift according to experience and interpretation. As such, knowledge is context driven, or constructed through interaction in a social environment. Therefore, in this type of research study, multiple truths are acknowledged and expected and objective observations are not sought. Both researcher and participants are seen as bringing their own subjectivities to the endeavor, impacting what is ‘found’ and ‘co-constructed’ between them (Crotty).

### **Historical and Philosophical Tenets of Phenomenology**

As highlighted, phenomenology is generally understood as having two main streams: *descriptive*, which has been influenced by the philosophy of Husserl, and *hermeneutic* or *interpretive*, which has been influenced by the philosophy of Heidegger and Gadamer. A common criticism of phenomenological research is that it fails to be grounded in, and consistent with, its philosophical roots (Crotty, 1996; Dowling, 2007; Koch, 1995; Lopez & Willis, 2004). Lopez and Willis suggest that it is important to identify the philosophical assumptions on which a phenomenological research study is based. For that reason, I will briefly outline the historical and philosophical tenets of phenomenology and identify the philosophical assumptions and concepts that have the most relevance for hermeneutic interpretive phenomenological research and thus for the study.

#### **Husserl and Descriptive Phenomenology**

Husserl advanced phenomenology as a philosophy that challenged the traditional views on knowledge that had prevailed for decades (Dowling, 2007). Husserl was influenced by Brentano’s use of the phrases “descriptive psychology or descriptive phenomenology” (Moran, 2000). Husserl included Brentano’s notion of intentionality as

an important concept in his phenomenological philosophy (Dowling). According to Husserl (1962), intentionality means that consciousness is always related to an object. van Manen (1990) interpreted this tenet of Husserl's philosophy to mean that all thinking is always in relation to something. Husserl stressed an epistemological standpoint suggesting that human experience is the source of all knowledge (Koch, 1995). He was concerned with the question, "What do we know as persons?" For that reason, Husserl advocated the necessity of studying things "as they appear" in order to capture the essence of human experience (Dowling; Valle, King, & Halling, 1989). In Husserl's descriptive phenomenology, the goal is to examine experience before it is explained or interpreted by the individual; therefore, the data sought are individuals' pre-reflective experiences (Crotty, 1996). The commonalities in the individuals' accounts are used to create a generalized description of the phenomenon (Lopez & Willis, 2004).

In addition, Husserl advanced the concept of phenomenological reduction, which significantly influenced the phenomenological method of 'bracketing' (Dowling, 2007; Koch, 1995). Here, the researcher is charged with the task of bracketing his or her preconceptions in order to examine the phenomenon as free from his or her assumptions as possible (Dowling). Bracketing will be discussed in more detail in a later section. In this way, Husserl advanced phenomenology as an unbiased and rigorous methodology that enables the researcher to discover nature of the lived experience of a phenomenon (Dowling).

### **Heidegger and Hermeneutic Phenomenology**

Heidegger was a student of Husserl who separated himself from Husserl's focus on epistemology or *knowing*, shifting focus instead to an ontological view wherein

*understanding* is the source of knowledge (Dowling, 2007). He was interested in existential philosophy, which had an impact on his conception of phenomenology (Valle et al., 1989). For Heidegger (1962), an important term was “Dasein” or “Being-in-the-World” which highlighted the reality that humans are always situated in, and acting in, their worlds and cannot be understood without considering this context (van Manen, 1990). For that reason, the focus of phenomenological inquiry must be on the relation of the individual and his or her lifeworld (Lopez & Willis, 2004).

An important concept that Heidegger (1962) introduced is the idea of historicity and background. These two concepts are connected as historicity refers to Heidegger’s belief that “Dasein” or Being-in-the-World” always has roots in the past which includes humans’ background, or a set of assumptions, meanings, and experiences that are part of a culture and are passed down through generations (Koch, 1995). Therefore, all understanding is formed within this context. Heidegger also referred to this as an individual’s “pre-understanding.” Heidegger extended this concept to argue that a person cannot be encountered or understood separately from his or her background or historicity.

In addition, Heidegger (1962) stressed the importance of getting “to the facts themselves” but argued that it was impossible to describe a fact without some there being some interpretation (van Manen, 1990). Facts are viewed through many different perspectives depending on the researcher and/or audience. Therefore, Heidegger differed from Husserl in this matter, with Husserl’s approach being more objective and focused on description. Heidegger believed in examining Being-in-the-World which included:

Looking at something, understanding and conceiving it, choosing access

to it – all these ways of behaving are constitutive for our enquiry... This entity which each of us is himself and which includes inquiring as one of the possibilities of its Being, we shall denote by the term, Dasein. (Heidegger, p. 27).

### **Hermeneutic Phenomenological Method**

The hermeneutic phenomenological method stresses understanding and interpretation rather than description of lived experience (Dowling, 2007; Racher, 2003; van Manen, 1990). Hermeneutics is a method of interpretation and uncovering what is normally hidden in human experience (Spiegelberg, 1976). Hermeneutics began with the study of sacred texts where interpretation was necessary to glean the meanings (Walsh, 1996). Hermeneutics has philosophical roots and informs research procedures. In a hermeneutic phenomenological research study, hermeneutics “goes beyond mere description of core concepts and essences to look for meanings embedded in common life practices” (Lopez & Willis, 2004, p. 728). In this way, the researcher is charged with looking for the inherent meanings that are embedded in the participants’ narratives.

In a hermeneutic phenomenological study, as compared to a descriptive phenomenological study, the goal is to go beyond describing the lived experience of the phenomenon of interest. Rather, the hermeneutic phenomenological researcher aims to interpret the meanings that underlie people’s lived experiences (van Manen, 1990). This means that the researcher focuses on what is below the surface or hidden in participants’ accounts, or what they are implying through their descriptions (Gadamer, 1975; Lopez & Willis, 2004). Heidegger (1962) advocated for this type of interpretation, and suggested

that our interpretation of a particular situation is rooted in our historicity, or personal understanding or knowledge.

Therefore, when two individuals interact, such as the researcher and the participant in a research study, their understanding of each other is based on their personal backgrounds. In this way, the researcher and participants' horizons can influence and restrict the interpretation of the phenomenon (Geanellos, 2000). Of additional relevance here, is that an interpretation is only one interpretation of many – and that there is no “true” meaning to be uncovered (van Manen, 1990). As such, the results involve multiple constructions of meaning, one of which is the researcher's construction (Koch, 1995).

Specific to this study, in order to fully understand the lived experience and meanings of unintentional childlessness for the participants, we must consider the ways in which norms and values imposed by our current socio-cultural context impact women's sense of self and identity when the motherhood role is no longer an available role option. As such, a methodology that acknowledges the influence of context on lived experience is warranted. Hermeneutic phenomenology is an appropriate method of study in this regard because it recognizes that individuals are co-constituted with their world, or as Osborne (1990) describes, individuals are “of the world rather than in it” (p. 80). This form of phenomenological inquiry recognizes the reciprocal influence between individuals and their world (Colazzi, 1978).

### **Bracketing Versus Pre-understandings**

In Husserlian-influenced descriptive phenomenology, bracketing is advocated because it is seen as serving the larger goal of accurately describing a phenomenon

(Dowling, 2007; Koch, 1995). Through bracketing, a researcher is meant to openly state and set aside his or her preconceptions and assumptions in order to prevent them from impacting the research findings. Dowling describes this as “meeting the phenomenon as free and as unprejudiced as possible...so that it can be precisely described and understood” (p. 132). Husserl promoted a certain “suspension of belief” (Koch, p. 829). This process is employed to ensure a degree of objectivity in the study (Koch).

In a hermeneutic phenomenological study, bracketing is viewed somewhat differently. Heidegger (1962) challenged Husserl’s notion that meaning can be neutral and free from the researcher’s assumptions about the world (Koch, 1995). Rather, Heidegger suggested that it is inevitable that the researcher/interpreter brings his or her frame of reference to the understanding of meaning (Koch). As a result, it is impossible to completely ‘bracket’ these pre-understandings out of the research process. In this way, all new understanding is achieved through previous understandings, which cannot be removed but rather, can be changed (Koch). “The interpreter inevitably brings certain background expectations and frames of meaning to bear in the act of understanding. These cannot be ignored, forgotten, or bracketed” (Koch, p. 832). van Manen (1990) also rejects the Husserlian notion of bracketing saying, “if we simply try to forget or ignore what we already ‘know’, we might find that the presuppositions persistently creep back into our reflections” (p. 47).

As such, for some researchers, the “aim is to understand a phenomenon by allowing the data to speak for themselves, and by attempting to put aside one’s preconceptions as best as one can” because prior understanding can obscure what we see in the data (Osborne, 1990, p. 81). Other researchers re-conceptualize pre-understandings

as facilitating rather than impeding the interpretation process. For example, often a researcher's prior understanding of the phenomena is what fuels the interest in researching it (Koch, 1995). In addition, within the research study, our pre-understanding is used to consider the phenomenon under study (Conroy, 2003). Lopez and Willis (2004) suggest that in hermeneutic phenomenology, "presuppositions or expert knowledge on the part of the researcher are valuable guides to inquiry and, in fact, make the inquiry a meaningful undertaking" (p. 729).

Therefore, instead of bracketing, the hermeneutic or interpretive tradition advocates that as researchers, we can move past our own pre-understandings of the phenomenon towards an existential, wider understanding of the experience (Heidegger, 1962). In order to remain trustworthy, writing on hermeneutic phenomenological research stresses the importance of stating preconceptions and being clear and open about how they are being used in the interpretation process (Lopez & Willis, 2004). This process involves identifying and acknowledging our preconceived views that may inform and/or impede our understanding (Ryba, 2008). We must 'make explicit' our understandings, beliefs, assumptions, and theories (van Manen, 1990). In a hermeneutic phenomenological study, the researcher must examine and make explicit his or her understandings, beliefs, assumptions, and theories that may impact the research process (van Manen, 1990). The researcher must continue to reflect on his or her pre-understandings as she engages with the data collection and analysis process. This process is part of the reflexivity of the researcher. Reflexivity refers to the degree of self-awareness and self-appraisal by the researcher in terms of the extent to which their personal beliefs/assumptions impacted the research process (Dowling, 2007). The key



here is that the researcher needs to have a suitable amount of awareness of his or her assumptions and biases in order to remain open to whatever emerges from the data (van Manen, 1990).

Gadamer (1975) advocates for the examination of pre-understandings as “it makes good sense for the interpreter, animated by his ready pre-opinion, not to tackle the ‘text’ straight off, but rather to test the living pre-opinion in himself for its legitimacy, i.e., for its provenance and validity” (p. 72). To that end, I was aware of my pre-understandings and how they came into play when I conducted the study, especially when I made interpretations (Geanellos, 1998). In addition, I highlighted my pre-understandings for the reader who can ascertain to what degree my assumptions and pre-understandings impacted the research and interpretive process (Osborne, 1994; van Manen). This is beneficial as this process helped me remain aware of my own biases and assumptions and continue to support a reflexive stance. Osborne suggests that through this process a shift occurs wherein I as the researcher will move from a “conditioned way of experiencing the world to a more conscious awareness of [my] presuppositions and development of a transcendental attitude” (p. 170).

### **My Pre-understandings**

In order to make explicit my pre-understandings about unintentional childlessness after delay, I wrote reflections on my lived experience as a childless woman and my beliefs and assumptions about motherhood and childlessness. I engaged in discussions with close friends and family members, some of whom are childless and others who are mothers. Also, I wrote reflections and reactions to the research on childlessness while I was conducting a literature review in the area. Finally, I wrote in my researcher journal

during the data collection and analysis process. From each of these activities, I began to identify the implicit and explicit assumptions and understandings that I hold about childlessness in general, and the experience of unintentional childlessness after delay. My reflection and identification process is ongoing. In a hermeneutic phenomenological study, the researcher cannot be free from pre-understandings (Heidegger, 1962; Spiegelberg, 1976; van Manen, 1990). Rather, the goal is continued reflexivity and reflection on the part of the researcher in order to make her pre-understandings explicit, and to understand how they may impact the research process and interpretation. I adjusted my sense of my pre-understandings as the study progressed.

First, I want to locate myself as a white, married, educated, and currently childless woman. Each of these statuses carries a degree of privilege and inevitably shapes my interpretive lens. I am currently pursuing higher education in order to achieve my career goals and to gain financial stability. I am at an age where motherhood is ever present in my conversations with family, friends, classmates, and colleagues. A number of important people in my life have made, or are grappling with, the decision to continue to delay or pursue childbearing. Over the last two years since I collected the data for my research, some of my closest friends and my sister have had their first and second children. While relishing in these sweet newborns, I have inevitably felt the distance between my friends who were now “mothers” and me, who is “currently childless.” Some of my friends have tried to make me feel included in the experience, however I have felt like somewhat of an outsider as I continue to focus on my studies and career while my friends and sister focus on building their families.

Other important women in my life who are currently delaying childbearing may well be on the path to unintentional childlessness. However, there exists a certain silence among my acquaintances, family members, and colleagues around those who wanted to, but were unable to become mothers because the circumstances were not right, or because time ran out. In contrast, since starting this study, I have also observed some of my dearest friends faced with age-related infertility and unintentional childlessness. Within the safety of these close friendships, we have broached these difficult and emotional topics. Sharing their experiences while conducting this research has inevitably shaped my understanding of the pain, loss, and devastation involved in “waiting too long.”

I currently identify myself as a voluntarily childless woman. However, I recognize that I am also privileged by my ability to ‘pass’ as a woman who is “not yet pregnant” (Greil, 1991) or temporarily postponing childbearing. I am also privileged by the fact that at this point, if I do ‘change my mind’ as a significant number of friends, family members, and colleagues assure me that I will, I have the luxury of being able to still pursue a pregnancy with some (albeit, decreasing) possibility. Thus, the pre-understandings that follow are inevitably connected to, and informed by these experiences and the realities of my current situation.

One of my pre-understanding reflects my sense that our current socio-cultural context is generally pro-natal, but especially so for women in comparison to men. That is, our society promotes and prizes motherhood as an important, if not the most important role for women. By extension, in our current pro-natal socio-cultural context, women are viewed as relational beings and the desire to mother is seen as intrinsic to all women. I disagree with this social discourse. However, as I conducted my research interviews, my

sense of this began to shift somewhat, in that I discovered that there are some women who *are* inherently relational and nurturing - this nurturing quality and desire to become a mother is very deeply rooted. Despite being exposed to these examples, I continue to believe that not *all* women are inherently nurturing or maternal. If they are not perceived as nurturing or maternal, they are judged or ostracized. By extension, I believe that women who are not mothers experience varying degrees of social stigmatization depending on whether they are viewed as voluntarily or involuntarily childless. I assume that it can be difficult to be a childless woman in our society, where women's worth and identity are often tied to their reproductive status. My own experiences of discrimination and judgment by others due to my childless status have influenced this pre-understanding.

Another pre-understanding addresses the underlying assumptions in models of adult development that highlight normative transitions across the adult lifespan (e.g., Erikson, 1963; Levinson, 1996; Sheehy, 2006). These models generally assume that motherhood is an important developmental milestone for women. In this way, motherhood is promoted as the primary means for women to reach maturity. I question the single-mindedness of these models, as I believe that there are other routes to healthy adult development for women outside of motherhood. By extension, my assumption is that motherhood is not a necessary or important role for all women and that there are other ways in which women can attain emotional and psychological maturity.

An additional pre-understanding follows from these two pre-understandings. I believe that because motherhood has important developmental, social, and cultural meanings, the majority of women expect to become mothers. For that reason, the inability to realize this important life goal can involve grief, loss, regret, shock, and the necessity

of reformulating one's identity separate from motherhood. I assume that this can be a challenging process for many, but one in which many women are able to move through in order to reach a level of acceptance.

Related to this pre-understanding is my assumption that a number of different variables may influence the experience and meaning of unintentional childlessness after delayed childbearing. Of these variables, I believe that culture may impact women's lived experience given that there are some cultural groups in which motherhood is particularly salient and childlessness has significant negative consequences (e.g., divorce, disownment, or permission to take another wife). By extension, I believe that one's "family culture" can have an impact on a woman's lived experience of unintentional childlessness after delay as well.

One of my pre-understandings relates to my sense of the current context in which many women delay childbearing. I believe that there is a general sense that women can wait longer to pursue a pregnancy than is actually true. Women equate their fertility with their physical health and think that if they are healthy and still menstruating that they can still achieve a viable pregnancy. Media portrayals of women who are having children in their 40s and even 50s perpetuate this belief. In addition, there are a number of assisted reproductive technologies readily available to those who can afford them, that contribute to the belief that these technologies can help women overcome any age related fertility declines. For that reason, coming to terms with permanent childlessness after delay may be a long process as women continue to have some small hope that as long as they have not reached menopause, they may still have time to become a mother.

Another pre-understanding reflects my sense of the ‘intentionality’ present in the phenomenon of unintentional childlessness after delayed childbearing. I believe that for some women, the path to unintentional childlessness has involved intentional decisions and actions that have served to delay childbearing such as breaking up with an unsatisfactory partner, using birth control, or having an abortion. However, I do not believe that these women intended to be permanently childless. Rather, as Ireland (1993) writes, after a series of delays and postponements they ‘ended up’ unintentionally childless.

An additional pre-understanding is related to the assumption that women can ‘have it all’. My belief is that our current socio-cultural discourse promotes the idea that women can balance a successful career and pursue motherhood at the same time. Although this discourse is present, in reality, I do not think that the current labour market and social context makes it easy for women to pursue both without significant costs and consequences. For that reason, women often feel like they cannot pursue motherhood until they have their education completed and their careers underway. As such, more women end up delaying childbearing until a time when they feel it is going to better ‘fit’ into their lives.

A final pre-understanding involves the quality of the childless lifestyle. It reflects both my own experience as a childless woman and the literature on childlessness. I presume that childlessness offers particular freedoms and flexibility that parenthood does not. By extension, I assume that those who have delayed childbearing may have enjoyed some aspects of the childless lifestyle, which may be tied with feelings of guilt and regret when they look back and assess the pathway that led to their unintentional childlessness.

after delaying childbearing. On the other hand, I acknowledge that there are aspects of remaining childless that make me fearful, such as what my future care will look like when I am older, if I do not have children to take care of me. I recognize from the literature that this is a common concern with childless adults. However, I believe that there are no guarantees that children will take care of their parents in their old age, and that this should not be the only motivation for having children.

### **Research Procedure**

In hermeneutic phenomenological research, despite the use of similar philosophical concepts and principles, there are no agreed upon, detailed procedures for the researcher to follow (van Manen, 1990). However, there is a general sense of the qualities that are necessary in order to conduct research within this framework, which include reflection, openness, insightfulness, and attention to language (van Manen). Despite some flexibility in the means of conducting a hermeneutic phenomenological study, the philosophical underpinnings should be consistent with the research procedures and the conclusions that are drawn from the results. For that reason, I used van Manen's six steps to guide and structure the hermeneutic phenomenological study since he locates his work within the hermeneutic tradition. There is still significant ambiguity within these steps that require the researcher to make decisions about how the research will be conducted. van Manen argues that some flexibility is necessary to fit with the interpretive nature of the research.

van Manen's (1990) steps are: 1) turning to a phenomenon of interest; 2) investigating experience as we live it rather than as we conceptualize it; 3) reflecting on essential themes; 4) describing the phenomenon through writing and re-writing; 5)

maintaining a strong and oriented relation to the phenomenon; and 6) balancing the research context by considering parts and whole. These general steps informed the procedure of the study. The steps did not necessarily form a linear process as some steps were revisited throughout the research process. Each step will be briefly outlined along with its relevance to the study.

### **Turning to a Phenomenon of Interest**

van Manen (1990) suggests that the researcher must conduct research on topics that have interest and/or concern for her. In this way, the researcher becomes a deep thinker and questioner about a particular phenomenon. This investigation is always rooted within the context in which both the researcher and the phenomenon exist. Here, the researcher's prior experience and knowledge is considered. As described earlier in this chapter, I became interested in this phenomenon through a general interest in motherhood and identity, and by being part of the general cohort of women who are at an age in which they are considering whether to continue to delay childbearing or to have a child. I have endeavoured to be aware of, and reflect on my personal worldview and pre-understandings.

### **Investigating Experience As We Live it Rather Than As We Conceptualize It**

According to van Manen (1990), this step involves connecting with original experience that is free from introspection. As part of this step, the researcher needs to immerse herself in the phenomenon in order to truly understand the lived experience and the meaning that is ascribed to the phenomenon. As part of this aspect of the research process, data must be collected through writing, interviewing, or observation. In the study, the primary means of collecting data was through in-depth research interviews. I



conducted one open-ended research interview with each participant as well as a follow-up interview, in order to enter the participants' lives and immerse myself in their experiences.

### **Reflecting On Essential Themes of the Phenomenon**

van Manen (1990) argues that reflection is necessary to determine the nature of the experience. This process involves a reflection wherein the researcher asks “what is it that constitutes the nature of this lived experience?” (van Manen, p. 32). The meaning of the experience is represented in units, clusters of units, and themes that are extracted from the transcripts. van Manen suggests that the most difficult aspect of this step is deciding whether or not a theme is essential to the experience or not, which is a process that requires a degree of interpretation on the part of the researcher. In this way, meaning was constructed through the themes that I identified in the participants' experiences of this phenomenon.

### **Describing the Phenomenon Through Writing and Re-writing**

According to van Manen (1990), the process of writing and re-writing is the means through which the meaning of the phenomenon is revealed. He argues that to do research is the “bringing to speech” of something (van Manen, p. 32). In this way, in the study, the meaning structures of the experience of unintentional childlessness after delay were discovered through my ongoing process of writing, questioning, reflecting, re-writing, and so on.

### **Maintaining a Strong and Oriented Relation to the Phenomenon**

In this step, van Manen (1990) suggests that the researcher remain oriented to the guiding question of the research because it is easy to get side-tracked, lost, or drawn into theories that are not relevant. In the study, I continued to revisit the research question as I

examined my pre-understandings, conducted the research interviews, and analyzed the transcripts in order to remain oriented to the research problem.

### **Balancing the Research Context by Considering Parts and Whole**

This final step is present throughout the analysis process. van Manen (1990) uses this step to highlight the importance of the researcher's openness during the research process. Although van Manen recognizes that a set of research procedures is necessary and that the researchers must have some sense of how the research will progress, he uses this step to highlight the importance of the researcher's openness during the research process. The researcher must demonstrate a willingness to continually move back and forth from the big picture of the data to the small details. In the study, I continued to shift my perspective (e.g., from individual transcript to all transcripts or to specific examples within a transcript to the transcript as a whole) in order to develop a more nuanced sense of the phenomenon of unintentional childlessness after delay.

### **Participants**

In a hermeneutic phenomenological study, the participants are viewed as "co-researchers" (Colaizzi, 1978; Osborne, 1990; van Manen, 1990). Purposive sampling was used in the study (Patton, 1990). I recruited using a variety of methods including online sources such as Facebook, blogs, newsgroups, and listserves, flyers posted in public areas including community centers and fitness centers, and word of mouth (see Appendix A and B for the Recruitment Poster and Recruitment Ad).

A group of 15 participants were recruited for the purpose of the study over an 8 month period between June 2011 and January 2012. In a qualitative study, sample size is less important than the depth and richness of the data that is collected (Patton, 1990). For

that reason, I ceased data collection via interviews when similar patterns begin to emerge repeatedly in additional interviews with no new experiences (Osborne, 1990). More specifically, I continued to recruit participants and conduct interviews until no new themes seemed to be emerging in the interviews. In this case, after 12 interviews, it was clear that the data were reaching the point of saturation. However, given that I already had three additional women screened and booked for interviews – all of whom were eager to share their experiences, - I felt it would be unethical not to conduct these final interviews. In addition, because two of these three women were from rural areas of the province, I was interested to see if there were any differences in their lived experience of unintentional childlessness after delay.

Participants were invited to call me if they were interested in participating in the study and met the research criteria described below. I arranged a screening interview via the telephone at the potential participant's convenience. During the screening interview, I provided further and more detailed information about the purpose of the study, the inclusion criteria, and the data collection procedures. Participants were asked a series of screening questions in order to determine their suitability for the study (see Appendix C for Screening Interview).

The selection criteria and rationales will be outlined in the following paragraphs.

First, the participant must have presumed that she was fertile during her childbearing years and always expected that she would have children, but delayed childbearing. These criteria ensured that the participants' circumstances fit the definition of a non-event transition (Schlossberg et al., 1995), such that childbearing or motherhood was an expected life event but that it did not happen. Related to these criteria, the

participant must identify as being beyond her reproductive years and identify as being a permanently childless woman. These self-report criteria were necessary in order to focus on the phenomenon of unintentional, permanent childlessness as women who continue to see themselves as fertile did not meet the criteria for permanent childlessness.

In addition, the participant needed to be fluent in English because this was the primary language in which the research was conducted. In order to meet the study requirements, the participant needed to be willing to be audio-taped during the interviews and willing to talk about her experiences in a 1.5-2 hour interview at a location of her convenience and a 30 minute follow-up interview via telephone. No restrictions were placed on socio-economic status, education, marital status, or sexual orientation.

A number of women inquired about participating in the study. Several women were “childless by choice” so they were screened out of participating. As well, two women who identified that they were still hopeful that they could become a mother through adoption or the use of donor eggs, were screened out of the study given that they did not identify as being “permanently childless.” One woman fit the study criteria, but elected not to participate because she was writing a memoir on the topic, and said given that this was a qualitative study, “I don’t want someone else to put my words out into the world before I do.” Two additional women who met the criteria were not within reasonable travel distance to be able to participate in face-to-face interviews. However, they were offered the opportunity to read the research findings for the trustworthiness process. One elected to participate in the trustworthiness process. Another woman did not participate because she felt I was too young to “know what it’s like to be childless.”

Thus, in the end, a total of 15 women met the study criteria before recruitment was closed. In this case, I scheduled interviews to be conducted at a location of the participant's choice. Interviews were held at the participants' homes, offices, or at a private office at UBC.

### **Data Collection Procedures**

In order to discover individuals' personal meanings and lived experience, in qualitative research the interview is a primary tool used to generate new insight regarding how people experience and understand themselves and the world (Kvale, 1996). As such, in-depth, semi-structured interviews were the primary method of data collection for this study. The goal of the interviews was to elicit rich descriptions of the participants' lived experiences of unintentional childlessness after delay, in order to elucidate the meanings of this relatively unknown phenomenon.

As the interviewer, I was fully engaged with the interview process. I endeavoured to create an environment of respect and openness by using my basic counselling skills such as empathic responding and active listening in order to facilitate the participant's descriptions of their lived experience of unintentional childlessness after delay. A certain amount of rapport is necessary in order for participants to share detailed and personal information about their experiences (Osborne, 1990). As a counselling psychology doctoral student, I have been trained in the skills of active listening, verbal probing, the use of empathy, and open-ended questioning. As such, I possessed the necessary skills to conduct in-depth interviews and to help the participants feel comfortable sharing a particularly personal and private experience. In addition, I have been trained in how to ground individuals when they touch upon a difficult emotion and/or experience. All but

two of the women became tearful and emotional when sharing their experiences with me. Of the two women who did not cry, one indicated “I’m putting a lot of effort into not getting tearful.” When the women began to become tearful or cry, I maintained a supportive and accepting stance while giving them the space and opportunity to express their emotions through the use of silence and minimal encouragers. When appropriate, I responded empathically, acknowledging the emotional impact of dealing with permanent childlessness, when they had hoped one day to become mothers. Finally, I checked in with the participant to ensure that she was comfortable continuing with the interview or suggested that we take a break for a few minutes if she needed to collect herself. All of the women indicated that they wanted to continue with the interviews. I created a list of counselling resources and supports to provide to the participants if they needed additional support after the interview (see Appendix D for Counselling Resources). I offered this list to the participants who had become upset and tearful.

Kvale (1996) cautions that the participant must be viewed holistically rather than as a single source of data through the verbal interview. As such, I paid attention to participants’ verbal and non-verbal behaviours that provided additional information on their feelings and experiences (e.g., laughter, tears). During all of the interviews, I noted the participants’ verbal and non-verbal responses and tracked issues that merited deeper exploration. Immediately after each interview I made more detailed notes in my research journal on the context of the interview (e.g., lighting, space, environment, interruptions, etc.) and my personal reactions and impressions.

At the beginning of the first interview I introduced the study’s purpose, the procedures, and myself as a researcher/student. I used layman’s language and terms as

much as possible. I explained the study procedures in order to gain informed consent for participation in the study. I explained that the participant could stop the interview and/or remove herself from the interview/research process at any time. I ensured that the participants comprehended the study procedures and asked them if they had any questions. Once this was complete, I had them sign the consent form (see Appendix E for Informed Consent Form). In addition, at the first interview, participants were asked to give themselves a pseudonym to identify themselves on the audiotapes and field notes. In all cases, the participants suggested that I create pseudonyms for them.

After gaining informed consent and describing the study, I moved into the interviewing process. The first interview was audio-taped. The phenomenological interview must be relatively open and unstructured with a focus on understanding the experience of a particular phenomenon – in this case unintentional childlessness after delaying childbearing (Kvale, 1996). Therefore, I began with an orienting statement to describe the topic of the interview. Then I asked the first of the open-ended interview questions (see Appendix F for Interview Guide: Orienting Statement and Interview Questions). In an interpretive, qualitative interview, the interviewer is the main instrument (Sorrell & Redmond, 1995). In this way, the interviewer must have good interview skills and be strongly oriented to the research question in order to elicit the descriptions of lived experience. It can be problematic to leave the interview too open-ended. van Manen (1990) suggests that the interviewer should remember to be concrete and ask for specific examples in order to fully explore the experience. I kept all of these issues in mind when I conducted the interviews. For example, as also recommended by Kvale, I endeavoured to follow the participant's lead and probe relevant areas of inquiry

as they arose using the list of open-ended questions to deepen exploration of topics/issues raised by the participants. I did not have to ask all of the open-ended questions in the Interview Questions list if the participant gave a fairly comprehensive account of their experience without much probing or questioning needed.

At the end of the interview, I checked in with the participants to ask if they had any additional questions or anything they wanted to add. I gathered demographic data at this time (see Appendix F for Interview Guide: Orienting Statement and Interview Questions including Demographic Questions).

When this was complete, I asked the participants' permission to follow up with them within the next two months to share a description of the common themes in a findings chapter and their bio-synopsis (a short narrative summary of each woman's demographic data that will be used to identify each woman in the study) and then schedule a brief telephone follow-up interview (approximately 30 minutes in length) to ask whether the write-up resonated with their experience and the bio-synopsis was accurate.

My intention was to contact the participants to arrange the follow-up interviews as soon as possible after conducting the data collection interviews. However, recruitment took several months, after which it was necessary to conduct 15 data collection interviews across the province. The transcriptions and analyses were completed while I was engaged in a 1600 hour, year-long internship. Consequently, the follow-up interviews were completed between 18 and 24 months after the data collection interviews. However, between the research interviews and the follow-up interviews, I kept in contact



with the participants, all of whom expressed their ongoing interest in how the findings were progressing along with their willingness to continue to participate in the study.

When the first draft of the findings was complete, I contacted the participants to let them know that the findings were ready for their review. I asked them if they were willing to participate in the follow-up interview, and if so, whether they preferred to receive the description of the common themes in the mail or electronically. All of the participants responded and indicated their interest in taking part in the follow-up interviews. I sent them the descriptions of the common themes, along with their individual bio-synopsis and asked them to reflect on whether the findings resonated with their experience of unintentional childlessness after delay. After the participants had the document for two weeks, I contacted them to schedule an interview time. I asked the participants whether they would prefer a telephone, Skype/Facetime, or in person follow-up interview. As per the participants' preference, 9 of the interviews were conducted on the telephone, 2 in person, 2 using Skype, and 2 via email. The follow-up interviews lasted between 20 minutes to 1 hour (See Appendix G for Interview Questions for Follow-up Interview). I took notes on the participants' comments and integrated them into the findings as appropriate.

The primary purpose of the follow-up interviews was to achieve trustworthiness of the study's findings. I first asked whether there were any details in the participants' bio-synopses that needed to be changed. Two of the women requested that their pseudonyms be changed. Six of the women asked that a few small details be changed for accuracy and to maintain anonymity. I then discussed with each participant the extent to which she felt the findings resonated with her experience of unintentional childlessness

after delay. Overall, the participants shared positive feedback in terms of the quality of the thematic descriptions and the emotional impact of reading the common themes. One woman stated that I had captured the fact that this is a “transformational drama – a hero’s journey.” Another said the write-up was “emblematic of the group.” Others said it was “eye opening and insightful.” One said, “it reminded me that I’m not alone.” Another shared, “it made it feel like it’s a real thing. It’s not intangible.”

Overall, the participants confirmed that the common themes were an accurate representation of their experiences. A couple of participants highlighted areas within the themes that could be clarified. One of the participants stated that two of the themes did not completely resonate with her – “Feeling Judged” and “Sense of Being an Outsider in a World of Mothers.” I returned to the transcript and confirmed that she had shared an experience of feeling judged and having assumptions made by others about her childlessness. Of note, during the feedback interview, another participant stated that the title of the “Feeling Judged” theme did not resonate with her, but that the content of the theme did. After these two discussions, I returned to the transcripts, re-read the theme, and decided to change the title of the theme from “Feeling Judged” to “Sense of Judgment and Assumptions” given that including the term “assumptions” in the title was more reflective of the theme itself. I did not change the content of the theme. It may be that the term “assumptions” resonates with women more than “judgment,” as the latter has a stronger negative connotation. It underscores the fact that there was some variability to the degree that the perceived negative judgments and assumptions of others, shaped the lived experience and meaning of childlessness for the women in the study.

I addressed the participant's feedback that the "Sense of Being an Outsider in a World of Mothers" did not reflect her experience in a similar way. I returned to the transcripts and confirmed that she had commented on an experience of feeling excluded and "outside" the expected norm of motherhood. Of note, another participant said that she felt like an outsider primarily within her workplace setting, rather than in her personal life. I returned to the write-up of the theme, and confirmed that feeling excluded in both workplace and personal settings were reflected in the description of this theme.

The same participant who felt excluded at work stated that although the theme "Sense of Grief and Loss" resonated with her, she did not relate to the intensity of the grief shared by some of the women in the study. I returned to the theme and confirmed that I had described that the grief was experienced in varying degrees of intensity by the participants, based on the particular circumstances of their lives. It was interesting to note that this woman was the oldest participant in the study, which may reflect cohort differences in the experience of the phenomenon, or how the sense of loss lessens in intensity over time.

Finally, two of the participants and one of the women who participated in the trustworthiness interview highlighted their surprise that "fear of the future" (e.g., who will take care of me when I am old), was not a more prominent factor in the women's lived experience of unintentional childlessness after delay. One of these woman stated, "It's enough to stop my breath when I think about the future." Given that this is one of my fears about remaining childless, which I tend to avoid, I wondered if my pre-understanding had impacted the degree to which I highlighted this experience. I noted that "Fear of the Future" had initially been a separate theme that was collapsed into the

“Sense of Reconciliation and Acceptance” theme after discussions with my supervisor. I returned to the participants’ transcripts, and to my description of this experience in the common themes. I noted that 11 of the 15 participants had spoken about fears of the future in terms of being alone and who would manage their care. Within the description of the themes, I had highlighted that some of the women were “paralyzed” by their fears of the future, but I primarily focused on how they reconciled these fears. In order to give enough focus to the intensity and impact of this experience, I decided to include an additional quote into the write-up. This quote can be found within the “Sense of Reconciliation and Acceptance” theme, which highlighted how one particular participant described her fear of the future. She shared the “grimness” she feels when she thinks about getting older and wonders, “What if I have senility? ...Dementia? Who’s going to put me in the right place?” This quote was representative of a number of the women’s fear and uncertainty of the future.

### **Data Analysis**

Using the transcriptions from the first interview and the field notes in my research journal, I conducted a thematic analysis of the written text. A thematic analysis is an appropriate data analysis procedure within a phenomenological study because themes are viewed as the “*structures of experience*” (van Manen, 1990, p. 79). A thematic analysis is understood as the process of discovering the themes that are present in the meanings in the transcripts (van Manen). The thematic analysis was a multi-step process, which I outline below. van Manen’s steps as outlined earlier guided the analysis process. However, it is important to recognize that, consistent with the philosophical underpinnings of hermeneutic research including Gadamer’s (1975) fusion of horizons,

this research inquiry was based on my unique perspective and the participants' experiences.

Patton (1990) argues that in qualitative research, the division between data collection and analysis is less clear. Rather, there is a more fluid process wherein themes and ideas begin to develop during the interview process and influence the collection of additional data. As is highlighted below, this was particularly true for this study. What follows is a description of the process that I employed to develop common themes across the participants' experience. I end this discussion by introducing co-constitutionality, fusion of horizons, and the hermeneutic circle – key concepts within phenomenological research – along with a description of how my understanding of these concepts influenced the data analysis process.

### **Thematic Development**

During the data collection process, after conducting the interviews, I wrote down key words or statements about the participants' experience that had stood out to me during the interview. As I conducted additional interviews, I reflected on whether the participants had described something new about the experience of unintentional childlessness after delay, or whether the interviews reinforced experiences that had been shared by previous participants. Thus, during this data collection process, I was already beginning to formulate my sense of the key aspects of the lived experience of unintentional childlessness after delay. I continued to interview additional participants in order to formulate a more nuanced understanding of the complexities of the experience, and any differences that might be apparent depending on the participants' experiences. After conducting 12 interviews, during a discussion of the key experiences that were

emerging from the interviews, my supervisor suggested that I could likely cease data collection at this point, given that nothing new was being highlighted in the women's interviews. At that time, I had three more participants screened and waiting to be interviewed. From our initial screening interviews, I believed that they may represent a unique aspect of the experience, thus, I decided to interview these final three participants and close the study.

In the study, van Manen's (1990) third and sixth steps were particularly important in the identification of themes of meaning. In the third step, van Manen outlines three different methods for isolating thematic statements: first, through the *wholistic approach* wherein the researcher approaches the text as a whole and determines phrases that capture the fundamental meaning or significance of the text. Second, through the *selective or highlighting approach* wherein the researcher listens to, and reads the interview transcript several times and determines what statements are important and revealing about the experience being described. Or third, through the *detailed or line-by-line approach* wherein the researcher looks at every sentence or cluster of sentences and asks, what does this sentence reveal about the phenomenon? (van Manen). These three methods of isolating themes are complemented by van Manen's (1990) sixth step, which suggests that the researcher move back and forth from the parts to the whole in order to consider the statements in context. In addition, van Manen suggests that the researcher must work at "mining meaning" by asking herself, "what is going on here?" (p. 86). Through this questioning and re-reading I attempted to "unearth something 'telling,' something "meaningful," something "thematic" in the various experiential accounts" (van Manen, p. 86). van Manen suggests that the researcher must focus on both the explicit

and implicit in the participants' experiences, as in a hermeneutic phenomenological study, it is important to reflect on what is below the surface of the participants' words (van Manen). Often, these meanings are only apparent to the researcher after being fully immersed in the data and through multiple readings of the transcripts and notes. As will be apparent, all of these steps informed the data analysis in this study.

My data analysis process was as follows: After conducting the interviews, I listened to each audio-file of the individual interview in its entirety. Next, I transcribed each interview verbatim from the audio-file. I transcribed the interviews myself in order to immerse myself in the participants' experiences, which according to van Manen (1990) is an important part of the data analysis process. The transcripts from the first interview were used as the primary source of data in the study. After each interview was transcribed, I listened to the audio-file again and added notes to the transcripts based on my recollection of the participant's non-verbal behaviour at particular points in the interview (e.g., tears, frowning), and their voice tone, pitch, and volume.

Next, in order to identify explicit and implicit meanings, I immersed myself in each individual transcript by reading and re-reading the written accounts of the participants' experience. This fits with van Manen's (1990) *wholistic approach* (i.e., focus on whole). As I was reading, I asked myself the question posed by van Manen, "what sententious phrase may capture the fundamental meaning or main significance of the text as a whole?" (p. 93). I kept a record of my thoughts as they arose with the goal of developing a general sense of the underlying meanings implicit in the participants' experiences. I added this to my notes taken during the data collection process wherein I had identified my initial sense of the key aspects of the experience for each participant.

Within the context of the whole transcript, I asked myself, “What is really going on here? What is the participant not saying?” I supplemented my reading of the transcripts with reading my corresponding notes from the interview and my reflective journal, which helped me see the larger picture and implicit meanings. After this process, I met with my supervisor to discuss the key experiences that were emerging from the data.

I then engaged in another detailed reading of the transcripts in smaller sections and sentences (i.e., focus on parts) through a *detailed or line-by-line approach* (van Manen, 1990) and extracted what I believed were significant statements from the participants’ accounts. In order to manage the large amount of data during this step of the analysis, I imported each transcript into Atlas.ti, a data analysis software program. This program allowed me to go through each transcript line by line and attach a “code” with key words referring to the meaning and experience that was being described, using the participants’ words wherever possible. Through this process, I asked myself, “what does this sentence or cluster of sentences reveal about the phenomenon” (van Manen, 1990, p. 93) of unintentional childlessness after delay? For each participant, I compiled a list of codes or significant statements that had corresponding quotations from her interview.

Next, I examined the code list for each participant with the goal of beginning to group together key words and experiences across participants. At this point, I found myself too immersed in the small details (i.e., the parts) to retain the “big picture” (i.e., the whole). I met with my supervisor to discuss this challenge, and she suggested that I listen to each audio-file again, and write down important or significant statements that revealed the experience being described (e.g., “feeling judged by colleagues” or “waves of grief return at different ages”). This fit with van Manen’s (1990) *selective or*



*highlighting approach*, or stepping back to return to the “whole” of the experience. As I listened to each audio-file, I worked at “mining meaning” by asking myself “what is going on here?” (van Manen, p. 86), in order to develop my sense of what was meaningful in the experience. I wrote each key statement or meaning on a “sticky” note, along with the participant’s number so that I knew which statement came from which participant.

I then took the list of significant statements for each participant (i.e., all of the “sticky notes”) and grouped them according to similarities in meaning. After I had a number of groupings or categories of similar significant statements, I gave them a general title (e.g., grief and loss). These became my themes. I went through each theme to determine if each participant was represented in the theme. If a participant was missing from a theme, I went back to their list of codes in Atlas.ti to see if they had shared this experience. If one or more of the participants had not spoken of a particular experience, I did not include it as a theme. Rather, I included themes that appeared to be shared across the participants. Next, I re-read each of the significant statements (i.e., “sticky notes”) within each theme, and began to write in point form, a general description of each theme. Then I returned to the transcripts (i.e., the whole) and re-read them in their entirety while noting key quotes that particularly illustrated aspects of the themes. Throughout this process, in keeping with the hermeneutical tradition, I made additions and changes to the themes and my write-up as my sense of the meaning of the phenomenon shifted and adjusted with each new piece of information and with continued reflection (van Manen, 1990). I then began to write and elaborate on the point form items in each theme, and to include quotes that were particularly poignant illustrations of the points. In addition, I

continued to write in my reflective journal throughout this process to highlight my thoughts, musings, triggers, and assumptions along with how each of these were being activated in the analysis process. As a final step, I went back to the Atlas.ti list of codes to ensure that all of the shared codes had been represented in a theme.

After I completed a draft of the preliminary themes and their descriptions, I met with my research supervisor to discuss the key findings in the study. After this meeting I returned to my notes and further revised my description of the common themes, directed by my sense of the key aspects of the experience. Through several re-writes and edits, my sense of the lived experience of unintentional childlessness after delay became clearer, and more nuanced. van Manen (1990) highlights the importance of the writing process as a key phase of a phenomenological study. In this case, the data analysis continued throughout the writing process.

### **Co-constitutionality and Fusion of Horizons**

An important concept that Heidegger (1962) introduced is the idea of co-constitutionality. Within the research endeavour, co-constitutionality refers to the idea that the findings are a combination of the meanings that are highlighted and uncovered by both the researcher and the participants (Koch, 1995). Gadamer (1975) extended Heidegger's (1962) conceptualization of co-constitutionality through the metaphor of "fusion of horizons" (Gadamer, p. 305). To Gadamer, this acknowledged the various assumptions, meanings, and experiences that each individual brings to an interaction with another. These unique backgrounds are dynamic and in constant change, as influenced by the social and cultural environment.

Within the research setting, Gadamer's (1975) fusion of horizons occurs when the researcher's preconceptions, and/or backgrounds are used to interpret the research data (i.e., the lived experience of the participants). This creates a new understanding that takes into account both of these perspectives. This understanding can continue to shift and change as the researcher continues to revisit the data.

In the study's analysis process, I was influenced by my understanding of the Gadamerian (1975) concept of fusion of horizons as I was cognizant and reflective of how my understanding of the participants' experiences were always through the lens of my own experience and historicity. I was aware that this fusion is a dynamic process wherein my understanding is always in flux and shifting.

### **The Hermeneutic Circle**

The hermeneutic circle is a key feature of hermeneutic phenomenological research. It is both a philosophical concept advanced by Heidegger (1962) and an interpretive method of analysis. The hermeneutic circle suggests the "insoluble unity between embodied experience and its context" (Ryba, 2008, p. 343). To Heidegger, the hermeneutic circle has relevance to the ontological sense of "Being in the World" wherein "being" can only exist and be understood within the context of the larger world outside of the individual (Koch, 1995).

Within the research context, the hermeneutic circle is a means of understanding: "it is a process of moving dialectically between a background of shared meaning and a more finite, focused experience within it" (Thompson, 2000, p. 243). It is a circular and dynamic process that does not have a beginning or an end. Using the principle of the hermeneutic circle, the researcher attempts to understand the parts of the experience in

context of the whole experience, and the whole in context of the parts. In a more concrete sense, the hermeneutic circle can also apply to the analysis process wherein the researcher moves from the parts, which can include sections of text and individual experiences, to the whole, such as the individual interview, the group of interviews, the study in general, or the researcher's pre-understandings (Koch, 1995). van Manen (1990) includes this process as the last stage in his six-step model for a hermeneutic phenomenological study. In this setting, the hermeneutic circle highlights that there is no beginning and ending point for the interpretive process, which fits with the premise of a hermeneutic phenomenological study where the analysis is never finished or absolute (van Manen). For Heidegger (1962), interpretation involved the formation of a new understanding from what was already known (Koch).

As is apparent in my previous description of the data analysis process, I entered the hermeneutic circle in a number of ways. First, I focused on the 'whole' by reading the interview transcripts in their entirety several times. Then I focused on the 'parts' by selecting key statements from the interview transcripts that reflect the participants' meanings. Then I focused on the whole again through considering these statements within the context of the entire interview. In addition, when compiling meanings from the individual transcripts, I considered my own sense of the meaning of unintentional childlessness after delay. As I moved from the parts to the whole, I made adjustments in what I highlighted and described so that it was consistent with any new perspectives that I gained through this movement. Ferraris (1996) suggests that the analysis "expand in concentric circles the unity of understood meaning" (p. 68). Throughout this process, the meanings were fluid and changeable – as demonstrated, I was open to making

adjustments to my sense of the meaning of the experience as I gained new perspectives and understandings from the additional transcripts.

### **Data Presentation and Representation**

“The aim of phenomenology is to transform lived experience into a textual expression of its essence” (van Manen, 1990, p. 36). Data is represented in descriptive themes, which includes the name of the theme, description, and relevant sample quotes from the participants’ words to fully elucidate each particular theme. In addition, a bio-synopsis, or a short narrative summary of each participant’s demographic data was written to introduce each participant.

### **Ethical Considerations**

The study received approval from the Behavioural Research Ethics Board at University of British Columbia. I endeavoured to uphold the principles of beneficence and ‘do not harm’ within the interview setting. For example, when asking questions, I was aware of the participants’ comfort level and body language. If the questions appeared to cause the participant to become upset or distressed, I stopped questioning and checked in with the participant, and asked her if she would like to pause or take a brief break before continuing the interview. I also compiled a list of counselling resources (see Appendix D for Counselling Resources), which I gave to the participant if she became distressed in the interview.

In addition, confidentiality of the participants was maintained by altering the participants’ names and any identifying information in the interview transcript, field notes, and reporting of the findings. A pseudonym was selected that was used to identify the participant on her transcript. Audiofiles and electronic copies were protected with a

password. Audiotapes, transcripts, informed consent forms, and data analysis notes were kept in a locked filing cabinet and will be destroyed after 5 years.

### **Criteria for Evaluating Trustworthiness**

The philosophical position of the research study including the epistemology and theoretical perspective has implications for the way in which a study's credibility is considered (Crotty, 1998; Freeman, deMarrais, Preissle, Roulston, & St. Pierre, 2007; Marshall & Rossman, 2010). In this way, traditional criteria for determining the validity and reliability of empirical research results are not consistent with the qualitative research paradigm (Lincoln & Guba, 1985; Marshall & Rossman; Osborne, 1990). A number of appropriate methods of determining the rigor and caliber of qualitative and/or interpretive research have been identified in the literature by a variety of researchers (e.g., Lincoln & Guba; Sandelowski, 1993). For example, in interpretive research, one of the means through which credibility of this type of research inquiry is assessed is through the degree of reflection and reflexivity of the researcher (Dowling, 2007; Freeman et al.; Lavery, 2003).

The quality of phenomenological research is determined by the degree of trustworthiness of the results (Lincoln & Guba, 1985; Sandelowski, 1993). The results must highlight the meaning of the participants' lived experience of the phenomenon in order to be deemed trustworthy (Osborne, 1990). However, there are no universal criteria to determine the trustworthiness of phenomenological research (Lavery, 2003). As such, phenomenological researchers use a variety of different methods. Lincoln and Guba's (1985) four criteria to assure trustworthiness – credibility, transferability, dependability and confirmability – have been used in a number of phenomenological studies (e.g.,

Daniluk, 2001; Daniluk & Hurtig-Mitchell, 2003). Marshall and Rossman (2010) and Creswell (2009) agree that this is a good framework to ensure trustworthiness in qualitative studies. As such, this framework was used in the current study.

Credibility is “how vivid and faithful the description of the phenomenon is” (Beck, 1993, p. 264). In a phenomenological study, the descriptions must closely align with the participants’ actual experiences. In reading the thematic accounts of the meaning and experience of unintentional childlessness, participants and others familiar with this phenomenon should recognize their experience as their own (Beck). That being said, van Manen (1990) notes that the analysis and interpretation is never fully complete in that there is always the possibility of an additional description that is richer or deeper. The findings of this study are just one snapshot of the phenomenon as captured and co-constructed by me, (the researcher) and the participants.

In order to ensure credibility, I consulted with my supervisor during the data collection and data analysis period to ensure that I was not leading the participants during the interviews and that I was not being overly biased and paying attention to selective experiences during the data collection or analysis (Beck, 1993; Lincoln & Guba, 1985). To be more specific, first, my supervisor read one of the first transcripts and provided feedback on my interviewing technique. In addition, my supervisor and I met at multiple points during the data collection and analysis stage to discuss what I was finding, and to deepen my reflection on the participants’ experience. As well, I ensured that my descriptions of the themes were detailed and rich so that they closely follow the participants’ experiences. I compiled common themes of meanings and returned the

findings to the participants to determine whether they felt they accurately reflected their experience of unintentional childlessness after delay.

Overall, the participants confirmed that the common themes were an accurate representation of their experiences. A couple of participants highlighted areas within the themes that were addressed and clarified. In addition, two additional women who met the study criteria but who had not participated in the study read the common themes as a trustworthiness check. Overall, both of the women indicated that the common themes resonated with their experience, suggesting that the findings have “empathic generalizability” (Osborne, 1990, p. 86) for other women who are unintentionally childless after delay. However, of note, one of the women identified as a lesbian. She indicated that although she resonated with all of the common themes, there were salient aspects of her experience of unintentional childlessness after delay that were related to her sexual orientation that were not included in the common themes, such as an additional layer of judgment and feeling on the “outside.” These differences warrant further investigation.

Transferability refers to the applicability of the results to other contexts. In order to allow the reader the necessary information to judge the transferability of the findings, I provided detailed descriptions of the findings, using the participants’ words whenever possible (Lincoln & Guba, 1985). In this way, the reader can make his or her own decision about whether or not these results have relevance outside of the study. Also, I endeavoured to be aware of the claims that I could make based on the research study paradigm. As such, I restricted my discussion of the results to the study’s population and



did not attempt to generalize the findings to other women who have delayed childbearing and have been faced with permanent, unintentional childlessness.

Dependability refers to the extent to which another researcher can follow the analytical decisions made by the researcher (Lincoln & Guba, 1985). In the study, I kept a detailed ‘audit trail’ to fully elucidate the details of every stage of data collection and analysis. In the final write-up of the study, I offered a detailed description of the research methods and procedures I employed so that the reader can clearly follow my process (Beck, 1993).

Confirmability refers to neutrality and objectivity (Lincoln & Guba, 1985). Within the qualitative, interpretive framework, neutrality and objectivity are viewed differently than in a quantitative, positivist study. Rather than claiming to become completely neutral and objective as a researcher, confirmability encourages self-reflexivity on the part of the researcher. A number of researchers and theorists emphasize that reflexivity is important in a hermeneutic phenomenological study (e.g., Dowling, 2007; Freeman et al., 2007; Lavery, 2003). Paraphrasing Koch and Harrington (1998), Dowling says that “reflexivity refers to the engagement by the qualitative researcher in continuous self-critique and self-appraisal and the provision of an explanation of how his/her own experiences did or did not influence the stages of the research process” (p. 136).

Reflexivity was addressed in the study through a number of means. Before the study began, I used a reflective journal to examine my pre-understandings and assumptions about unintentional childlessness after delay that were based on my personal and professional experiences and what I have read in the popular and research literature.

I added to this write-up during the study as I became aware of additional assumptions that might impact the data collection and analysis process. I declared my stance as a middle class, educated, childless woman, and reflected on how my status and issues of power might have impacted the interview context and what I saw in the data. In addition, I continued to keep a reflective journal and to discuss my reactions and inferences with my research supervisor and colleagues throughout the data collection and analysis process. As I was engaged in the research process, I returned to these pre-understandings to be aware how they might be influencing the data collection and analysis process and/or my openness to what is being presented in the data.

In addition, confirmability was sought by continuously returning to the interview transcripts as I made interpretations to determine the underlying meaning in the participants' experiences. As much as possible, I used the participants' words to label and describe meaning structures and themes. Both of these efforts were employed with the intention of grounding my interpretations in what is present in the transcripts. As already mentioned, returning the common themes write-up to the participants' for feedback and confirmation that they resonate with the study findings will also enhance the confirmability of the findings. Finally, my supervisor read one of my first transcripts to ensure that I was not leading the participant.

I chose these methods of ensuring trustworthiness of the findings because they were consistent with the philosophical position of the research study (Crotty, 1998; Freeman et al., 2007; Marshall & Rossman, 2010). Through these means, I endeavoured to highlight the strength and soundness of the data collection, analysis processes, and my

interpretations of the women's lived experience of the phenomenon of unintentional childlessness after delay.

### **Summary**

The findings from this hermeneutic phenomenological study represent my interpretations of the lived experience of unintentional childlessness by delay, which is a co-construction of the participants' accounts, my pre-understandings, and the participants' feedback. Thus the findings of this study are a unique representation of my interpretations and the participants' experiences. In a hermeneutic phenomenological study, there is no "truth" to be uncovered. Rather, there are a variety of different interpretations possible when exploring the lived experience of a particular phenomenon (Leonard, 1989; Osborne, 1990; Walters, 1995; van Manen, 1990). However, the strength of the hermeneutic phenomenological method is that it helps illuminate aspects of a phenomenon that are currently unknown. It invites further interpretation and exploration. The results of this hermeneutic phenomenological study will be outlined in the next chapter.

## Chapter 4: Results

This chapter begins with a brief biographical sketch of each of the women who participated in the study. This section ends with a table that summarizes the participants' demographics (see Table 1). Next, I will outline the main findings from the study. The women's lived experience of unintentional, permanent childlessness after delay has been organized into the following themes: *Sense of Grief and Loss*, *Sense of Being an Outsider in a World of Mothers*, *Sense of Judgment and Assumptions*, *Sense of Powerlessness*, *Need to Make Sense of Childlessness*, and *Sense of Reconciliation and Acceptance* that will be described in detail below, using the women's words to illustrate their experiences. The themes have not been listed in any particular order. However, it appears that meaning-making and reconciliation may occur later in the experience.

### Participants' Bio-synopses

#### Anna

Anna is a 45 year old, married woman who works in administration. This is Anna's second marriage. Anna was adopted at a young age. She remembers her adoptive mother seemed "miserable" in her role as "she wasn't happy being a mother." Anna feels that her view of motherhood was impacted by this experience in that she understood that motherhood could be challenging. However, Anna thought that becoming a parent was "inevitable" and would happen eventually. She had a long-term boyfriend in her 20s whom she wanted to have a child with, but he did not. She married in her 30s and tried to get pregnant in this relationship, but was not successful. After divorcing her first husband, Anna spent a good portion of her late 30s looking for an appropriate man to marry. She did not meet her current husband until she was in her early 40s. Although her husband

already had children from his first marriage, he was open to trying to have a baby with Anna. The couple tried to become pregnant for about 4 years. In their efforts to have a child, they went for fertility testing at a fertility clinic. There, Anna was told that the quality of her eggs were such that she would need to use an egg donor in order to conceive. Anna was devastated by this prognosis, especially given that she felt healthy and fit and was using a variety of holistic methods to boost her fertility. Anna and her husband considered adoption, but given that Anna is adopted, and her sense of the “problems that that posed,” her preference was to have a biological child. Anna now says that at some point in the future, they may foster a child. Anna does not consider herself a mother to her husband’s children as they were already grown when she married their father. Anna and her husband share their home with a beloved dog, and Anna is godmother to her friend’s daughter. She feels a calling to contribute to her community and to fulfill her nurturing capacities through this type of outlet.

### **Betty**

Betty is a 47 year old single woman who says “I never found the right time or the right relationship in which to have a child.” Betty was “really focused” on furthering her education, including a Masters degree, and career up until her early 30s. She currently has a successful career in the arts and education. She always assumed that “everything else” (including motherhood) would follow after she had built a stable career.

Betty was in a long-term common-law relationship for approximately 10 years. She parted ways with this partner after she discovered they had different goals for the future, and her partner was not supportive of her growing profile in their shared field. This was incredibly painful for Betty, as she had always considered that they were equal

partners in love and work and would eventually start a family together. Betty “thought it was my fault” that the relationship broke down, and spent a significant amount of time processing this breakup. After this experience, Betty began to question whether she could be successful in her career and have a relationship as well. She toyed with the idea of single motherhood, but could not imagine doing it on her own unless she had career stability and the financial resources to support herself and a child. This situation was not ideal to Betty because she strongly believed that a child needed two parents. Thus, she continued to delay parenthood until she found the right partner with whom to have a child.

Around age 36, Betty became more aware of her ticking biological clock after her family doctor told her that her fertility was declining with age. During this time, while still single, Betty found that her level of career success served as a barrier to finding a mate as men were intimidated by her degree of education and position. At this point, Betty met a young man in his early 20s. She cared deeply for this man, but also understood that he was “way too young for me for what I need, which is someone that could possibly have a family with me.” They maintained a relationship for about 3 years, after which they decided to go their separate ways because he had a career opportunity across the country. Right before her partner left, when Betty was 39, she became pregnant. She terminated this pregnancy and felt hopeful that this unplanned pregnancy was a positive indication that she would be able to become pregnant in the future.

In her early 40s, Betty’s career stabilized and she was able to purchase her own home. She considered single parenthood again, but remained committed to her belief that a child should have two parents who love each other. However, at this time, given that she realized that her time to have a baby was running out, she expanded her criteria for

parenthood to include possibility of parenting with a good friend whom she loved dearly. She talked to one of her best friends about the possibility of co-parenting. Unfortunately, this did not work out because the timing was not right for him. At the time of the interview, in her late 40s, Betty says that while most of her knows that the opportunity has passed, a small part of her still hopes that it might be possible to become a mother. Later, Betty indicates that she knows that her opportunity to become a mother has passed, but it is easier to “leave the door slightly open” rather than to accept that she is permanently childless. Betty is currently in a relationship with a man who has children from a previous relationship. She identifies herself with pride as a “matriarch” who takes care of her friends and is a mentor to many young people in her life.

### **Colette**

Colette is a 55 year old married woman who has a Masters degree and works as a college professor. Colette always had an expectation that she would have children eventually. She was good with kids and spent a lot of time babysitting when she was younger. Colette “came of age in the 70s” when doors were opening for women that had not been open before, thus she believes she didn’t intentionally delay childbearing, but took advantage of the opportunities that were available to her, which meant that becoming a mother was delayed by default. Based on what she had observed in her parents’ generation, Colette developed a fear that if she married and had children, she could very likely end up parenting on her own, and this option was not attractive to her. She saw her mother and her friends make personal sacrifices to become a wife and a mother. She observed that her mother was “miserable” and wished that she had not had children but had pursued a career instead. Colette felt her mother worked very hard to

make sure she had the education and choices that she did not have, so she wanted to take advantage of these opportunities.

To Colette, it was very clear that if you decided to have a child with someone, there was a very high chance that you would end up alone, so you “better be able to provide for yourself.” These realities felt very limiting as there was not a lot of societal / structural support for mothers who were working (e.g., such as universal daycare). Thus for Colette, it felt like she could not have a successful career, happy marriage, and children. For all of these reasons, Colette delayed motherhood and focused on building and stabilizing her career and finding a stable and solid relationship before she would consider having a family. She was hopeful that the socio-economic circumstances would change, making it easier for women to have children and maintain their careers and relationships before she became too old to have children. She worked in a primarily male industry, which was not overly conducive to having kids, making it even more difficult to manage career, motherhood, and a relationship successfully.

Colette met her partner in her 20s – they have been together for 35 years. He did not want children, but according to Colette, may have had them if she wanted to become a mother. Part of Colette did not want to “push the issue” or bring up the possibility of having children for fear of ruining or causing strain in their relationship. Colette was strong in her belief that she did not want to end up a single mother in this case, given the sacrifices and misery she had witnessed in her mother’s generation, and in colleagues and peers who had ended up single parents after their marriages had dissolved. Colette felt others judged her for remaining childless, and believed that she was “depriving” her partner of children. Colette continued to hold out hope that the socio-economic



circumstances would change so that it would be easier to have a child and maintain her relationship and career, but was sad every time she realized that the circumstances remained the same. During her mid 40s, Colette began to realize that she was becoming too old to become a parent. Colette and her partner enjoy a solid and stable relationship and have built a meaningful life filled with career and leisurely pursuits. They play an active role in their nieces' and nephews' lives and enjoy mentoring them.

### **Danica**

Danica is 52 year old, self-employed contract worker who has been partnered for over 25 years. Danica grew up in a single parent home after her father left when she was two years old. Her mother was an alcoholic. These circumstances, along with what she describes as the “traumatic” experience of being placed in a “cold, sterile” day care environment where she did not speak or understand the sole language spoken, and was therefore “deprived of any sort of communication, reassurances, or affection for 10 hours out of every day” were very difficult for Danica. She recalled feeling abandoned and vowed that if ever she were to have a child, she would never put the child into daycare. Thus, Danica believed she needed to have sufficient financial stability to be able to stay home before she would consider having a child. Danica also has a strong sense of the current world being a dangerous place, and wanted to provide her child with the kind of life that people her age had – living in smaller communities with “white picket fences” – providing a sense of safety and security that was not available to her as a child. Danica also saw how difficult it was for her mother to support her as a single parent. For that reason, she vowed that she would never become a single parent by choice.

Danica experienced two “physically and mentally abusive” relationships in her late teens and early 20s, and in the first became pregnant. She terminated this pregnancy. A couple of times in her 20s and 30s, after meeting her current partner and spending some time with the children of her friends, Danica stopped taking birth control. However, her fears of financial instability quickly returned so she resumed her birth control. By the time Danica and her partner achieved the level of financial stability where she could consider staying home to raise a child, she felt too old to become a mother. Danica said that her partner was easy going about whether or not they had children. Danica described being somewhat resentful at times, that her partner did not have the motivation to find a lucrative or well-paying career, thus delaying their opportunity to have children. However, given her desire to keep the peace in their relationship, she never confronted her partner about these feelings. On the positive side, she appreciates that her partner never pressured her either way about children.

Danica admitted that there are times in her life when she has really wanted a baby and other times when she has felt okay that it did not happen. She described feeling relieved that now that she is over 50, the questions “when are you going to have a child?” have ended. She now feels more comfortable saying, “I didn’t have children.”

### **Ella**

Ella is a 40 year old single woman who works as a technologist. Ella always assumed that she would find a person to marry and have children when the time was right. However, this is not the trajectory that her life has taken at this point. She took advantage of many opportunities to travel and study and pursue her interests in her 20s and 30s before becoming a parent. However, Ella sees these experiences as character-building

and deepening her sense of well-being rather than preventing her from having a family. As Ella describes, “something had to give” when she was pursuing her education and career, and that meant finding a partner and having children. However, she would have been open to being in a relationship if she had found a suitable partner during that time. But as Ella states, “It just didn’t happen.”

Ella grew up in a nuclear family. Her experience with two loving and collaborative parents built her sense that children should have two parents. Thus, as her prime reproductive years were passing, becoming a single mother was never an option for her. For Ella, the relationship would come first, and children afterward. However, as much as Ella wanted a family, she never pictured herself as a homemaker as her mother was. She wanted to develop herself and be “strong” and “independent” before finding a partner so that she did not become dependent on him. Her parents raised Ella to believe that if you end up alone, you need to be able to support yourself, and if you bring children into the world, you need to be able to take care of them. This value impacted Ella’s sense of what was important and how she wanted to live her life and influenced her pursuit of her education and career. Ella says she would rather be single and happy rather than being in a less than ideal relationship in order to have kids. She believes that things have turned out as they are meant to be. Ella enjoys the children of her friends and relatives. Others have said that she would make a good mother.

At age 40, Ella believes that she has reached an age in which she feels she is too old to have children as she recognizes the challenges of pursuing a pregnancy at an older age and of older parenthood. However, Ella also mentioned that if she meets a suitable partner in the very immediate future, she *may* have the possibility of having a child

before it is too late. Later, Ella stated that it is much more likely that she will remain childless, as she does not expect to meet a partner soon and she feels strongly about not being “too old” to have a child. Ella says she has resigned herself to being permanently childless. Ella thinks that it is more likely that she may meet someone in the future who already has children, so she may still involve children in her life in some way.

### **Felicia**

Felicia is a 49 year old woman in a committed long term relationship. She is self-employed with a Masters degree. Felicia is the eldest child in her family, and suggests that her choices to delay childbearing have been impacted by a “sense of responsibility.” She was married to her first husband for over 15 years. She did not pursue having a child in this relationship because she thought that this relationship would likely not withstand the stresses of having a child and she may end up a single parent. As well, Felicia asserted that she never wanted to be a single mother given that she did not know how would be able to balance the practical demands of parenthood along with her desire and sense of responsibility to be emotionally-available to her children. Thus, for a significant amount of her reproductive years, Felicia had resigned herself to being permanently childless.

However, when she met her current partner, she realized this was the man with whom she would have loved to parent. Unfortunately, at this point, given her age, Felicia felt it was too late to pursue a pregnancy. In addition, her partner has responsibilities for his children from a previous marriage, which are somewhat restrictive on his ability to build a life and family with Felicia. In this way, Felicia is “betwixt and between” in that she is technically childless, which affords unique freedoms and opportunities, but she

cannot enjoy these with her partner he has responsibilities to his children. Felicia is fond of her partner's children, and likes to spend time with them, but is clear that she is not their mother, but rather their dad's girlfriend.

Felicia is a doting aunt to her nieces and nephews. She spends as much time as she can with them, and hopes to continue to have an important role in their lives. However, Felicia is also aware of not wanting to overstep any boundaries with their parents (her siblings). She is very close with her parents, and would have loved to have experienced them as grandparents to her children. Now that her parents are getting older, Felicia worries about what her future will look like when they are gone, and finds it difficult that she will be "truly alone" at that point. The holidays are both special and a difficult time for Felicia. She likes to make a special effort to bring her extended family together, however there are times when her partner and her extended family are with their own families and she feels quite lonely and disconnected. Felicia is incredibly proud of her ability to nurture others. There is an aspect of grief and loss that it does not have the opportunity to be fully expressed and experienced through mothering her own children. However, Felicia makes an important contribution to the lives of others by providing practical and emotional support to clients through her business. She also satisfies her desire to nurture others through her relationship with her nieces and nephews and her partner's children. Felicia feels strongly that her ability to nurture others is not "wasted." Felicia has several close friends who are childless. These women have been an important source of support and comfort for her.

**Grace**

Grace is a 56 year old, single woman. She is self-employed and works in the social services field with a Masters degree. Grace describes how she did not feel like she was “well set up” to have a healthy relationship and family because her family of origin was “full of chaos.” There was a lack of attention to the children (herself and her siblings). Her mother had “mental health issues” and her father had a form of early onset dementia. Through her childhood, Grace developed a fear of chaos and instability – and she was adamant that she could not replicate the chaos that she experienced as a child, thus she made choices to delay childbearing and/or to not have children in particular relationships or as a single parent in order to avoid replicating her childhood experience.

Grace became pregnant at age 30 during a casual sexual encounter. She decided to terminate this pregnancy and continues to feel this was the right decision at that time. Grace became pregnant at the outset of a relationship with a man with whom she lived for 10 years. She describes this as a “significant but poor relationship.” She terminated this pregnancy because her partner did not seem supportive of the pregnancy, and she did not want to be a single parent. Grace believes that her “poor choice” of partners during the majority of her childbearing years was impacted by her experience in her family of origin as “I didn’t know how to choose healthily” and she did not see what a healthy relationship looked like. In this way, Grace found that she could not quite build the relationship that she wanted, but did not know how to give up or walk away from a relationship that did not provide this. Grace and her partner of 10 years eventually parted ways. Grace has remained single since the breakup of this relationship.

Grace speaks with pride that she has “parented a number of children.” She has taken in foster children, her nieces/nephews, and worked with youth in a residential capacity. In total, she had children in her home for 23 years. However, despite parenting all of these children, Grace feels as if this type of parenting is not valued as much as biological parenthood. In this way, “You have parented, but you haven’t *been* a parent.” This is both frustrating and hurtful for Grace, as she feels she is found deficient by others in the field of parenting, when she actually has considerable practical and theoretical knowledge in this area. Grace became tearful when she describes she feels excluded when each of the children that she has parented return to their “real” parents at key milestones (e.g., weddings, holidays) and she is left alone.

Grace became aware that she would likely never have her own biological children around age 42. It has been difficult to be childless, and single as well. Now that all of the children that she has parented over the years have moved out of her house, Grace is aware of a new “space” opening up in her life – both literally and metaphorically. She feels hopeful about the possibilities of filling that space in different ways. Being childless has afforded her the opportunity to pursue higher education and personal development. At present, she is working on her doctoral degree.

### **Hannah**

Hannah is a 64 year old, single woman with a Masters degree working in the education field. She remembers how at age 26 she was surprised that she was not married with two children as she had pictured. At that point, she had to re-think her vision for her life as there was no one suitable to marry in the picture.

Hannah describes how her mother was very critical and a “fiercely independent” woman. She taught her “many things” but “she was never good at being dependent on anybody.” Hannah observed how her mom was determined to define herself independently as someone who was more than a homemaker and wife. Hannah says that her mother was not very happy in her relationship with her father and that they should not have married each other. In her 20s and early 30s, Hannah found herself in unsatisfying and “unhealthy” relationships with men, or single. Hannah wonders if seeing her mother’s experience prevented Hannah from being able to be build positive relationships with men because “I was so good at being independent.”

Most of her friends and family were having babies and it was quite painful to be around them. Although Hannah really wanted to have a baby, she was very clear that she did not want to be a single mother via a sperm donor or adoption. She began to realize, “If there wasn’t someone who was going to be a partner, then probably I wasn’t going to be having children.”

Much of Hannah’s life has been in juxtaposition with her sister’s, who is a mother to four children and grandmother to several grandchildren. Hannah has a nurturing soul, and has made a point of spending quality time with her sister’s children and grandchildren such as taking them to the symphony. Hannah’s desire to have a presence in her sister’s life precipitated a move across the province to be closer to her family. Hannah has a beloved aunt and uncle whom are childless who are very dear to her, and she hoped that she could have the same role with her sister’s children and their children.

Unfortunately, Hannah has had to change her vision for her life again, as she has not been able to build the type of relationships with her sister’s family that she had hoped.



Although she continues to make an effort to be a part of their lives, it is incredibly disappointing for her that she has felt unwelcome.

When Hannah went back to school to pursue her Masters degree and engaged in some self reflection, she realized that she “probably wouldn’t have been a good parent” as she needed to work through some “family dynamics stuff.” Thus, Hannah made a very conscious decision not to seek out relationships until she had done some personal work. The sad irony was that after doing this work, and being ready to be in a relationship again, Hannah has not been able to find a suitable partner. Now, she is permanently childless because she has reached menopause. She finds that not being part of a couple is possibly more difficult than being childless.

Hannah has made an effort to make important connections and build her community through other avenues than her family, such as through her church. She also has a dog and a cat. Hannah recognizes that if she had had children, she likely would not have pursued a Masters degree, so finds some comfort that her energies have been put to good use and have not been wasted. Through her work, Hannah has had the opportunity to mentor and teach a significant number of young men and women, many of whom still keep in touch and update Hannah on their progress and lives after they have become adults.

### **Ingrid**

Ingrid is a 62 year old, single woman who is self-employed. Ingrid always expected that she would get married and have children. When she was younger, she was the nurturing and maternal one, whereas her sister was less so, and somewhat awkward

with babies and children. However, it has ended up that her sister has become a mother and Ingrid has not.

Ingrid describes the decade in her 20s as a “changing” time for women when women were now working outside of the home and building identities outside their roles as wife and mother and contraception was available so that women could delay motherhood. When Ingrid got married in her 20s, she kept her last name and worked full time. Ingrid firmly believed that it was important for her to work outside of the home. She described how as a teenager, she had looked at her mother as “just” a housewife and wanted more for herself as she thought her mother’s life was “boring.” Her husband was supportive of her working outside the home. He wanted to have children eventually, and in particular, a son.

In her late 20s, Ingrid applied to a Masters program. At this point, she decided that if she did not get into her Masters program, she would be open to trying to become pregnant. If she was accepted to her Masters program, she planned to have children afterwards. Ingrid was accepted to the program, so the decision was made – having children would be delayed while she pursued her education. At this point, Ingrid began to have questions about how her husband would be as a father. Throughout her Masters degree, she became increasingly unhappy with her marriage. At the end of her degree, Ingrid decided to leave her marriage.

After her divorce, Ingrid worked in social services for several years. This position was consuming and restricted her social life. Ingrid was an introvert so already found it difficult to meet men. Ingrid believes that both of these factors limited her possibilities of meeting an appropriate partner. Ingrid did not want to be a single parent, so she needed to

find the appropriate mate before pursuing a pregnancy. She met a few men, but nothing ended up working out.

Several years later, Ingrid moved to another part of the country, and rebuilt her career after burning out in the social services field. She briefly reconsidered her decision not to pursue a pregnancy as a single parent. Ingrid wrote a man she had met at one point in the past, and asked him if he would consider being a sperm donor. He replied in the negative. This experience was embarrassing and experienced as somewhat shameful for Ingrid, so after this point, she put the idea of parenthood to rest.

Ingrid has a strong nurturing quality and people often tell her that she would have been a good mother. Ingrid uses her work as an outlet for her need to nurture. Ingrid described an experience of being able to help a friend who was a single mother to take care of her child as an opportunity to use her nurturing qualities. This experience was very healing for her, in terms of the grief she carried about not being able to become a mother, and reinforced that she would have been a good mother – and that by extension, she had not ended up childless because of some deficiency in her. Ingrid has built a community of close friends and family, but often finds her birthdays difficult. During these days, she feels most alone.

### **Jackie**

Jackie is a 48 year old married woman who works in social services. Jackie was put into foster care at a young age and eventually adopted by another family. This environment was unhealthy for Jackie so she subsequently ran away from home when she was 14 and 15 years old. She became pregnant as a teenager and this pregnancy ended in miscarriage. Jackie describes this pregnancy as “traumatic” given that she blamed herself

for losing the baby. When Jackie permanently left her adoptive family in her late teens, her goal was to pursue education and to build a healthy life for herself, however, it was incredibly difficult to support herself financially. She married at a young age and became pregnant for a second time at age 19, but her husband was not supportive, so she had an abortion. Jackie describes this as a very difficult decision as “it felt like it really went against everything that I was as a person” and “that was probably my one shot at having a kid and it didn’t work out.” Jackie felt pressured into this decision by her adoptive parents who “didn’t want me to have the child.” Jackie looks back at this experience with some regrets in that she believes that if she had been better supported, she could have had that child. However, Jackie recognizes at this time she did not have the skills to be the mother that she wanted to be, or the ability to give her child what she wanted to give. This marriage eventually ended.

It took a number of years for Jackie to “get it all together” after this marriage ended. She identifies that during this time, she was not “healthy mentally” so she found herself in a series of unhealthy and “dysfunctional” relationships. She attributes some of these patterns to her early experiences in her family of origin and adoptive family as she did not know how to build a healthy relationship. Jackie decided to focus on building her education and career prospects and “getting healthy.” This took several years – more specifically, several of her prime childbearing years. During the time in which she focused on her self-development and increasing her healthy and well-being, Jackie did not have a burning desire to have children, as she did not feel emotionally and financially ready, but assumed she would have children at some point. After finishing her undergraduate degree, she pursued a Masters degree and became involved in her church.

Jackie met her current husband at age 39 through her church. She saw this relationship as her “last chance” to have a baby. They delayed having a child while they built financial stability, assuming that they may still have a child at some point in the future. However, as time went on, her husband stressed that he was frightened about the responsibilities of parenthood, and was not sure that he wanted to become a parent at any point in the future. At this point, Jackie decided that it was more important to stay in the relationship, although part of her still wondered about having a baby. Her husband subsequently had a vasectomy. Jackie went into premature menopause right around this time, so although in the back of her mind she always thought that there might be more time to have children if her husband changed his mind, she was forced to accept the fact that she was not going to have children.

Jackie believes that her purpose in the world is to learn how to love and learn how to forgive and have compassion. Not having children has opened up the space to focus on her personal development and her relationship with her partner.

### **Kate**

Kate is a 43 year old single woman who works as a therapist. Kate describes how she did not realize it was even an option *not* to have kids - it was just something that she always assumed that she would do eventually. Kate thinks that the dysfunction in her parents’ relationship and her family impacted her ability to be in a healthy intimate relationship. She noticed how disempowered her mom was, and there was “no way” she was going to be her.

In her 20s and early 30s, Kate found herself in relationships that were not conducive to having her own children. In one serious relationship, she parented her

partner's children and became quite attached to them, but this relationship eventually dissolved. A later relationship left Kate feeling particularly bitter and angry when her partner had a vasectomy without consulting her. This precipitated Kate's decision to pursue a Masters degree as she thought, if I am not going to be having children in this relationship, I might as well build my career. Her partner was not supportive of this decision, despite's Kate's willingness to sacrifice having children to stay with him, so Kate decided leave this relationship.

At this point, Kate decided to "begin the next phase of my life" which involved pursuing higher education and building her career which continues to be a significant aspect of her identity. Kate describes how an intuitive healer gave her the validation that she could focus on her own healing and personal and professional growth rather than having children. Before this period of healing and personal growth, Kate found that she was not able to maintain a relationship for more than a couple of years and she attracted men with "too many red flags," leading her to feel wary about their parenthood potential. For Kate, having children as a single mother was not ever an option, as "it is just too hard." Thus, her inability to find the "right" partner prevented Kate from having children. The sad irony is now that Kate has worked through her personal issues and is now in a better place to have a committed relationship that would be conducive to having kids, she feels too "tired" and "old" to do so, and there is no potential mate on the horizon. Although Kate is disappointed that she has not had children, she feels that at this point, she feels the loss of not having a partner more than not becoming a parent.

Given the demands of her career, her age, and the fact that she has not found the right partner, Kate assumes that she will remain permanently childless, even though she

believes there is some possibility that she may be able to biologically produce a child at 43. Kate believes that it is more likely that if she meets a partner in the future, he will likely already have children and she is okay with that.

When studying for her Masters degree and living in the city where the university was situated, Kate met several women who did not have children. Kate felt supported and accepted by these women. Since returning to her small hometown, she finds that she has very few friends who do not have kids, and often feels the “odd one out” when they talk about their children. She describes wishing for friends who “have a career and a life.” Despite this experience and finding it hard to find a partner, Kate does not question the decisions she made to pursue education, career, and self-development and to delay childbearing until she found the right partner. Kate firmly believes that it was okay not to have children if the circumstances were not right.

Kate’s work as a therapist often takes much of her energy and time. She describes herself as “very maternal” and finds that her career allows her to use these skills and have her need to nurture met.

### **Lydia**

Lydia is a 48 year old married woman who works as a manager in a mid-sized company. She is from a family of four children with one boy and three girls. Interestingly, all three of the sisters have not had children.

Lydia always imagined that she would eventually get married and have children. Lydia says her mom was “totally fulfilled” as a homemaker but she stressed that her children should get an education, build a career, be “self sufficient” and “be with someone you love, not with someone because you need to be with them because you

can't step away" before having children. For Lydia, this created a tall order of ideal circumstances to have in place before pursuing parenthood.

By the time she was in her mid-20s, a serious relationship had ended. She entered another long-term relationship, which ended when she was 30. Lydia met her husband when she was 35 and they were married at age 38. Her husband "wasn't pushing for a family" so "we postponed it." Lydia says that one of the reasons she delayed motherhood in her marriage is that she understood that if they had children, she would likely need to give up her career for several years to take on the primary responsibility for the children. Lydia saw this as a "sacrifice" reminiscent of the sacrifice that she had observed in her mother who "gave up her entire identity" to take on the motherhood role. This was not an attractive option in the immediate future given that Lydia enjoyed her career. Thus, as Lydia describes, "it [having children] kept getting later and later and later and later." At one point, Lydia's marriage went through a difficult period, and several years were spent reconnecting and rebuilding their relationship. It did not feel appropriate to bring a child into their relationship at this point as Lydia feared becoming a single parent if their relationship dissolved. Lydia returned to school and completed her Masters degree when she was 45.

Ten years into their marriage, Lydia and her husband's relationship has stabilized. However, it now feels too late to have children. Lydia has made peace with the fact that the time has passed to have a baby. Lydia and her husband travel extensively and take advantage of their childless lifestyle. They are both passionate about their work, and are actively involved in several children's lives through their extended community of family and friends. They are also proud owners of a well-loved dog.



## **Mary**

Mary is a 43 year old woman living with her common-law partner. She has a college diploma and works in the medical field. Mary's mother was over 40 when she was born, so she always thought that it was possible for women to have a child later in life, especially given that there are more medical advancements these days. However, she also notes the costs involved with older parenting that she observed in her parents, such as having less patience as you get older.

Despite knowledge that older parenthood was an option, Mary expected that she would be married at 25 and have her first child at 27 and second child at 30. But these years came along, and there was "no one to marry," so these plans did not become reality. Mary became pregnant in an early "tumultuous" relationship. She did not think that her boyfriend would be a good father, and that ultimately she would likely be raising the child on her own, so she terminated this pregnancy. Although Mary terminated the pregnancy quite early, she found it an emotional process. However, she was relieved that she was able to become pregnant, and intended to become pregnant again when the circumstances were right. Mary looks back and wonders why she spent three of her "important" prime childbearing years in a negative relationship when she could have been trying to meet someone else.

Despite expecting to have a child in her mid 20s, Mary says she never had the "ticking clock" or the anxiety that time to have a child was passing, but she found herself reflecting on where she was at in her life when she hit particular milestone birthdays such as age 30. She has been with her current partner for about six years. This partner does not want to get married or have children. Initially, Mary hoped that her partner would change

his mind about marriage and children, but this caused conflict in their relationship and led to a separation. Mary went back to the relationship on her partner's terms - with the understanding that there would be no children or marriage if this relationship were to continue.

Mary says that she has come to accept that she will not have children and believes that her relationship with her partner is worth this sacrifice. Previous to this relationship, Mary described meeting the “wrong guys” from the wrong situations, wrong places who “didn’t treat [her] with very much respect.” When her current partner came along, he was “wonderful,” and treated her well, so giving up having kids was what she did to stay in this relationship. However, Mary does hold out some small hope that her partner might want to get married at some point in the future.

In the last year, Mary was diagnosed with polycystic ovaries and ended up needing a hysterectomy, so children are now completely out of the picture. Mary says that there is some relief that the painful menstruation is over, and knowing that the “child issue” has been completely put to rest. To Mary, the sad irony is that she finally found stability in a relationship and someone she would love to have children with, but she “wasn’t allowed” to do so. For Mary, the loss of being able to get married is more painful than the loss of having a child at this point.

Mary is “mama” to the couple’s beloved dog and loves her unconditionally. She and her partner take advantage of their childlessness and ride motorbikes and travel together. Mary has one sister who has two girls whom Mary “loves to bits.”

**Nadia**

Nadia is a 59 year old married woman who has a Masters degree and works in social services. When she was younger, Nadia's mother instilled the belief that education was important and women should be able to financially take care of themselves. Her father died when she was 15, and her mother became a single mother of sorts, thus Nadia saw first hand the difficulty and challenges related to single parenthood and the importance of being financially stable when having a family. This experience, along with observing the experience of others who were single parents made Nadia vow that she would ensure that she was financially stable before becoming a parent, and that she would never become a single parent by choice. Nadia also identifies that being from an immigrant family impacted her decision to delay motherhood because she grew up with the message that, "survival is first – having a home and money, that was precedent, and then children."

During her prime reproductive years, Nadia did not have "baby hunger," but assumed that she would become a mother eventually. She "turned down" any desire to have a child until she had her desired factors or criteria into place (e.g., stable career, financial stability, an appropriate partner). Sadly, by the time she had secured all of these things, Nadia had a sudden realization, "there's not going to be children."

Nadia's first marriage occurred when she was 19. It was a brief marriage that lasted approximately a year. Nadia re-married later in life to a man who already had four children. They met when she was 32 and had already begun to "shut the door" to parenthood. However, with this new relationship, Nadia believed there were new possibilities to have children. At that point, she was finishing her Masters degree, so it

did not seem like the right time to have children. Thus, she delayed motherhood to finish her schooling and re-establish her new career. It was not until she hit her 40s that Nadia began to be aware that it was going to be too late to have children. Nadia does not identify herself as a mother to her husband's four children given that the children were older when they married, however, she sees herself as a "step-grandmother" to her husband's grandchildren. She is also a special aunt to her niece and nephew. Nadia's clients also benefit from her nurturing qualities, time, and commitment to their well-being.

### **Olive**

Olive is a 44 year old self-employed woman with three Bachelor degrees who is currently recuperating from a serious health issue. Olive is the second daughter in a family where motherhood is valued as women's most important role. She would have liked to be closer to her family, but has found herself in the "shadow" of her sister who has had several children. She remembers an aunt informing her at the hospital after her sister gave birth, "It won't matter what you do from this point on, the focus will be on your sister." Olive assumed that she would become a parent eventually when the time and circumstances were right. She would have loved to have children, but she never found the right mate, and did not want to be a single mother.

Olive was engaged to the "perfect man on paper" during her early 20s. However, she broke off this engagement given that the relationship did not feel like the right fit for her and they felt "more like brother and sister." At age 28, Olive remembers her father telling her, "you only have a few good years left." She was painfully aware that in her family, her value was related to being married and having children. Around that time, she met a man and moved to be closer to him and to her sister's family. They were engaged,

but after living together for a short while, it became clear to Olive that she felt too young to marry. Thus, she broke off the engagement.

Education is valued in Olive's family, as the message is "you're no one unless you went to university." Olive waited to pursue post-secondary education on her own terms. She returned to school in her 30s and has earned three Bachelor degrees in total. Before returning to school, Olive became pregnant after an "atypical" one-night stand. Devastated, she terminated this pregnancy, feeling it was her only choice given that her parents would not likely accept the child and she did not have the resources to parent on her own. Olive experienced a deep and lasting depression after the abortion. After completing her degrees, and returning for a third degree, Olive went to live and work outside of the country and met a man during that time. They became romantically involved, and put plans into place to start the immigration process so that Olive could stay in the country with him. They tried to become pregnant, but were unsuccessful after about a year of trying. Olive was in her mid-30s at this time, and her partner was in his 40s. They did not have their fertility tested given that the relationship broke down before they considered this option.

After the breakdown of this relationship, Olive returned to Canada and settled into life on her own. She sunk into another depression at this time, as she believed that she would likely live a lonely life as a childless and single woman. Recently, Olive was diagnosed with a potentially terminal breast cancer. With treatment, she was propelled into "abrupt menopause," so any remaining hopes of becoming a mother ended. Overall, she sees this experience as a "game changer" – she now feels that she has been given a new lease on life, and although she is childless, she wants to make her life meaningful

and has some renewed hope of finding a partner in the future. Olive exudes a warm and nurturing spirit. She has a huge heart for animals, and welcomes travelling artists into her oceanfront home retreat.

### **Summary**

The participants' demographic profiles have been summarized (see Table 1) below. The women ranged in age from age 40 to 64. In terms of relationship status, the group was split fairly evenly with eight women being married or in a common law relationship, and seven women being single. This was a very well-educated group with all but two participants having completed higher education – ten of whom had Masters degrees. Of those ten women who had pursued post-graduate degrees, four delayed motherhood in order to do so, and six pursued post-graduate training only after they realized that they were not going to become mothers. The majority of participants were employed full time, with the remaining three employed part time. Lastly, all but one of the women identified as Caucasian – with the remaining participant of Caribbean descent.

Table 1

*Participant Demographics*

Characteristic	Participants ( <i>n</i> =15)	Percentage %
Age		
Range 40 - 64	15	100
Marital Status		
Married/Common Law	8	53.3
Single	7	46.7
Education		
High School diploma	2	13.3
College diploma	1	6.7
Undergraduate degree	2	13.3
Post-graduate degree	10	66.7
Ethnicity		
Caucasian	14	93.3
Caribbean	1	6.7
Employment Status		
Full time employment	12	80
Part time employment	3	20

**Common Themes****Sense of Grief and Loss**

Whether or not they had an opportunity to try to become pregnant before time ran out, all of the women to varying degrees expressed a sense of grief and loss over their unfulfilled dream of having a child and becoming a mother. Importantly, all of the women in the study expected or wanted to become a mother, thus there was loss involved when the motherhood role was no longer an option. This loss was experienced on a continuum with some variation in its intensity. The loss was experienced in different

stages, with some participants actively grieving at the time of the interview, and with others where grief was an aspect of their past, given that they had processed and come to terms with their childlessness. For all but one younger participant who held onto the faint hope that she still might meet the right man and have a child, the loss was experienced as painful. The pain often intensified over time before softening. The grief was multi-layered and cyclical, resurfacing at different times across the lifespan based on the women's age, life stage, and various circumstances in their lives. The focus of the women's grief also varied, with four of the seven single participants expressing that they feel the loss of a life partner even more intensely than the loss of being a mother. As one woman described, "I think probably being, not being part of a couple, might have been more difficult than being childless."

Irrespective of their relationship status, for the majority of women, their childless status was a very painful reminder of what could have been, but had not happened. Eleven of the fifteen women did not have the opportunity to try to become pregnant before time ran out. These participants felt they also missed out on the "fun" aspects of sexual intimacy that they imagined women experience when they are trying to get pregnant. They sometimes wondered if they had even been fertile, given they had never had the opportunity to pursue a pregnancy. Reflecting on the many aspects of this loss, one woman shared: "I don't even know if I was fertile."

For the women, it was also the loss of a life as they had imagined it would be, including the "white picket fence," the partner, and children. This was experienced as possibilities that were never realized and dreams left unfulfilled. The women felt the loss of the motherhood role and identity through not being able to nurture their own children



or continue their bloodline. One woman mourned, “No one is ever going to call me mom.” Several said, “I would have been a good mother,” and felt disappointed that they were not able to use their “natural” mothering or nurturing instinct. They also mourned the loss of the experience of the unique bond between a mother and child. In tears, one woman described how her grief was multi-layered and involved losses related to her physical instincts and the possibility of bonding with a child:

It’s the grief of not having memories of nursing or I have never thought that before but the grief of not having the experiences like other people have...the grief of not knowing what the mother-child bond is like.

The women also grieved the opportunity to be part of the “motherhood” group. This experience of being an outsider is described in more detail in the theme, Sense of Being an Outsider in a World of Mothers. For the purposes of the current theme, it is important to note that the constant reminder of their “lack,” or the loss related to their inability fulfill this role, was experienced as being incredibly painful by the women. Through her tears, one participant shared how her identity became linked to her childlessness and the loss of the motherhood role:

How does it fit for my identity? It reminds me constantly of what I don’t have. So I am constantly reminded that I don’t have that, and that - it’s not what I wanted. I had hoped it would have been different.

For those women with partners, their experience of childlessness after delay also involved a sense of loss of the opportunity to experience their partners as fathers. The participants whose partners had fathered children in previous relationships, grieved the fact their partner would never father a child with them. They expressed a sense of sadness

and loss for the children they could have created together. This sense of loss was often heightened for these participants when they witnessed their partner in a fathering role with his children from a previous relationship. The words of one woman capture these sentiments:

When I saw what it could be, when I saw my partner [as a father], what it could be, I wished it would have been me that he had had those kids with. So that's constant, it's the reminder that's there all the time.

The sense of loss for many of the participants extended to the impact of their childlessness on their parents. The women talked about their sadness in not being able to see their parents as grandparents to their children. Within this experience, some expressed concern that their parents' legacy would not be passed on. In the words of one participant:

It's a concern I think because I think from my parents' perspective, they see that part of them won't be living on. And I think that's really hard, because that's kind of like the whole point of humanity, right?

Several women talked about physical or biological losses related to their childlessness. The women experienced significant losses related to their menstrual cycles and the painful monthly reminder that their bodies were not fulfilling their procreative potential and likely never would. This loss was primarily experienced when the women had not reconciled themselves to the reality of their childlessness. In addition, the loss related to menstruation was particularly heightened during the times when four of the women were trying to conceive. One participant described how difficult it was during that time, whenever she got her period:

Well, it was really upsetting, every month that my cycle would start on that first day it was really, really hard. One year it started Christmas Day and it was just, so intensely sad for that to happen...It was constantly this sense of defeat. It was just heartbreaking all the time, like every month.

Sexual intercourse also generated feelings of sadness and loss for these women, whether or not they were trying to become pregnant. To varying degrees, intercourse also served as a painful reminder of the participants' inability to become mothers when they so desperately wanted to take on this important life role. In the words of one participant:

Sex with him was always... when I did have sex with him, intercourse was just, I pretty well was always crying. It was very painful...the whole conception, or the lack of conception or possibility of conception or proof of non-conception, I think it came up regularly.

Whether or not they had been pregnant at some point in their lives, the women also mourned the loss of the whole experience of pregnancy and childbirth – of carrying a child in their bodies for a full pregnancy term and experiencing the range of physical, emotional, and psychological changes that are a part of carrying and birthing a child. Their sense of loss was often triggered when their friends and family members began having children – stark reminders of the lives and roles they would never lead and life experiences they would never have. Surrounded by her friend's children, one woman described her yearning, "I wish so much I had a baby." Similarly, another participant who had terminated a pregnancy, shared how painful it was to hear that friends were expecting a child:

I remember years ago, in my 40s after I terminated that pregnancy, some friends of ours got pregnant, and I got excited and really into it, but then I couldn't, we were getting ready to go to the baby shower...and at the last minute I couldn't do it. I had to say I am not feeling well. I couldn't do it.

Their grief was heightened when the participants saw others (e.g., friends, family, strangers) having children who did not appear to appreciate being parents. The women felt it was unfair that they were childless when they believed they would have been good mothers, while others who they felt were not good parents were fortunate enough to have children.

For several of the participants, their grief was experienced viscerally – a physical experience – “like a punch in the stomach,” or not being able to catch their breath. One participant described the ache of not being able to breastfeed a child:

I can remember not spending a lot of time with friends when they had their babies because my breasts hurt. I so wanted to be breastfeeding myself.

Another woman was in tears when she described a similar and vivid physical ache and yearning when she is with other mothers who appear to have loving and healthy relationships with their children:

...I'll sit there and I'll have my coffee in front of me and I'll just, I'll literally ache inside and I am sitting there with this smile, and inside I'm just like – sorry there are some tears again, I apologize – but yeah it's a whole bunch of emotions, it's a sense of loss.

The women in the study reported feeling like their loss was often silenced, misunderstood, and unacknowledged by others. Several women were surprised when they

began reflecting on how very few people had actually asked them about their childlessness over the years. One woman remarked how when people did not ask, it meant that an aspect of herself was not recognized or known: “it’s confusing, and it’s, there’s a bit of sadness to it because they truly don’t know me. And why don’t you want to know me? Who I am!” It felt like a “taboo” subject – even with other childless women. The women interpreted the fact that others did not ask about the reasons for their childlessness to imply that assumptions were being made about why they had ended up childless. One woman shared how in her experience, the silence meant that her pain was not acknowledged because it was assumed that she had chosen to be childless:

I don’t know if I’ve had many conversations with people in my situation, so it’s true, we are a silent group. I think we are a silent group in terms of our pain...

because I think people expect, well that’s your choice.

As highlighted, the lack of acknowledgement of the participants’ maternal status by others appears to be based in part on the assumption that these women were childless by choice. It is also important to note that the participants played a subtle role in perpetuating the silence about the reasons for, and their feelings about their childlessness. For example, some talked about how despite feeling silenced by other parents, they also did not ask other childless women about their own experiences of childlessness.

When their loss was not acknowledged, it invalidated the women’s experience, causing some to question their reactions and sense of loss. A number of the women experienced “internalized bigotry” as one woman labeled it – they felt like they did not have the right to grieve about ending up childless, because of choices that they had made either not trying to get pregnant at all, waiting too long to begin trying, or having elected

to terminate an unwanted pregnancy in the past - and should “just get over it.” They felt selfish for grieving and feeling sad, and wondered if these feelings were justified.

The women’s grief intensified when they realized that motherhood was definitely not going to happen for them. Some tried to hold it at a distance, but as they aged, and peri-menopause approached, they realized they could not avoid the reality of their permanent childlessness any longer. One woman said she “wailed” when she realized that she would be permanently childless. Another woman described her surprise at the intensity of her grief as she approached menopause:

What I never expected was the grief. I never expected that one. That was like somebody just punched me right in the belly and that, that was a constant for a long time the sadness of - I made these choices but it has a high cost.

Many found the grief intensified when they reached an age in which they felt “too old” to become a parent any more. Of note, this actual age was unique to the individual, and related to her own sense of energy and capacity. The women who had reached menopause described how when menopause finally hit, their grief intensified, and then eventually softened. This was sometimes unexpected, as one woman who was approximately five years past menopause said about the softening of her experience of grief:

But that’s a surprise because I had thought okay, well, this is the way it is and I’ll probably always feel a loss but I don’t feel a loss any more.

For the women who had reached this stage in their reproductive lives, there was a sense of relief that, since motherhood was no longer an option, their yearning for a child could be replaced by focusing on other goals and possibilities. One of the women shared how

she was relieved that at this point in her life, her grief had begun to lessen, noting that having to live with that grief indefinitely would be quite devastating:

That's the way life works, right? Otherwise, I'll just stay in the same place forever.

I don't want to be the 70 year old woman mournfully looking at children in the playground thinking "why not me"?

Another important aspect of the participants' experience of grief and loss was how it was multi-layered and cyclical – resurfacing at unexpected times related to different aspects of the loss and different stages of their lives, even after they thought they had put the issue of children and motherhood to rest. For example, one participant recalled her acute awareness of the loss when her niece was getting married:

...the next time I remember really looking at the whole issue was when my oldest niece was getting married, and sitting around the kitchen table stuffing pom poms for the car and bursting into tears because I realized that I was never going to prepare a child [for her wedding], this was not going to be part of my experience and that was a grieving process.

Another participant shed tears as she talked about the milestone events in a child's life that she would never have a chance to share:

The pride that you would have in just seeing your child's accomplishments. The never being able to be at their grad or at a wedding. To help a daughter into her wedding dress...so that past grief, and future grief for knowing that that won't happen for me.

As they moved into their 50s, the loss of the grandparent role became salient. For the following participant, the reality of this loss was exacerbated when her sister became a grandmother:

It [the grief] came up periodically, yes. Sort of ... as different milestones were to happen like when my sister started to have grandchildren, then of course I would not be having grandchildren.

Thus, the women revisited their grief over the lifespan as they navigated the painful reminders of their loss of the motherhood role, during important life events and milestones.

The women learned how to cope with, and manage their grief in different ways so that they could continue to live their lives. Their ability to cope shifted depending on the intensity and frequency of external and internal triggers and reminders of what they had lost. Similar to the participant who could not cope with attending her friend's baby shower, another participant managed her grief involved avoiding painful situations and "triggers":

So sometimes my friends can't understand why I will avoid, like 'no I don't want to hold your kid,' or I'll be at a party and they will be passing a picture around and I will pretty neatly remove myself. It's too painful.

In order to cope with the loss of this life dream, the women talked about their efforts to build meaningful, rich lives so that the grief associated with their childlessness did not completely define them, or consume their lives. For all of the participants, this involved a degree of acceptance and willingness to move forward in their lives, along with a willingness to acknowledge and accept the "pangs" of loss as they arose



throughout their lives. One of the women described how, rather than trying to repress her feelings of loss, it was important for her to acknowledge her feelings as they arose, and then to let them go:

Then I thought, I don't want to elaborate on these feelings and make it bigger than it is, maybe I can have a moment at the beach where I feel sad or taken off guard ...but then I let it go and turn around, instead of giving it more energy and talking about it. What is that really going to do ...I don't really think that it is helpful for me to give it any energy.

Another participant described how she learned to be compassionate and accepting towards her feelings of loss: "Some days, I mean it gets more easy, about processing it ... I just have to take it as it comes." Another participant said that she coped with the grief by accepting that the sadness of her childlessness will never completely go away. As she put it simply: "there will always be that reminder all my life."

Another way that the women coped with their grief was by putting their experience into perspective. For example, several of the women shared that they tried to remind themselves of the good things in their lives. One woman described how she tried to remember that it was "not the end of the world" that she had ended up childless.

I will never know what it's like to be a mother, so that's an aspect of my personhood that I will never experience in this lifetime anyway. And that's, I think that I grieve about that, there's a certain amount of loss attached to that knowledge, but it's not the end of the world.

Another participant said that, despite being surrounded by reminders of her loss, she tried to accept her reactions and refused to let the grief ruin her day:

I think that you know you can choose to maybe turn things around a bit and sort of, if I come from more love and acceptance that I, it wouldn't be a habit or reflex to think that way... I mean we all have hard days, right, and ... you can guide your expectations and your day and your feelings in a way that either lifts you up or drags you down ... I know your feelings you can't always control, but what you process, what you do next, it is always going to be something, there's always pregnant people and babies, and families everywhere. So if every time I look at a pregnant person, I fall apart, I am going to have a pretty crappy life. So that's why I turn it around and I want to diminish that kind of reflex.

This woman's words beautifully highlight the effort, will, and determination that these participants demonstrated in coping with, acknowledging, and accepting their feelings of grief and loss related to their childlessness.

### **Sense of Being an Outsider in the World of Mothers**

The women's lived experience of childlessness after delay involved a sense of being in an outsider in a world that privileges motherhood. All of the women spoke of experiencing some degree of exclusion from the "club" of women who were mothers in their personal and professional lives. The women's experiences varied depending on their families', friends', and co-workers' values and attitudes, and the presence of other childless women in their lives. These interactions often left the women feeling isolated and alone, invalidated, angry, defensive, vulnerable, hurt, and insulted.

The women talked about feeling left out of a world in which they felt motherhood is privileged and deemed a "normal" role in life for all women. By not being a mother, the participants in this study felt they were seen as different or "second best" in

comparison to those who were mothers, resulting in being shunned and excluded for their childlessness. One woman shared an interaction with her aunt when she went to visit her sister in the hospital after her sister gave birth to triplets. She described the shock of her aunt's painful assessment, and later, her surprise that it ended up being true:

I shared with you what my aunt said at the hospital the day of the birth ... it was something to the effect, and I can't remember verbatim ... but it was really close to, "it won't matter what you do from this point on, the focus will be on your sister."

For the women, the sense of exclusion was as overt as the example provided above, or it was more covert involving body language, "disproving looks," or avoidance of particular topics. Whether it was stated outright, or conveyed through body language, tone of voice, or interactions, the sting of being relegated to the "outside" was felt by all of the women.

In addition, gatherings with other women could become incredibly painful as conversation focused on parenthood and their children. In particular, when conversation was meant to be focused on other topics (e.g., a book club discussion), the women were disheartened and frustrated when the conversation often returned to the other women's children and grandchildren. One woman described the painful reminder that she was not a part of the motherhood group in what she referred to as her "book club from hell":

What happened was in this book club, all the women were mothers and grandmothers, but there was this very painful experience in the conversations about their children, their grown daughters, and I began to be aware that I wasn't part of this conversation, I was left out of this conversation...it was so ironic to me that they never inquired.

Another woman shared a similar experience of being on the “outside” with her female friends:

I would talk to my husband about how hurt I felt, how insulted I felt, but also the thing that it brought up was “I don’t belong to your group, nor will I ever be part of this group”...and this thought about how do I come to peace about this... that I will be childless? How do I resolve that?

Interestingly, a number of the participants described similar interactions with women who were mothers. In these interactions with other women, many of the participants questioned whether they had anything of significance to contribute to the conversation. They were hurt when people assumed that they did not have important children in their lives. For example, one woman who had a particularly close relationship with her nieces and nephews described her frustration at people’s failure to recognize a more inclusive view of family: “People say ‘oh, you don’t have a family.’ That hurts because I do. I have my nieces, my nephews, my sister, my brother, my mom, my dad, my friends.”

In these interactions, the women felt that motherhood and the nuclear family was socially privileged and considered the “norm.” Given that the women’s roles, lives, and relationships did not fit this expectation, the women felt excluded from many experiences and related conversations. The women talked about often feeling like “the odd one out” – in their families, and within their circle of friends, or colleagues – being the only person who was not a parent. One participant used a powerful metaphor of having a *motherless scar* to describe her experience of being an outsider in the world of mothers/parents:

I felt like I didn't really fit in, into society that well because in addition to all of the other stuff that seemed out of mainstream now here was... it was a bit like a scar, this motherless scar.

Whether or not their career was particularly salient to their lives and identity, several women talked about feeling like an outsider in the world of mothers because they were labeled as "career women." This label left them questioning their pursuit of a career and whether this role was sufficient for building meaning and purpose in their lives. The words of one woman capture these sentiments: "I'm a successful career women with nothing to show for it." Whether they focused on their careers or other meaningful life pursuits such as volunteer work or art, the participants talked about feeling like mothers could not relate to them or find common topics to discuss – heightening their sense of difference and exclusion.

The women's experience of being on the outside led them to feel isolated and alone. These feelings were especially salient for the women who were both childless and single. As one woman shared, she did not really feel the extent to her exclusion until she became single again: "I think... [when] I was in a couple I was somewhat protected from just being shunned. I felt that as soon as I became single...I was even further excluded."

Holidays and birthdays were described as being particularly difficult and painful. One woman recalled her struggle with isolation and despair during a particularly lonely Christmas:

I know there was some time around the holiday where I remember sitting in my office and feeling so empty and disconnected...and I felt needy, which is not something that I like to feel. Where do you go, who do you talk to?

Along with feeling hurt, the sense of being excluded also made some of the women feel defensive or angry. In tears, one woman shared her anger at feeling deliberately excluded from events that were for “families”:

I was excluded from the family types of events that went on. Without children, I felt very shunned and excluded ... so I think when these questions come up, like “oh, do you have any children?” it hits me in that place and I feel angry, like “fuck you.”

Feeling alone led the women to ask existential questions such as: Who am I in the world if I am alone and not a mother? What will the future look like? Will I die alone? What will my legacy be? These questions were raised by all of the participants, but appeared to be especially salient for the women who were older and faced more presently with the difficult realities of old age. Irrespective of age, some of the women described how they felt paralyzed by these fears, while others shared ways that they were actively finding ways of building other meaningful relationships to fill their lives and ways of leaving legacies outside of parenthood. For example, one woman shared her efforts to create a legacy through her work as a faculty member in a university:

I think being childless is frightening, that you don’t have a legacy, that you are not leaving a legacy and yet at the same time I feel like, well, then I have to work harder for a different kind of legacy through other individuals, through my work.

Despite these incredibly difficult and painful experiences of being treated like an outsider, the women shared how they were finding unique and meaningful ways of building positive relationships with others who accepted them. In some cases, this was with understanding family members, friends, colleagues, or in others, through the

unconditional love of a cherished pet. Through this experience of acceptance, the women shared how they reached a point where others' negative treatment of them no longer had quite the same sting. One woman described how after reaching a certain age, it did not matter as much whether or not people included and accepted her:

I'm finding like now, I am 52 and I don't care what people think anymore.

Finally I am at the stage of my life that I don't care what people think, about anything, independent of the good or bad opinion of others.

The women also talked about making an effort to surround themselves with supportive others who did not exclude them, and accepted them for who they are. It was often difficult to find these people, but sometimes just one accepting person could make a positive impact and balance some of their feelings of isolation. For a few of the women, these were other childless women who shared similar interests and pursuits. One woman described the value in connecting with others who were also childless:

I was living in a US state and had a pretty large peer group of people that were like me, women that were like me, that were older, unmarried, and didn't have children. So we would talk about it, it was a shared experience.

For other women, it was adults (e.g., family members, friends, colleagues) who were parents but who respected their experiences, and treated the women as valuable and interesting people, despite their childless status. For example, one woman shared the importance of her bond with her mother, who accepted her, and saw her value as a woman and an important member of the family, despite not having children:

She's never said anything like that. She's never ever, I mean, when are you guys going to have children and I know that some moms or parents do that, but never ever.

Relationships like these were particularly powerful in helping the women in this study feel like they were valued regardless of their childless status.

### **Sense of Judgment and Assumptions**

The women's experience of isolation and silence was intertwined with feelings of judgment and assumptions from others including family members, friends, bosses, colleagues, acquaintances, and sometimes clients. All of the women talked about how they felt assumptions and judgments were made by others about their childbearing decisions and childlessness. In general, these judgments and assumptions were experienced negatively as the women felt they highlighted their deficiency, or of being "less than mothers," or of not meeting the "normal" female role of motherhood. The women described how they felt they were viewed with pity or looked down upon for "missing out" on motherhood. They also shared their sense of disappointment when people made comments or asked questions about their childless status without care, tact, or sensitivity to their feelings of loss or their personal circumstances. Thus it felt like a double-edged sword – either they suffered in silence when their loss was unacknowledged by others, or they were hurt by people's comments, judgments, and assumptions regarding their childlessness.

In particular, feeling judged had a significant impact on the women. They highlighted how they felt they were seen as "abnormal" for not being mothers and that and their reactions to their experience of ending up childless – including pain, grief,



sorrow – were deemed invalid or inappropriate by others. Similar to the reaction to being treated like an outsider, the sense of being judged left the participants feeling vulnerable and hurt, or defensive and frustrated. One woman described with bitterness and hurt how, without knowing and appreciating the circumstances that led to her childlessness, her boss told her how she would never know true unconditional love:

He had actually said, “you will never have that unconditional love, like you will never know” - how’d he put it – “you will never know how it... you will never experience that love that you have for your child”... like my boss is like “you would never know” (in boss’ voice) and (in her voice) I’m like “you’re right, thank you for reinforcing that.”

Importantly, the women highlighted how others often made assumptions about them based on inaccurate information. As such, the women felt they were labeled incorrectly or inaccurately. The most common cited assumption from others was that the women had *not* wanted children. Numerous participants described the sting of inaccurate and judgmental comments such as: “You chose this,” or “You must not have wanted them,” or “You made your bed, now you lie in it.” The women felt these assumptions assigned blame and invalidated their lived experience of ending up childless. Such comments were particularly painful given that every woman in the study had desired, and expected to become a mother at some point in her life. These assumptions discounted the reality that, had the circumstances of their lives been different, these women would have *loved* to have become mothers.

Similarly, the women described their feelings of hurt and frustration when others assumed that they were childless because they did not like children, when again, the

reality was very different. That is, the women shared that they all had very special and close relationships with children at some point in their lives. The women found it frustrating when they could not alter people's inaccurate perceptions of them as not liking or wanting children when that could not be further from the truth. In the words of one participant: "I also think that you are categorized that way from people who have children. So I have been labeled as a person who doesn't like children but I love children!"

Besides assuming that they did not like children, the women shared that another common assumption from others was that they were not knowledgeable about parenting and children. This assumption was particularly difficult for those women who were trained and had built a career in the social services field providing parenting education and support and family counselling. These women's reactions were two fold – on the one hand, this assumption was quite painful, while on the other hand, it was frustrating and invalidating given that it did not reflect the reality of their many years of experience and training in working with children and families. One woman who worked as a family counsellor described her struggle between feelings of frustration and inadequacy when she was asked the "do you have children?" question by her clients:

It comes up a lot clinically because people will say to me, eagerly I think, "do you have children yourself," and I always feel stuck ... I feel kind of inadequate when I say "no" you know, as if I should have children and as if this is a gap or a lack or something wrong.

Another participant who also provided parenting education and support to families in her role as a family therapist, expressed similar sentiments:

I've had evaluations that say, "I needed someone who was a parent, as somebody

who isn't a parent doesn't know"....I think it's painful to be found deficient in an area that I don't really feel particularly deficient about."

The women in this study shared how they felt judgments were also made by significant and insignificant others, about their other life choices such as their pursuit of particular careers. Whether or not their career was particularly salient for their lives and identity, many women felt they were judged by others as being "too career driven," during the time in their lives when they "should have been focusing on building a family." The women shared how judgments were also made about their relationships, such as spending "too much time with a deadbeat" or ending up in a marriage with a man who was "not marriage material."

The women shared that judgments were also made about their decisions to delay childbearing. These judgments often led the women to revisit or question painful choices that they had made in the past to delay motherhood until the circumstances were right. One woman who had had an abortion when she was in her 20s described her reaction to an anti-abortion organization whose office she sometimes passed on her way to work:

I used to work in [city name] for a while and there was a pro-life clinic. I used to get angry when I walked by that clinic because I'd think it's so unnecessary to make women feel even worse about a decision than they already do, and I felt offended by their whole message and how they put it out there like a billboard.

The women also described how they experienced judgment about their childlessness on a wider, societal level. For example, despite messages that women can have it all, the implicit message was that it was acceptable as long as having it all included becoming a mother. The participants interpreted the implicit message to be that

no matter how successful you are in the other areas of your life, if you are not a mother, you are nothing – your life is not meaningful. One woman spoke of the negative impact of these pro-motherhood messages on her sense of self:

But then you know, you have to live in the culture that you live in and when all those messages are out there, you think you are a strong person, I thought I was a strong person, but the reality is I didn't know what was going to affect me afterwards, I didn't know what the after effects would be.

In this woman's case, she began to question her value as a woman because she had not been able to become a mother.

In this way, after hearing countless negative messages and judgments from others and from society in general, several of the women talked about having internalized these messages, resulting in self-criticism or negative self-judgments. They shared how they began to blame themselves for ending up childless, and for being “less than” those women who were mothers. Reflecting these internalized judgments, one participant poignantly assessed herself as being: “half a woman.” At some point in their lives, these women viewed themselves as lacking or deficient in some way, and questioned their worth as women because they were not mothers. The words of one woman capture these sentiments:

...that comment my father made about when I turned 28 and he said “you only have a few good years left” and that's another ripper comment that I've heard in my head for years. It's softened now but I can honestly say for about 10 years after it hurt so much to hear that, because I realized what my worth was all about and my value to my father. I was pretty useless as far as my only purpose seemed

to be carrying on my family name.

For all of the participants it was often difficult, if not impossible, not to let others' judgments negatively impact their sense of selves. As one woman said, "there's a temptation to feel less than..." Several of the women spoke about their significant struggle not to internalize these messages. One described how for a time she: "was starting to buy into the messages – it was hard to keep them at bay." A single participant worried, "perhaps no man will ever want me." Another woman described how, by not being a mother, "being a woman got confusing – is that all my life has meant then?" For one woman, the years of judgment experienced from her family, combined with the reality of a secret abortion, led to an episode of depression. Her experience particularly illuminates the considerable impact of negative judgments on the participants' sense of self:

I was already being part of these conversations and feeling the judgment and it was so palpable and that was fueling my second really big depression. I thought this is going to be the rest of your life being judged for now not having kids....I mean, to me it was just misery, like look at my future, I have to keep fielding these questions and no one knows the pain I have actually gone through about kids and the fact that I did have a chance to have a child...so I thought oh my gosh - life just looks bleak now.

After feeling endlessly judged by others for her childlessness, another participant found herself questioning the meaningfulness of her life:

It is going to be so lonely...I hadn't met many women that were childless so it just seemed like this endless stream of these conversations about: you don't have

kids? Well what do you do with your time? Or what have you done then? Like what are your achievements then?

Despite struggling with the pain and frustration caused by people's insensitive comments and inaccurate assumptions about their childless status, the women shared how they eventually reached a point when they refused to internalize or buy into other's judgments. As one participant noted, this was not always easy:

Well it's a bit of a balancing act to not take it personally, to not sort of be reading my own value into that, or feeling less valuable because of that, like there's a certain sense of, there's a temptation to feel less than, but at that same time, I don't think that it's really healthy or necessary for me to feel that way about myself, but there's a bit of a sense of failure to that.

Other participants found unique ways of resisting or challenging people's assumptions. For example, one woman highlighted how she reached the point where she would become frustrated by people's assumptions regarding her feelings about children and motherhood, so rather than just accept these judgments, she would correct them:

I think on occasion people would say, "oh you never wanted them, did you?" And I'd say, "yes, I did but that's just not the way it worked out." But I think that was the rare person who would ask that - most people would just assume, "oh you didn't want them."

Another participant described the moment when she finally refused to internalize people's judgments by beginning to question her choices or blame herself for ending up childless:

It was one of those moments where I thought, okay, if I buy into ‘I made a mistake,’ like all the other stuff was useless? No, I didn’t make a mistake. I made all the best decisions I could.

In addition to resisting the urge to feel “less than” those women with children, and to internalize people’s judgments, the participants talked about making efforts to surround themselves with people who accepted them despite their childlessness, and who appreciated the many other aspects of their lives and contributions. Regardless of the source, the women found that the experience of acceptance and non-judgment by others in their lives was important in remedying their feelings of vulnerability, pain, defensiveness, and frustration that came from living in a world that appears to value women for a role the participants were unable to achieve in their lives.

### **Sense of Powerlessness**

The women’s lived experience of childlessness after delay included a profound sense of powerlessness in response to perceived barriers and obstacles to become mothers during their prime childbearing years. These obstacles or barriers were primarily external – including intimate relationships, career and economic circumstances, societal and structural barriers, declining fertility, and the passing of time. All of the women spoke of wishing that the circumstances in their lives had been different so that they could have had children. Important here is that the women had a sense of the “ideal” circumstances in which to have children. These circumstances were “deal breakers” – meaning if they were not present in their lives, the women felt unable to pursue their dream of becoming a mother. As such, when the right circumstances did not materialize, or they could not create the right circumstances (e.g., being unable to find a suitable partner despite their

best efforts), or they could not reconcile themselves to pursuing motherhood without these circumstances being in place, they found themselves powerless to achieve their goal of having children.

To explain further, all of the women shared a strong set of expectations regarding the proper order of life goals or the “ideal” circumstances for having children. For all of the women, it was imperative to first find the right partner with whom they would consider having a child, as none of the women felt they could consider consciously choosing to be single parent. In addition, for several of the women, establishing career stability was a necessary criterion, and for many, financial security was considered a critical precursor to motherhood. These desires were often influenced by experiences in their family of origin – for example seeing the benefit of two adults parenting together, or seeing the parenting challenges involved with financial instability, single parenthood, or marital difficulties. All of the women talked about their unwillingness to become a single mother, as they believed that children were meant to be born out of a “loving union” or partnership. They talked about receiving messages when they were younger, or through later experiences, that they needed relationship stability before pursuing a family. Thus, as the women shared, having a child “solo” was not an option for them. Given that they were not able to disregard these criteria for parenthood, the participants who remained single and those in a less than “ideal” relationship which they felt was not appropriate for parenthood or may not withstand the stresses of parenthood, felt their opportunity to become a mother had been taken away from them.

It is of particular importance to note that the desire to create a two-parent family was related to a strong conviction and responsibility to any future children. The words of



one single participant capture the sentiments of many of the women as they reflected on their childlessness: “It just wasn’t right to bring a child into these circumstances.” One woman who had been parented by two parents who had a solid relationship and shared the parental duties, described her strong beliefs about how children should be parented, based on how she had been raised:

To me, a family and children is something that comes from, is an expression of that relationship and to me, raising a child in my mind was being able to offer kids a partnership, to look to, as role models, as parents, as guiders, all those things. I just couldn’t imagine myself doing it on my own. I just didn’t think it would be the best case scenario for a kid.

Many of the women also eschewed single parenthood out of fear of “not being able to do it” on their own or of becoming a “miserable” or “angry” mother. For example, one woman who remained single throughout the last of her childbearing years shared her fears that made her unable to consider the possibility of single parenthood:

I can remember a few years ago thinking, god, I am too emotionally messed up to raise a kid, how could I possibly be available for a kid, without screwing it up really.

Given their beliefs about family, and their lack of willingness to pursue parenthood on their own, the women talked about actively searching for the “right” partner with whom to parent, but not finding him. This resulted in feelings of profound discouragement in that they felt essentially powerless to find a suitable mate, and by extension, to fulfill their desire to have a child. The women described this experience in differing ways, with phrases like, “I just never met the right guy,” “The right person

never came along,” or “There was no one to marry.” Consequently, many of the women saw themselves as being “forced into childlessness out of circumstance.” This was particularly the case for the participants who remained single, along with those who were in “less than ideal” relationships, or relationships that were not conducive to raising children. Several of the women articulated this difficult bind. For example, one participant who remained single described the difficulty of not being able to find an appropriate partner: “I don’t want to do it on my own. But I can’t find the right partner.” One woman who had searched without success to find a partner with whom to parent during her childbearing years discussed her experience of this “choice” – in that the choice not to be a single parent ultimately meant that she would remain childless:

I really looked seriously about again in my early to mid 40s - okay how much do you want a child? What are you prepared to do to have a child? And so really looking at that whole thing, was I prepared to do it on my own and the answer always came up no. I really wasn’t. So that formed the basis of the decision that if I wasn’t going to be prepared to do it on my own, then I was not going to be having children.

The women described how it seemed like the “natural progression” of their lives (i.e., adulthood, marriage, parenthood) was prevented from happening because they could not find a partner and their deep sense of powerlessness to do anything to change their circumstances.

There were several additional layers to the women’s experiences of powerlessness in terms of their relationships. Beyond the powerlessness related to the simple presence or absence of a relationship, some women shared how despite being partnered, they also

felt powerless to become a mother in these circumstances. For example, several of the women shared how they had spent key childbearing years in “dead end” relationships that were not suitable for raising children. As one woman described, “I wasn’t able to make a choice of a good partner.” Another woman shared how she had spent her 20s and early 30s with “broken” men – several of whom were unable to father a child due to chronic substance abuse issues and other related health concerns. She described: “There’s lots of broken men out there. Lots. Lots of lonely broken men out there....I think I found most of them!” Unfortunately, when this participant finally found herself in a healthy relationship with a healthy partner, he was not interested in becoming a father.

Almost half of the women talked about how they ended up in relationships with men who did not want children or who already had children from another relationship – factors that the women perceived as barriers to having their own children. The women felt powerless to change their partners’ minds about having children together, or to change their partner’s circumstances (e.g., already having children, being of advanced age and not wanting to have any more children), and found themselves in the difficult dilemma of deciding whether or not to stay in the relationship – a dilemma made more acute by the fact that if they left their current relationship, there was no guarantee that they would be able to find another partner, much less one who wanted children. Thus, remaining in their relationship required that they sacrifice their dream of having children. As one woman whose partner was not interested in having children described with bitterness: “I had to give it [parenthood] up to stay in the relationship.” Others shared how they found themselves in love with a partner who was not initially ready to have children, and never became ready before time ran out. For example, one participant

described how, when her partner gave her the ultimatum to stay in the relationship and give up having children or to leave the relationship, she was left with an incredibly difficult choice. She described her sense of powerlessness in having her choice to become a mother, being made by her partner based on his desire not to have children:

The most upsetting has been with [boyfriend's name], with this relationship that I am in now, because I have finally found stability and somebody that I would love to have a family with, get married, that ideal, and that's not being allowed. I'm not allowed. I wasn't allowed it. Now I can't.

Although this experience included a sense of powerlessness to change their partners' minds about becoming parents, some of the women acknowledged that they had made a choice to stay in these relationships, knowing that that choice precluded them from having children. As the woman quoted above articulated later in her interview: "I guess I chose to be in a loving, healthy, stable relationship over not [being in a relationship] and having kids."

Similarly, the women whose partners already had children from previous relationships found themselves bound and limited by their partners' past choices and current circumstances, given that their partners had responsibilities to their children. In one woman's case, her partner agreed to try to have another baby, whereas for two others, their partners felt they were too old to become a parent again, and had finished with this stage of their lives. In both situations, the women reported feeling stuck in a "no-man's land" – they did not have the joys of mothering their own children, yet could not enjoy the freedoms and space that childlessness brings because their partner and to some extent they too, carried the responsibilities for his children. One woman who would have loved

to have children with her partner, whom she met “too late” to do so, said in this circumstance she felt she was left “betwixt and in-between.”

Several of the women’s experience of childlessness included a sense of fear that if they had children, their relationship would dissolve and they would end up a single mother. Thus, for this reason, they felt unable to become mothers. As one woman who was partnered with her husband from a young age described, “I didn’t have the resources I needed to protect my relationship, so no kids.” Others talked about being in relationships with partners who were not interested in building the financial stability to become parents, which prevented them from pursuing a family. Several anticipated that if they had a child with their current partner, all of the parenting responsibilities would be left to them, which felt unfair, especially if it meant that they were the one having to make a sacrifice in their careers. Given that this did not fit their expectations of shared parenting, this inequity was experienced as yet another barrier to pursuing parenthood.

The experience of powerlessness to realize their dream of becoming a mother often engendered feelings of bitterness, resentment, and sadness for the women. A small number of the women talked about feeling resentment towards their partner – with comments being made such as “I can’t become a mother because of you.” An example of this resentment was apparent in the words of one participant whose partner would not pursue a career that would provide enough financial stability to allow her to stay at home with their child during the early years:

Did I resent him at times in a 26 year relationship for not being more ambitious and for not making more money so that I could have a child? Absolutely. There were times ...I just would be generally nasty ...because secretly I was harbouring

this huge resentment – if you were ambitious, then you’d go out there and you’d pound the pavement and you’d make a different career for yourself ...and bring home enough money and secure a career so that I could stay home for at least 6 years.

Besides experiencing powerlessness to become mothers due to perceived obstacles related to their intimate relationships, the participants’ career and economic circumstances were also experienced as significant barriers to pursuing their dream of becoming a mother. For example, for the women, establishing a degree of financial stability was an important criterion for motherhood. For some, this criterion was influenced by their own childhood experience of financial instability or “chaos.” As one woman who had been placed in daycare at a very young age so that her single mother could work to provide for her said:

I had those set criteria because there was no way in heck I was going to bring a child into the world that I had, and to grow up with the insecurities and the nervousness...I grew up with that baggage and I am not going to inflict that baggage on a child.

For many of the women, having a partner and the need for financial security were intertwined, leaving the women feeling powerless to pursue their dream of having children if they did not have a partner, because they did not have the financial stability afforded by a dual income household. In this way, the single women in particular felt powerless on multiple levels – as they experienced not only the obstacle of needing to create financial stability before pursuing motherhood, but also the obstacle of not having a partner with whom to share the financial responsibilities of running a family household.

Numerous women shared their experience of spending a considerable amount of time to pursue education and build their career, which left them with little time to pursue a relationship or a family. Several experienced a lack of financial stability during most of their prime childbearing years. Others found that the industry in which they worked or the demands of their career were not conducive to having children. All of these factors were experienced by the women as obstacles and barriers to having a family. There were several sad ironies for the women in this experience of powerlessness. For example, in pursuing the things they first felt they needed to have in place before having a child (e.g., career, financial stability), some participants found that the demands of their careers did not allow room for motherhood. Other participants found that their career and financial success resulted in them not being able to attract suitable partners. For example, one woman described how she had focused on building her career in order to gain the financial stability and flexibility to have a family, but after doing so for several years, her level of success was intimidating for potential suitors, which was an obstacle for meeting a suitable mate. She described the powerlessness she felt in response to this difficult bind:

I was meeting men my age but now that I had this huge career, they couldn't see past who I was. They were, I couldn't get dates, I couldn't find anyone to date me if I grabbed them by the throat...success was keeping me from being able to have a relationship, which is what I wanted to have.

Similarly, others talked about the sad fact that when they had finally reached a level of stability in their careers or had the financial security they felt was necessary prior to becoming a parent, it was too late to become a mother because they were in perimenopause.

A few women also described feeling powerless in the face of societal barriers to supporting motherhood and careers for women. For example, one woman who had a partner and a demanding career in the entertainment field felt she was unable to become a mother because there was no universal daycare, and society was not supportive of women taking time from their careers to have children. She was adamant that ending up childless was not a personal failure, but rather a “societal failure.” She eloquently shared her sense of powerlessness in the face of these social and structural realities:

I think a lot of women carry a tremendous burden like it's [childlessness] a personal problem they don't see it as structural or political, but feminism gave me that. I can actually look at the world and say no, it's not me, this isn't fair... I think I had an appropriate emotional response to an untenable situation for women.

The women in this study found that although there is a general sense that women can now “have it all” (i.e., career, relationship, and motherhood), in reality it was quite difficult to have all three. One woman's words illuminate this perspective: “...somebody said unless you are really wealthy you can't have a relationship, a child, and a career, you can only have two of those three.”

The women also spoke about feeling powerless in terms of the biological realities of time and its impact on their fertility. The participants all spoke of having a sense of time running out, which included an awareness of their declining fertility, the possibility of reaching menopause before they had time to pursue motherhood, or feeling they had insufficient energy and were “too old” to have a child. For example, some women lamented how they eventually tried to become pregnant but were unable to conceive because their fertility had declined due to age. A significant number did not have the



chance to try to become pregnant before they felt “too old” to do so, or went into menopause because they had not met the right partner during their prime childbearing years. For the four women who tried to conceive, being unable to become pregnant was experienced as a shock at their powerlessness to control their fertility. For example, after working to become healthy and fit based on the belief that she could boost her fertility, one woman was heartbroken to find that she was powerless to counter the effects of time on her fertility:

I thought, you know, I know that my lifestyle was much healthier than a couple of those women [who had become pregnant] and I thought for sure, if they can get pregnant then I can get pregnant for sure. And then it never happened... It was constantly this sense of defeat. It was just heartbreaking all the time, like every month.

Another participant spoke about how in her late 30s, after finally finding the man with whom she wanted to parent, they were unable to conceive because she was already in peri-menopause. She shared her experience:

Fascinating guy so he's great fun to be around ...we quite adored each other and we thought 'hey' let's give it a whirl. But nothing happened....that's where I think I was already in peri-menopause... so we gave it a good try though as far as trying to get pregnant and it just wasn't happening.

Several of the women were aware that their fertility was declining as they aged, and felt powerless to stop it. For these participants, the pressure of their ticking biological clock was experienced as being very stressful. A single woman who was focusing on building her career and financial stability, along with finding the right partner before having a

child, described a particularly stressful conversation with her doctor that illustrates the impact of this biological imperative:

I remember going to see my doctor ... I remember when I was around 36 or 37 she's got her folder out and she said, "are you still thinking of having kids?" and she goes "well you better get on it." I said "what do you mean?" She said, "you aren't getting any younger, you are almost 40." I'm like, "well I am not 40 yet" but she said, "yeah but at 40 there is a drop off." ...I was mortified. I was like "oh my god!" So now I am like, okay the clock is ticking.

For many of the participants, there was a growing sense of anxiety and pressure when they realized that their fertility was declining, and they felt powerless to stop it, or to pursue motherhood at that time because of their life circumstances.

In contrast, some of the women were less aware that their fertility was declining and were shocked to find out that they had reached the end of their fertility. Four of the women entered premature menopause. They talked about feeling powerless to their bodies when they discovered that they had entered premature menopause before they had a chance to try to become pregnant or before they had found the right partner with whom to parent. In this case, the women felt like the choice to have a child had been taken away from them – they felt that the door to motherhood had been shut too quickly and unexpectedly. One of the women who partnered with a man who decided that he did not want children described the finality of hearing that she was in menopause:

I have been in pre-menopause now going through that transition for about 8-9 years and I just a couple of weeks ago my doc said "it's over you're in menopause

now” so that pretty much puts a stop to anything that would happen in terms of having a baby.

For this woman, going into menopause took away any last opportunities to have a child – she now saw herself as irrevocably childless.

The women described how they reached a certain point where they felt “too old” or that they did not have enough energy to have a child anymore – which was perceived as a barrier to having children. As one single woman who was working two jobs said: “I don’t think, I don’t have any thing extra to give to anybody else.” For others, time had passed, and they had aged, and they found themselves past the point in which they would be comfortable pursuing a pregnancy due to the risks associated with advanced maternal age or the likelihood of having to pursue fertility treatments. The women felt that if they had children at an advanced age, they would be too old to take care of them when their children were in their teens and early 20s. One woman who made a significant career change in her 30s recounted her experience of powerlessness over the choice to have a child, due to her age:

I think probably for me, when I went through that time period, I never gave myself a choice. I had the task at hand of working, getting this task done, and then having the sudden realization that I, in a way, took the choice away and now that I am at this point of choice I’m late and the risk of me having a child in terms of complications is going to be quite high.

In relation to timing, the women also reflected on the sad irony that overall, the timing was never right for them before time ran out to have a child. For example, when they were fertile, some did not have career stability, or when they finally met the right partner,

it was too late to have children because their fertility had declined. Several participants described the experience of the “timing always being off.” Although they were aware that time was passing, they were not able to stop the biological clock or pursue a pregnancy because the circumstances were not right. One woman who searched desperately and unsuccessfully for an appropriate partner with whom she could parent, described the difficult experience of realizing that time was marching on, and feeling powerless over the choice to become a mother:

It was really heartbreaking. It was hard for me. It was really hard because I didn't want to be single, I really wanted to have a kid, the time was going by, and I just couldn't.

Another woman who had been alerted to the fact of her declining fertility in her late 30s by her doctor described how she kept hearing the ticking clock in her head as she got older. She illustrated: “Yes, picture it at 41 right, a constant tick, tick, tick.”

The participant who had an abortion when she was younger and “broken,” remarked on the sad irony that if she had had the skills then that she has now, she might have made a different decision and continued the pregnancy:

Well it's ironic because you only get those kind of abilities to support yourself financially, support yourself emotionally, be able to have a stance with yourself to encourage yourself to get through difficult times. The ability to adjust and make compromises all of those things are skills ... those are skills that I have acquired as I have moved through life and gotten older....so, if I had those skills, these skills back then, then I wouldn't have hesitated, I would have said “screw you go ahead and leave, I am going to have the baby anyway” – but that's not who I was

back then.

In the face of their powerlessness to control their life circumstances, relationships, and declining fertility, the participants found a number of ways to cope and regain a sense of agency. For most of the women, acceptance was key in coping with the circumstances that led to their childlessness. This involved a concerted effort to determine the things and choices over which they did have control. For example, the participants decided that if they were not going to have children of their own, they were going to take advantage of the space in their lives and seek out personal growth opportunities or ways of nurturing or caring for others. Others found a way to make peace with their sense of powerlessness at that particular time in the past. Some talked about accepting that their experience of childlessness involved “bad timing.” The women who were able to attribute their childlessness to the circumstances of their lives, did not ascribe any fault or blame to themselves. Rather, they approached their past and current circumstances with a sense of acceptance and non-judgment, and a willingness to move past the feelings of powerlessness. Some recognized that their perceived powerlessness had been dictated by fear of repeating in their future family, the chaos or dysfunction that was present in their family of origin. Others recognized that they had engaged in some unhealthy behaviours in their previous intimate relationships that they wanted to address before searching for a partner with whom to parent. For these women, it was important to work through these issues before becoming a mother. Unfortunately, the sad irony was that this personal work often occurred during the women’s prime childbearing years. However, several of the women demonstrated a sense of acceptance that this time was well-spent and necessary for their overall well-being and mental health, even though it meant that they

had run out of time to become a mother. For example, one single woman who had grown up in a chaotic and dysfunctional home described her experience as she worked through her own personal issues and baggage, of coming to accept that the time to have children had passed: “I think probably at the end of the day I only had so much energy and that pretty much, building a life pretty much took all of my energy.”

Acceptance that they did not have control over their circumstances was a way of making peace and not assigning blame to themselves for “ending up” childless. One woman who had unsuccessfully searched for the right partner through her childbearing years but remained single, described her sense of acceptance:

We don’t have control over everything. We don’t have, I mean women who want desperately to have kids, they don’t have control over some guy falling in love with them, they don’t have control over whether they are going to get pregnant.

Several of the women empowered themselves by highlighting how they *did* try – more specifically, they made an effort to recognize that they tried their best to find a partner and to create the ideal circumstances to become a mother, but it just did not happen. One participant who had been unable to find the right partner to build a family, refused to shoulder any personal blame for ending up childless: “it’s not from lack of trying. It’s not that I chose to do it myself, it was just life circumstance that did that.”

For those who elected to stay in relationships in which they would not be able to have children, coping with their sense of powerlessness involved reminding themselves that the alternative may have been worse (i.e., remaining single, ending up in relationship that was unhealthy). One woman described how she made peace with staying in a

relationship in which she would not be able to have children, given her partner's fear of parenthood:

I think that partly for me, it was the alternative was a lot more scary because I was just afraid that I would just drift from guy to guy and that something terrible would happen and this seemed like a lot more of a humane way to live [staying in this relationship] than to just be at the mercy of whatever is going on out there.

The participants found comfort in looking back at their past and reconciling themselves to the fact that they had made the best choices they could in a disempowered or difficult position. For example, if they deemed that their relationship was not suitable to have children (i.e., that both partners were not willing, healthy, and going to contribute to being parents), then they did not compromise their beliefs and values to have a child in this type of relationship. Those who ended up childless because they could not find a suitable partner, elected to frame this as making a "responsible" and "reasonable" choice not to be a single parent, even though this choice meant that they would never become mothers. Several of the women spoke with pride about choosing not to become a single mother in their current circumstances because of their sense of responsibility to their potential child.

The women found it helpful to acknowledge their anger and frustration about their powerlessness, especially in reference to powerlessness due to external factors and obstacles, such as societal barriers for women to have children. One woman described her frustration with the social and structural barriers that made it impossible for her to become a mother, such as the difficulty of juggling motherhood and a career without

universal daycare. She refused to blame herself for ending up childless within these constrained circumstances:

It was a sense of outrage that I was never given the opportunities that I deserved and that women deserved. Like I don't blame myself for any of this at all. I think I've made the right decisions in the circumstances and it was like...okay, if I buy into 'I made a mistake', like all the other stuff was useless? No, I didn't make a mistake. ...I saw the clarity of the socio-economic, political, emotional landscape that I lived in. I thought maybe I was a victim and then I thought I'm not going to play a victim. I thought I am a product of the generation.

This participant chose not to see herself as a victim who was powerless to her circumstances. In this way, as these examples demonstrate, instead of being defined, restricted, and discouraged by their sense of (or perceived) powerlessness, the women expressed a desire to accept what they could not control, to take control of what they could, and to live life fully and meaningfully within these circumstances. One woman who attributed her childlessness to having not met the right partner, shared her sense of coping with the sense of powerlessness by asking herself "what's the reality?":

But I don't know whether it's a pragmatic part of me that just says okay, what's the reality here? You can fantasize all you like, but that's not going to make anything happen, so what do you work with? What's reality?

### **Need to Make Sense of Childlessness**

Once they began to realize that the door to having children was closed, the women spoke of needing to understand or make sense of why or how they had ended up childless. Making sense of the choice and circumstance involved in their experience



seemed to be an important building block to acceptance and reconciliation of ending up childless despite their desire and expectation that they would become a mother. This experience consisted of a meaning-making process involving reflecting on their intentions, actions, and decisions in the past, including their role in ending up childless. It also consisted of reflecting on the factors that were involved in their delay of motherhood, which for some included their experiences in their family of origin. Finally, understanding how they ended up not realizing their dream of becoming a mother, included reflecting on what could have been, had the circumstances of their lives been different. Of note, as they made sense of how and why they had ended up childless, the participants contrasted their current experience with their expectations or fantasy of what motherhood would have been like. Thus, making sense of their childlessness appeared to be inextricably tied to their personal meaning and expectations of motherhood.

All of the women grappled with determining which factors that resulted in them ending up childless, had been their choice and which had been out of their control in terms of life circumstances. In needing to make sense of their childlessness, the women reflected on times in their past when they *had* made a choice – for example, to delay motherhood, to leave a relationship, or to pursue higher education – and wondered if, or how, these choices had impacted their permanent childlessness. Of note here is that the women highlighted how they made deliberate choices to delay or postpone motherhood, but emphasized that they did not directly choose permanent childlessness. The women reflected on choices made at “forks in the road” and wondered what would have happened had they taken another direction, or if they should have done something differently or made different choices. Through this reflection, the women realized that

they had made specific choices because they were trying to ready their lives for children, which helped them understand why they had ended up childless. For example, one participant who had delayed childbearing while she attempted to secure her career and economic stability, shared how her life decisions were made with motherhood in the back of her mind:

So I wasn't making my choices lightly. I was trying to make them in as informed way as I could, to myself so that whatever choice I made was going to be a positive choice for me but also a positive choice for a child if a child came into that situation.

For this woman, this recognition brought some comfort when grappling with the disappointment in ending up childless.

When trying to understand how they had ended up childless, the women questioned their intentions and commitment to being a mother, wondering if, when it actually came to having children, "Maybe [I] didn't want them?" Or, they questioned if there was something that they had done (i.e., unconsciously or consciously) to prevent motherhood from happening. For example, one woman who focused on building an independent life so that she would not have to depend on a partner for financial support, pondered whether she ended up single and childless because she was "too good at being single":

I'm always wondering if those things are self-perpetuating...that part of the reason that I am childless is because I built an independent life. That I actually was so concerned about not having something [i.e., ending up dependent on a partner] that I actually blocked it out by being too good at being single.

It appeared from their experiences, that many of the women blamed themselves for a time for ending up childless – with some questioning whether they ever really wanted children, or wanted them enough to make it happen. For example, a participant who had delayed childbearing while she and her husband built their careers and took advantage of the freedom of childlessness to do the things they wanted to do, grappled with the difficult possibility that she ended up childless because she did not want children:

Maybe I think that deep down if I wanted children, or a person who wants children has them anyway, regardless of who they are partnered with, regardless of health conditions...they would risk it, so maybe ultimately it means that I didn't want them in the first place?

Other participants were kinder to themselves when asking “why?” and making sense of having ended up childless. One woman remarked, “Life is full of challenges” while another reconciled herself to the fact that: “It just didn't happen and that's life.” Several women attributed their childlessness to fate or destiny, stating that “Things happen for a reason” or “Maybe this was meant to be” or “Fate didn't go this way.” Another woman wondered if, “Maybe this was put in my path for a reason, maybe I have a greater purpose.” Another participant questioned the role of luck in ending up single and childless: “I think it was just my, I don't want to say ‘unluck’ but it was just not how it was supposed to be, maybe, for me, to not find anyone.”

Six of the participants who reported having terminated a pregnancy at some point in their past, reflected on having possibly missed their “one chance at being a mother.” The sentiments of these women were perhaps best captured in the words of one participant who noted how a past abortion “adds to the weight of childlessness.” Thus, for

these participants, reflecting on their choice to terminate a pregnancy was an important step in understanding and reconciling themselves to their permanent childlessness. In general, looking back these women believed that they had made the best choice for themselves and the potential child at that time, due to the limitations of their circumstances. They recognized that not terminating their pregnancy would have made life very difficult for them and for the child. These sentiments were reflected in the words of one of the participants, as she explained her rationale for having an abortion after becoming pregnant in a casual relationship:

I got pregnant once when I was 30....so I tossed and turned about whether to have the child, but I was in no situation to even look after myself actually. I don't think I was well set up.... so I sort of tussled with the thought of whether or not to have the child...but I had no relationship with the father, and so by luck I made the good decision to have an abortion and it was a good decision.

While the women could see and accept the reasons for their past decisions to terminate a pregnancy, a few of the women also looked back on their decision with some regret and a sense of "if only." For example, although recognizing that she made the best decision she could given the circumstances of her life at the time and the fact that the pregnancy was the result of an "atypical" one-night stand, one participant sobbed as she shared how she continued to struggle with feelings of guilt and regret about terminating that pregnancy:

It will always be part of who I am. I am not blasé about it. I feel like I killed someone. Like it's not casual to me, it's not a form of birth control. I feel awful. I still feel awful that I did that to some poor soul but it would have been hell for me.

It would have been hell for this little person, like my family wouldn't have accepted the child... it just would have been, it was all just too much to bear. Indeed, all of the women described their choice to terminate a pregnancy as being driven by a consideration for what it would have been like for their child. Thus these women viewed their decision as being driven by compassion and necessity, rather than selfishness.

When reflecting on how they had ended up childless, all of the women in the study highlighted their belief that their choice to delay or postpone motherhood was rarely "selfish." Rather, they viewed their decisions as being based on a sense of responsibility for the child. For instance, they asked themselves if they could provide a child with the time, financial resources, and love that they believed a child deserved. For the women in this study, motherhood meant *responsibility*. Thus, if they were going to become mothers, they had to be able to shoulder the responsibility for creating the kind of loving environment within which a child could grow and flourish. One woman called this her "responsibility script" – the sense that being a mother involved putting the needs of the child first. In the case of several of the women, that meant that they believed that it would not be responsible to bring a child into their current life circumstances. As such, making sense of ending up childless involved a reflection on their sense of responsibility to their potential child, and the recognition that their decision to delay was made out of responsibility rather than being based on selfishness or as a result of some personal deficit. This recognition helped the women make sense of, and reconcile, their disappointment about ending up childless. All of the women spoke about this felt responsibility in some shape or form. One woman who had a traumatic childhood that

continued to impact her sense of self in adulthood, described how her experience of this responsibility led her to delay having a child: “I was struggling enough being me - to bring [a] child, it just was unfair, I thought oh this kid will just have an awful life.”

The participants talked about how their realistic and pragmatic sense of the challenges and responsibilities of parenthood limited their options and impacted their decisions to delay or defer motherhood. One woman who was single throughout her childbearing years and worked with children in a teaching and counselling capacity, shared how she felt her pragmatism played a role in her childlessness:

Even though I’m passionate and I believe in dreams, this is one place where I was pragmatic...I was never naïve about children. I was never all, “oh it will all work out it will all work out okay,” I’m like, “no I’ve seen it, I’ve seen what happens.”

Several of the women made sense of their childlessness by reflecting on how their decisions and choices to delay motherhood were impacted by their experiences in their family of origin. In particular, they reflected on how their own mother’s experiences and advice had played a role in their decision to delay motherhood, and contributed to their perceptions of the ideal circumstances that were necessary within which to have and raise a child. For example, the women talked about how their mother instilled in them the belief that they needed to pursue their education and establish a career before having children, that they needed to be financially independent so that they did not have to depend on a partner, and that they needed other roles and other things in their lives upon which to focus besides motherhood. One woman who had pursued career and economic stability, and focused on building her intimate relationship before focusing on children,

described the impact of her mother's beliefs on her choice to delay motherhood until the circumstances were "right":

Because my mother said to us, you gotta get an education, you gotta get a job, you need to be self sufficient, be with someone you love not with someone because you need to be with them because you can't step away.

For others, seeing their mother's sacrifice and experience of motherhood resulted in them having fears about the potentially negative implications and burdens of motherhood – resulting in the desire to "avoid my mother's fate." These fears included: fear that their marriage would not survive having children, fear that they would resent their partners, fear that they would end up as a single parent or "miserable" like their own mothers, fear they could not give their child/ren what was needed, and fear that they would not be able to balance work and motherhood. In this way, the women were very aware of the potential roadblocks and difficulties involved with parenting and feared that in their current circumstances, they did not have the personal, relational, or financial resources to meet a child's needs. For example, one participant described how she delayed motherhood out of fear that she would end up being a "miserable, single mother":

It terrified me. It didn't just make me just take a step back. It made me think "holy fuck I never want to have a kid." Like I mean to be perfectly honest, like I looked at it and I went this is awful.

Clearly, the women who had witnessed their mothers' experience wanted to "avoid [their] mother's fate," so they pursued an education and built their career before having children, to build an identity outside of motherhood. However, in electing to delay childbearing during this process of building their lives, they ended up childless – thus

they “avoided their mothers’ fate” entirely. One participant described the impact of observing her mother’s experience of sacrificing her needs in order to put her children and husband first:

Probably, the sense that I make of it is that I have let, I have let my choice in parenting partly be dictated by fear of that being alone, that being by myself, that feeling resentment to my partner because the sacrifices that I saw my mother make...my mother never had resentment toward my father but all the sacrifices that she gave up to be a parent, because she so wanted to be a parent.

Another woman shared similar sentiments around the impact of her mother’s sacrifice on her decision to delay motherhood:

I saw the sacrifice that my mother gave for all of us - so there were 4 of us - she really gave up everything of her personal self to be a mom and I think that was part and parcel...I didn’t want to sacrifice it all, I didn’t want to give up my entire identity to be identified with my children and to give up everything.

Thus, there was variation in the women’s experiences. Some participants felt that their mothers had been a positive influence on their decision to delay motherhood – having encouraged them to be independent and follow their dreams. Others felt their mothers had been a negative influence on their decision to delay childbearing. That is, many believed that their mother’s experiences made them fearful of motherhood in general and as a primary role or identity. This fear drove several women to delay childbearing to pursue their dreams of independence so as to “avoid [their] mother’s fate.” In both cases, the women acknowledged that their perceptions of their mother’s



experiences of motherhood had had a significant impact on their decisions to delay motherhood, and ultimately ending up childless.

Lastly, the women made sense of ending up childless by reflecting on what could have been, had the circumstances of their lives been different. For several of the participants, this included questioning whether or not they would have made a good mother. Many stated at some point in the interview, “I would have been a good mother.” To these women, this statement was important because it meant that they had not ended up childless because of some personal failing or deficit. The women spoke about watching others with children with longing and envy, and picturing what it would be like to be a mother. The women also spoke about needing to make peace with how people around them (family, friends, strangers, etc.) were able to become parents when they had not. This was especially difficult to accept when they saw mothers or parents who were struggling, who they felt caused harm to their children, or who did not appear to appreciate the gift of parenthood as the participants felt they would have, had they been able to become mothers.

Importantly, although a few women continued to be struggling with “why?” or “did I make a mistake?” as they made sense of their childlessness, a good number of the women demonstrated acceptance of their situation, believing it involved both choice and circumstance. They were able to come to terms with their childlessness because they saw that their choices to delay motherhood were driven by the intention of building a suitable life for a child. Others were able to make some peace with their choices when they saw that they had made the best decision they could under the circumstances, such as not having a child with a partner who did not feel “right” or terminating a pregnancy when

they could not emotionally or financially support a child. Others made sense of ending up childless by accepting that there were some circumstances in their lives that were out of their control, such as not being able to find the right partner with whom to parent.

Importantly, in making sense of their choices and circumstances, all of the participants acknowledged that the choices they made to delay childbearing came at the high cost of ending up permanently childless. Overall, while the women needed to reflect on the question of “why” they had ended up childless, or to question or consider decisions that had put them on the path to childlessness, there was a general sense that staying in the “why” period for too long could be detrimental.

### **Sense of Reconciliation and Acceptance**

All of the women in the study spoke about experiencing some degree of acceptance and reconciliation about their childlessness. They described similar and unique ways of reconciling the reality that they were unable to fulfill their dream of becoming a mother. This experience included acknowledging any regrets; addressing their fears and re-envisioning their sense of the future; and reordering and re-prioritizing their life goals in order to take advantage of the space created through childlessness. It also included finding other ways to fulfill their nurturing instincts; shifting their sense of their identities and roles as women beyond motherhood; and making peace with ending up childless through the finality and relief of reaching menopause.

In order to reach a point of reconciliation and acceptance, many of the women needed to acknowledge and address any remaining “if only’s” or regrets. That said, the participants were also aware that although they needed to address any regrets, remaining

in this mindset would be detrimental. As one woman who had ended up childless after a series of failed relationships suggested:

I don't think there's a lot to be gained by looking at what could have been. It's an interesting sort of rumination for a time and then there's no point in staying with that.

Overall, for the women, part of dealing with their regrets was to have their losses acknowledged by, and shared with, others. Unfortunately, when this did not happen, it was more difficult to cope with, and reconcile themselves to their loss and to re-envision their lives in a way that did not include motherhood.

In some cases, the women's sense of regret was related to their life circumstances or choices that they had made to delay motherhood. For example, six of the women had terminated pregnancies during their reproductive years – when they were young, or their relationship situation was not ideal, or they were in school, or did not feel they were in a position to support themselves and a baby. In hindsight, the women saw this pregnancy as their one opportunity to become a parent, but recognized that unfortunately, the timing had not been right. Yet, several also continued to feel a sense of emotional pain and loss and regret when they looked back at the experience of terminating a pregnancy, and wondered what might have been. In general, the women who had terminated pregnancies acknowledged their feelings of regret, but asserted that they were confident that they had made the right decision given the circumstances and realities of their lives at that time. The words of one woman who had an abortion after a pregnancy in her teenage years, reflect these sentiments:

So I guess the hurt is, it is not gone, right, it's calmer, and there's some healing that's happened but it's still kind of a raw point because ...I would have liked to have had that child, but it just simply, it just didn't happen.

Whether or not they had had an abortion, some of the women experienced "internalized bigotry" as one woman labeled it. That is, they felt like they did not have the right to grieve about ending up childless, because of choices that they had made, and should "just get over it." They felt selfish and badly for grieving and feeling sad, and wondered if these feelings were justified. Or, some wished that they had made different decisions, as one woman shared how she thought in hindsight, "Oh man, I should have had a baby."

Importantly, their sense of regret softened when it was no longer an option to have a baby. As one participant who is now in her 60s stated:

The regret is a flickering moment now where before it used to be a lot longer and maybe it's just, it's flickering moments now because it's not an option. But I don't, I don't ponder on it, as, like a real regret.

As their sense of regret decreased and diminished over time, the women were able to come to a sense of acceptance and reconciliation of ending up childless.

When the women came to the realization that they were going to be permanently childless, they became fearful of the future. They worried and wondered what the future would look like without children, who their family would be, what would happen to them, and who would take care of them when they were older. As one woman stated: "My fears are things that have to do with legacy that have to do with family, you know who will my family be when I am old and possibly infirm." Those who were single expressed particular concern about growing older and being alone without a partner and children.

These sentiments are captured in the words of one single woman who lived in an urban area with no family nearby:

I do have questions at this point in my life about the fact that I am alone. My sister is in [another province] with her husband with grown up kids, my brother is in [another province] with his second wife, and I am alone. And what is going to happen when I am say 85 and break a hip? ... I don't have someone...I don't have family to do that.

Another woman's fears of the future were particularly intense given that she had recently witnessed her mother's physical and cognitive decline. She shared:

I think there's kind of a sense of a bit of grimness when I think about getting older. What if I have senility? Who's going to make sure that I go under the right place? Dementia? Who's going to put me in the right place?

It is significant to note that even those women who had partners expressed concern about possibly ending up alone in the future. For example, one participant who had been partnered for several years but was an only child with no extended family described her concerns for the future:

You look at friends of yours and they have children who are 25-30, you think, yeah, when she's 80, there will be someone there to take care of them. But when I'm 80, if my partner - god forbid - passes away before me, I won't have anybody because I have no brothers or sisters and no children.

As in the other aspects of the lived experience of permanent, unintentional childlessness after delay, the women's sense of the future was in flux and could shift over time, depending on exposure to potential triggers such as reading an obituary of a

childless woman or hearing about an older family member who was ill and infirm. As one single participant shared as she reflected on what the future might look like for her: “You know on a bad day it looks really grim, on a good day it’s fantastic.”

Despite these fears, many of the women had begun to consider alternative ideas of their futures – including planning for their future care, building different versions of “family,” considering how they were going to rebuild their identities as childless women, rather than women who were eventually intending to become mothers, and taking advantage of the space in their lives created by their childlessness. For example, in order to cope with the uncertainty of the future, the women talked about making specific plans so that they would not be a burden on anyone and they would not be alone – so that they would be cared for. A single participant who had a stable career and a degree of financial stability described this as being “proactive”:

So I think I am probably more proactive about putting in place things now to make sure that I can take care of myself, so that I am not dependent on anyone else in the future.

Another woman who moved to another city to be closer to her extended family, spoke about being very deliberate about how she looks towards the future in order to manage her fears:

I can’t predict what is going to happen in the future, I can only plan what I can plan and work with it. That’s the way I look at it. There are sometimes when I can get very emotional but I also have the observing self part, that says “ok so what’s the fact? If this is the fact, this is where I am at this time of my life, where do I

want to go, what other decisions do I need to make if I want to go somewhere else from here?”

Despite fears about what the future might look like, the women in this study described how they were learning to live life as fully and as meaningfully as they could, even though they were disappointed that the future would not be as they expected. The women talked about very consciously and deliberately deciding to lead fulfilled lives and to make a positive impact or leave a legacy. One woman described her efforts to create a legacy through her work as a faculty member at a university:

I think being childless is frightening, that you don't have a legacy, that you are not leaving a legacy and yet at the same time I feel like, well, then I have to work harder for a different kind of legacy through other individuals, through my work. As such, instead of feeling dread about the future, the women made a deliberate choice to see the possibilities that lay ahead. Thus, reconciliation and acceptance of childlessness often involved looking at what they did have and what they wanted their future to look like.

For those who were single, reconciliation also involved having to learn to be independent, and come to terms with being single and potentially maneuvering the future without a partner *and* a family. The single women actively built community to fill the void left by being single and childless. One woman in her 60s who remained single described how she filled this void in her life:

I have a spiritual community that I am a part of, and it's important to me and I have a home that I really love a lot. And I have other people and there are other

things that I do that bring me into a sense of a community and connection. I have a dog and a cat.

Whether or not they were single, the women talked of very actively seeking to build meaningful lives in order to move towards acceptance of their childlessness. For example, one woman shared her intention of focusing on a project to make her life feel meaningful and to help her think of something besides the fact that she has ended up childless:

But I'll be looking forward to something different because I'll have to create some kind of project for myself to feel like life is meaningful. I think that I probably think about it less and less as time goes by.

Similarly, for the participants, reconciliation and acceptance included re-ordering and prioritizing their life goals. The women shared how they wanted to take advantage of the space in their lives created through childlessness. They made efforts to look at the positives, and see the benefits of not having children. They made a commitment to living their lives to the fullest given they were not going to have children. They recognized that childlessness gave them some freedoms, and they made efforts to take advantage of these through traveling, enjoying arts and cultural events, pursuing demanding careers, and supporting other children in their lives financially and practically. As one woman with a long-term partner shared, "we did have a discussion that if we are not going to have children then we need to live the life that we want to without kids." Other women spoke of the future with hope – hope that they would eventually meet a partner, or hope that children would come into their lives in other ways, such as by being a step-parent or a step-grandparent.



The reconciliation experience was both deliberate and unconscious. Some of the participants found that they did not consciously aim for a sense of acceptance, but rather that over time, they just did not think about their childlessness as often. Others described how they actively processed their loss to move towards acceptance through art, journaling, and other forms of creative expression. Several women talked about making an effort to be grateful for what they *did* have – rather than what they did not. There were times when it was easier to accept their childlessness, and other times when the grief, loss, and questioning resurfaced again. As one woman who had been unable to conceive when she finally met the right partner described, she accepted that the emotional pain was going to rise up at times in the future, but was resolved that “I’m not going to let it ruin my day.” For all of the women, whether deliberately or unconsciously, over time, the pain, disappointment, and for some, the devastation of their childlessness lessened. They found that although it was still a painful aspect of their lives, they thought about their loss of motherhood less over time. One woman shared how over time she became more comfortable with the painful feelings surrounding her loss of the motherhood role by letting herself experience the emotions as they came up:

There’s a darkness and a sadness. I think I’m kind of comfortable with it now. I think that, I feel sad when I get in touch with those feelings and it feels natural now, so it’s more, it’s something that I can accept, it’s something I can allow myself to feel and it’s just okay in a way that it never used to be okay.

Over time, there was a gradual settling, a “filling in” of their “empty wombs” – both metaphorically and practically as they took advantage of the space created through childlessness to fill their need to nurture others. This “filling in” was experienced to

different degrees, and was particularly present in the older women, as they had had more time to process and accept the loss of the motherhood role, and find other ways of filling that space in their lives. All of the women spoke of their need to nurture in the present and future and to use their natural nurturing abilities. As such, acceptance of ending up childless involved rethinking how they could fulfill this need in their lives. The women believed that if they did not use these skills, this would be another loss. Many felt a void without an outlet to nurture others. Several of the women stated that, “I would have been a good mother,” and they did not want these qualities and skills to go to waste. One woman who did not meet the right partner before the end of her childbearing years tearfully highlighted her deep desire to make sure that her ability to nurture did not go to waste:

Where I am warming other people’s souls. When I am doing work that matters. I love helping people feel bigger than they feel themselves, more capable than they feel themselves, more loved than they maybe do sometimes. So I’ve got a lot of love to give. And I want to make sure it’s not wasted. I want to put it somewhere.

The women filled their need to nurture in a variety of ways that were personally meaningful to them, by participating in their extended communities by nurturing nieces and nephews, godchildren, by volunteering for important causes, or by surrounding themselves with friends’ children, taking in animals, and pursuing work in a helping profession such as counselling or teaching. For example, one woman shared how she and her partner picked out a high needs dog since they had the flexibility and time to take care of him:

We called the SPCA and they had one and I went in and said I want this dog and they said they are high need dogs, and I said, I don't care, we don't have children, so we have lots of time for this dog, so we got that dog.

Others talked about how they provided financial assistance to their family members when they were old enough to go to university, or moved closer to family so that they could provide practical support and assistance. One woman described with pride her close connection to her nieces and nephews and her desire to be there for them in difficult times:

I always think that one of the things that I have always wanted to make sure that my nieces and nephews knew that they never had to run away from home that they could always come here...I want them to know that they can ask me anything within reason and I would do it. I would be there.

In contrast, several of the women pursued personal growth opportunities or additional training or education. In this way, instead of nurturing others, they fulfilled their need to nurture by focusing on nurturing themselves.

All of the women described their nurturing qualities with pride. In this way, their identities were strongly tied to their sense of being a "nurturer." If they could not take on the motherhood role or identity, they sought out other recognized nurturing roles in their work or personal lives such as counsellor, teacher, mentor, "matriarch," "auntie," or "godmother." Other women took in stray or abandoned animals and saw themselves as "mama" to their pets. Thus in building a sense of acceptance and reconciliation, the women expanded their sense of the value in being a "nurturer" through other avenues

than motherhood. All of these nurturing roles became particularly important to the women's identities when the motherhood role was no longer an option for them.

Finding other ways to fill their nurturing instincts and other roles besides being a mother was an important pursuit for the women. In integrating the childless experience into their lives and identities, most of the women needed confirmation that they would have been good mothers, and by extension, that not becoming a mother was not indicative of a significant personal flaw or deficit. One woman described how she was able to come to terms with ending up childless after caring for a friend's young baby and seeing that she could have been a good mother. This experience was particularly meaningful and healing for her in beginning to reconcile and accept her experience of childlessness and to continue to see herself as a "nurturer":

It was gradual - it's not as if I just woke up one day and said, I am done with that, I am fine. It was just more, that helping with that mother and the baby, I do recall at a certain point as I was doing that thinking that this is filling me... I was aware that this was helping me. It was filling something in me so I didn't feel this empty womb sort of feeling.

However, the women also talked about "there only being so much that you can fill" – suggesting that, despite having these outlets and different nurturing options, they still experienced a loss of the expected and anticipated motherhood role and identity. For example, one woman who spent a significant amount of time pursuing education and career opportunities as a counsellor, shared how this role was still a "job." She continued to wonder how to build her identity as a woman when she was not a mother:

Now that I am done with my sort of the big growth spurt with my career it's kind

of like that identity feeds into well okay, if I am not going to be a mom - okay I am a counsellor - but that's still just a job and that's what I still want it to be - I don't want it to consume my whole life, so how do I have a personal life without that being my identity as a woman?

Several of the women overtly expressed that they did not believe they needed to have a child to validate their identity as women. However, it was not easy for these women to find acceptable roles and role models of vital, childless women. For example, one participant talked about actively searching for role models or models for understanding her experience, but not being able to find them. The participants expressed frustration with the few acceptable roles and identities that are available to women, and a desire for women to be defined by more than their childless status. When speaking about her beliefs about how to build a meaningful life as a childless woman, one woman spoke of her refusal to view motherhood as the most important aspect of women's identities:

I think it's really important for people to build fulfilling relationships for them and recognize that family is *part* of a fulfilling life, but it's not the *whole thing*. Yes, for previous generations it was. It was. That was women's role. But that doesn't mean that that role is who you are.

In this way, despite feeling varying degrees of disappointment and loss in ending up childless, there was a general sense for all of the women that they refused to view themselves and define their identities by their "lack" of motherhood or their heartbreak, emotional pain, and grief for the remainder of their lives. One woman in particular was quite eloquent in describing her sense that she did not want to define her identity as someone who has lost the opportunity to become a mother. Rather, she recognized that

her life was full of love from her partner and extended family and that she wanted be someone whose role involved being active in her community:

I'm not going to be feeling that anxiety or longing for something that I can't have because by doing that, then my role is being a devastated heartbroken woman that can't have a child, and that's not the role I choose, I am not going to take that role, I am going to be a positive, active member in my community who shows up and engages and has an open heart and will be helpful and participate in life...by the values that guide me.

Reaching menopause was particularly salient to the acceptance and reconciliation experience for the women in this study. When they were no longer part of the fertile female group, they found it easier to accept their childlessness. One woman called menopause the “Grand Finale” where motherhood was no longer a possibility. There was no more hoping at this point, and thus for the women who had reached menopause, there was some relief that now that the possibility of a pregnancy no longer existed, they could “finally move forward.” When motherhood was still a possibility, and it was not happening, this was more difficult to bear, as they felt that they had failed to fulfill one of their primary purposes or roles for women. However, as they aged and their fertility waned, the participants felt less internal pressure and less pressure from others to become a mother. As well, for several of the women in this study as the years passed, they did not care as much about what others thought about their childless status. They felt more confident in their experience and they felt comforted by the fact that there are more women who are childless in society in general. One woman in her 50s recounted how both of these factors facilitated her acceptance of her childlessness:

I think it's progressively become more acceptable in society and it coincided with my letting go of being very fearful of being judged about it. So it kind of made it easier because both things were happening at same time. I started to care less and society started to care less at the same time.

With acceptance, these women "didn't have to think about it anymore," or "hammer [themselves] about it anymore." Some of the women were even able to acknowledge how difficult parenthood is, and shared that they felt some small relief that they "dodged a bullet" or did not have to experience the challenges of parenthood. Acknowledging the challenges of parenthood appeared to be a way of coming to terms with their childlessness, and a way of feeling better about the lack of control that they had experienced over the decision to become a mothers.

In summary, all of the women demonstrated some degree of reconciliation and acceptance that they had ended up childless after expecting that they would become a mother. One woman's description is a good summary of how many of the women learned to make peace with ending up childless, by accepting what they could not control and choosing to "live with" how their lives had turned out:

It's something that I can accept, it's something I can allow myself to feel, and it's just okay in a way that it never used to be okay...maybe what makes it okay for me is that I did the best I could and I know that there were some things that I couldn't have control over, like I couldn't control the relationships that I found myself in, I couldn't control going through [early] menopause. I *could* control my own choices to keep trying, and to keep working at things, but I *couldn't* control some of the outcomes. I know I did my best and I know that some things were out

of my control...There are some things in my life that I will never be able to change...I have learned to live with them and to find happiness where I can find it.



## Chapter 5: Discussion

The purpose of this study was to learn how women who are permanently childless after delay, experience and make sense of unintentional childlessness. The question that guided this research was: *What is the meaning and experience of unintentional childlessness for women who delayed childbearing?* A hermeneutic phenomenological approach was used as the method of inquiry. Fifteen women who met the study criteria were interviewed and asked to share their lived experience of unintentional childlessness after delay. The women's interviews were analyzed and six common themes were identified across the women's experiences, including: *Sense of Grief and Loss, Sense of Being an Outsider in a World of Mothers, Sense of Judgment and Assumptions, Sense of Powerlessness, Need to Make Sense of Childlessness, and Sense of Reconciliation and Acceptance*. In this chapter, the contextual considerations for interpreting the findings are outlined. Next, the significant findings are compared with the theoretical and extant literature. Particular emphasis is place on identifying points of convergence and divergence, as well as on how the findings extend our current understanding of the phenomenon of permanent unintentional childlessness for women. The implications for counselling practice are also addressed within this discussion. The chapter concludes with a discussion of the implications for future research.

### Contextual Considerations for Interpreting the Findings

The women who participated in the study were a relatively homogeneous group of well-educated, socio-economically advantaged, heterosexual women. Only one participant was not Caucasian. Consequently, the extent to which the findings will reflect, and resonate with, the experiences of unintentional childlessness due to delay for women

of different ethnicities, educational and socio-economic levels, or different sexual orientations remains to be determined. For example, as highlighted in Chapter 3, a woman who participated in the trustworthiness interview identified as lesbian. Although she confirmed that the common themes in general resonated with her experiences, she indicated that other aspects of her experience of unintentional childlessness were shaped by her sexual orientation, such as feeling even more of an “outsider” in the world of heterosexual women and mothers. Consequently, the findings of this study must be interpreted with some caution in terms of our understanding of the potentially unique aspects of the experience for women from diverse backgrounds.

The self-selective nature of the study’s design is also noteworthy, in that the participants were women who were interested in, and comfortable with, sharing their experiences of childlessness in a research interview with a stranger. It is possible that other childless women did not elect to respond to the recruitment notice, perhaps because the issue was still too emotionally sensitive for them, or because they still held out hope that they might become a mother. It remains to be determined the extent to which the common themes identified in this study resonate with the lived experiences of other women who are unintentionally childless due to delay.

Hermeneutic phenomenology is used when little is known about a phenomenon in order to illuminate the meaning of an aspect of lived experience (van Manen, 1990). This type of research inquiry is not meant to develop theory or to draw conclusions about causal relationships. Instead, it highlights one particular, co-constructed interpretation of the lived experience of a phenomenon, and assumes that there are multiple ways of making meaning and interpreting lived experience. The findings of this study are a

unique representation of my interpretations and the participants' experiences. However, the strength of the hermeneutic phenomenological design is that it helps illuminate aspects of a phenomenon that are currently unknown. It invites further interpretation and exploration of the meaning inherent in the lived experience of the phenomenon of unintentional childlessness after delay. Specific suggestions for future research, based on the parameters and findings of this study, will be outlined at the end of this chapter.

This study represents an initial effort to illuminate the lived experience of unintentional childlessness after delay for the 15 women who participated in this study. The findings provide a snapshot of the lived experience of this phenomenon, and add to our understanding of what it is like to wish to become a mother, to delay, and to ultimately end up childless. The feedback from the two women who had not participated in the study, serve to suggest that the findings had "empathic generalizability" (Osborne, 1990, p. 86) for these women. My hope is that the findings will also resonate with other women who are unintentionally childless due to delay, and serve to further illuminate our understanding of this increasing phenomenon.

### **Significance and Theoretical Implications of the Findings**

The purpose of this study was to examine the lived experience of permanent, unintentional childlessness after delay. The focus of the research interviews was on how the participants lived with, and made sense of, their permanent childlessness. The research findings reflect this focus and will be discussed below and compared with the theoretical literature on developmental transitions and with the extant literature on the experience of unintentional childlessness. However, it is noteworthy that in telling their stories, important information also emerged about the participants' road to permanent

childlessness and the factors that shaped their decisions to delay pursuing motherhood. This information also adds to our understanding of the reasons women delay childbearing. The factors that shaped the women's decisions to delay, and the participants' experiences of living with, and making sense of, permanent unintentional childlessness through an ongoing reconciliation process will be explored in more detail in this chapter in terms of their convergence and divergence from the available literature, and their implications for counselling.

### **The Process of Making Decisions to Delay Childbearing**

In examining the lived experience of the phenomenon of unintentional childlessness, it became apparent that there were factors that appeared to shape the women's decisions delay. Consistent with previous literature (e.g., Benzies et al., 2006; Berrington, 2004; Dion, 1995; Kemkes-Grottenthaler, 2003; Poelker & Baldwin, 1999; Wu & MacNeill, 2002; Zabin et al., 2000), this study suggests that factors such as the importance of finding a suitable partner, career and economic stability, and emotional readiness influenced the participants' childbearing decisions. Factors highlighted in this study, including the role of maternal messages in the decision to delay; the role of fear in the women's decision-making; and the paradox of choice, add to, and extend our understanding of the decision to delay childbearing. The significance of each of these factors in terms of how they extend our previous knowledge of the phenomenon will be addressed in detail.

The study findings underscore the significant role maternal messages – both overt and covert – played in the participants' decisions to delay childbearing, which was surprising given that this has been given scant attention in previous literature. In one rare

example, Cain (2002) described childless women she deemed “childless by childhood” (p. 87). According to Cain, these women did not pursue parenthood because of some experience in their childhood, such as seeing their mother’s sacrifice. The current study extends this description by highlighting that women’s decisions to delay may be motivated by a desire to, as one participant put it, “avoid my mother’s fate,” by first pursuing economic and career success, so that they would not be faced with the limited options their mothers appeared to have. It may be that for some women, the choice to delay may be in part dictated by a fear of replicating the lives of sacrifice and limited choices that they perceived to be their mother’s fate. Of interest, the women primarily focused on the sacrifice aspect of their mothers’ experience, rather than how their mothers found meaning and purpose in the motherhood role. Although all of the women in this study intended to become mothers at some point, they wanted to become mothers on their own terms, rather than replicating their mother’s circumstances. This was often in reaction to what they saw as an unfair division of labour in their childhood home, and to the motherhood role and identity being the most important factor in their mothers’ lives. As such, witnessing their mothers’ experiences appeared to influence their sense of the “ideal” circumstances in which to have a child. A sad irony is that in their desire to avoid their mothers’ fate by pursuing more ideal circumstances to have a child (e.g., independence through economic and career success), the participants ended up childless and avoided their mother’s fate entirely.

In addition to being influenced by witnessing their mothers’ perceived sacrifices, the participants’ decisions to delay were also influenced by their mothers actively encouraging them to pursue education and careers in order to be financially independent

from a partner and to build an identity outside of motherhood. In this way, the findings of this study suggest that both maternal witnessing and direct advice may play an important role in women's decisions to delay childbearing.

The study findings also suggest that women's choices to delay childbearing may be dictated by additional fears. For the women in this study, those fears included: being a single parent by choice; ending up a single parent after a breakdown of relationship; putting a strain on their relationship by having a child; ending up alone and childless; having to sacrifice their careers to take on the majority of the childrearing responsibilities; the difficulty of juggling career and motherhood successfully; and the possibility of an inability to provide for their child. There has been little attention in the literature on the impact of fear on women's decisions to delay childbearing, leaving us with a very unclear picture of how these fears ultimately lead to childlessness. The findings of this study suggest that women's decisions to delay childbearing may in part be motivated by a desire to avoid being faced with these potential negative outcomes. Interestingly, several of the participants expressed their disappointment that their decisions had been "dictated by fear."

The findings of this study also enhance our understanding of the paradox of choice and powerlessness in the process of delaying childbearing, which for the women in this study was an important aspect of their decisions to delay motherhood. This finding appears to converge with Cain's (2002) description of those women who end up "childless by standards" (p. 100) while extending our understanding of the emotional and psychological impact of this experience. Similar to Cain's group of women, the participants in this study had a clear sense of the "ideal" circumstances in which to have a

family. These standards were fairly fixed. These standards or ideals were based on beliefs about parenthood and family that they formed when they were growing up – primarily influenced by their early family experiences, and societal norms and expectations. Unfortunately, often the economic, personal, and/or relational realities of their lives did not meet these ideals. For that reason, with these standards or ideals in mind, they made choices to delay childbearing until the circumstances were right. Reflecting the paradox of choice versus powerlessness, in *choosing* to delay childbearing because their life circumstances did not meet their ideals, their reaction to these constraining circumstances was a sense of powerlessness to realize their goal of becoming a mother because they did not have these “ideal” circumstances. Thus, despite making what many deemed “responsible” decisions to delay childbearing based on these ideals, many of the women emphasized their perceived powerlessness to choose to have a child when they were younger and likely still fertile. The women ended up being caught in a difficult bind because they were unable to shift their sense of the ideal or necessary circumstances to have a child, or to open up and consider other possibilities beyond the more traditional choices that fit with their ideals (i.e., choosing when they were financially stable, and when they had established their careers, to pursue parenthood with a partner who also was ready and willing to have a child, and who would accept his share of the responsibility of caring for a child). Unfortunately, when these ideal circumstances did not materialize, the women were ultimately faced with having to give up their dream of becoming a mother.

The women in the study also appeared to need to reflect on, understand, and make sense of their experience of choice and powerlessness in order to reconcile and accept

their childlessness. This topic will be explored in more detail in the next section in terms of its impact on the process of reconciling childlessness.

### **The Process of Reconciling Unintentional Childlessness after Delay**

Previous literature has conceptualized childlessness as a non-event transition (Schlossberg et al., 1995), or an expected life event that does not occur (Daniluk, 2001; Daniluk & Tench, 2007). Previous studies on the experience of childlessness (e.g., Black & Scull, 2005; Cain, 2002; Singer, 2005; Smolen, 2004; Tonkin, 2010; Vissing, 2002; Zanobini, 2009), and on adaptation and adjustment to childlessness after unsuccessful fertility treatment (e.g., Bergart, 1997; Boden, 2007; Daniluk, 2001; Daniluk & Tench, 2007; Matthews & Matthews, 1986; Wirtberg et al., 2007), indicate that women who are unintentionally childless experience intense feelings of grief and loss – feelings that are largely unacknowledged by others. Certainly the theme of grief and loss was a strong thread throughout the stories of the women in this study, regardless of whether or not they had tried to conceive. This finding underscores that the loss is tied to the *dream* or *expectation* of having a child and becoming a mother, rather than having tried to become pregnant. This finding has important theoretical implications for our understanding of the experience of permanent childlessness, as it appears that the lived experience of unintentional childlessness after delay may be more similar to the experience of involuntary childlessness due to infertility rather than the experience of voluntary childlessness. That being said, we do not know the degree to which loss is present in the lives of unintentionally childless women who did not choose to volunteer for the study. Also similar to the literature on unintentional childlessness (e.g., Black & Scull, 2005; Cain, 2002; Ireland, 1993; Vissing, 2002), the childless women in this study felt a need to



make sense of their experience of childlessness, and they felt judged by others for their childlessness and excluded from the world of mothers. Similar to the women in Ireland's (1993) study, the participants in this study reported feeling some relief at menopause, and a need to re-shape their life goals and re-envision their personal identity separate from motherhood.

The findings of this study advance our previous understanding of childlessness as a non-event transition (Schlossberg et al., 1995). There were aspects of the lived experience of unintentional childlessness that made this non-event transition (Schlossberg et al., 1995) not a discrete phenomenon where permanent adaptation was reached. Rather, aspects of the phenomenon were experienced differently by the women at different stages of their lives. Instead of adaptation to their childlessness being a fixed state, the women were engaged in a process of continually reconciling and coming to terms with their unintentional childlessness over their lifetime – as they experienced their friends and family members facing normative developmental markers such as children leaving home and getting married, becoming a grandparent, etc. It would appear, then, that the lived experience of unintentional childlessness after delay is not a discrete phenomenon where permanent adaptation is reached. Rather, it is a reconciliation process that is ongoing over the course of a woman's lifetime as the women make efforts to live with, and make sense of their childlessness. The findings highlighted in the study that add to our previous understanding of how women live with, and make sense of unintentional childlessness include: the ongoing nature of the loss; the multiple losses or non-events; the impact of advancements in reproductive technology in delaying hope and acceptance; the unique losses felt by single, childless women; the need to make sense of, and come to terms with

feelings of regret, self-blame, and a degree of culpability; and the paradox of powerlessness. Each of these findings will be discussed in more detail in terms of how they extend our previous knowledge of the phenomenon, and their implications for existing theory on childlessness and adult development.

Before turning to the findings that extend our previous knowledge of the ongoing reconciliation process, it is important to situate the women's experience of childless within our current socio-cultural context. Although more women and men are choosing to remain child-free (Stobert & Kemeny, 2003), and as a result, child-free adults are becoming more visible in our society, the fact remains that motherhood continues to be an expected and valued role for women in our society (Ireland, 1993; Vissing, 2002). Current models and theories of adult development (e.g., Erikson, 1963; Gilligan, 1982; Levinson, 1978, 1996; Sheehy, 2006) generally equate developmental maturity with motherhood, leaving those who are childless with few examples of socially-acceptable, healthy, and normative female identities separate from the motherhood role (Ireland, 1993; Morell, 1994). Implicit in these theories is the assumption that childless women are at a developmental disadvantage if they do not become parents, or that they are abnormal and do not fit the normal trajectory for women.

These assumptions also inform the opinions of the general public, and are likely partially responsible for the judgments that all of the women in the study perceived from others regarding their childless status. The women's sense of judgment and assumptions by others that they *chose* not to have children, are consistent with previous research (e.g., Fleming, 1994; Ireland, 1993; Veevers, 1980; Vissing, 2002). In this way, in order to reconcile their permanent, unintentional childlessness, the women in the study were faced

with the challenge of rejecting the prevailing assumption that motherhood is the normative role for women, and refusing to internalize people's judgments and reconcile their permanent, unintentional childlessness. Vissing (2002) and Ireland (1993) previously highlighted the difficulty of this task within a socio-cultural context that reveres motherhood as an essential role for women. The findings of the current study confirm that this is a challenging and ongoing process for a number of reasons. All of the women had hoped and intended to become mothers, and had to a degree, internalized the belief that motherhood is a valuable life goal. As a result, in order to reconcile their unintentional childlessness, they had to shift this sense, and consider alternative roles and identities outside of motherhood. The women demonstrated varying degrees of success in meeting these challenges and finding ways to reconcile their permanent unintentional childlessness. Consistent with previous research (Daniluk, 1999; Ireland, 1993), those who were able to reject the sense that motherhood is the only normative role for women, and find other ways of building a meaningful female identity, were better able to reconcile their childlessness.

The findings also suggest that unintentionally childless women may experience grief and loss at different points over their lifetime, making the reconciliation and acceptance of their loss an ongoing, rather than a discrete process. This has important theoretical implications for our understanding of the way in which women learn to reconcile, and accept their permanent, unintentional childlessness after delay. While the lived experience of permanent, unintentional childlessness fits with the theoretical conceptualization of a "non-event transition" (Schlossberg et al., 1995), or an expected

life event that does not occur, this model is limited in capturing the complexity of the adaptation process.

To explain further, the findings of this study suggest that unintentional childlessness after delay is not a discrete transition with an identified end point, but rather a series of non-event transitions at developmental markers across the lifespan resulting in multiples losses (e.g., the non-event of not having a child graduate from college, the non-event of not seeing one's child marry, the non-event of not becoming a grandparent). Thus, for the women in the current study, their sense of grief and loss was exacerbated, and by extension, the reconciliation process was protracted, because they experienced in effect new losses related to their childlessness, over the course of their lives. As such, adaptation to these non-event transitions was ongoing, and more complex than captured in transition models such as Schlossberg et al. (1995).

Consistent with previous research on the ongoing nature of the loss related to childlessness (Black & Scull, 2005; Cain, 2002; Ireland, 1993; Smolen, 2004), for the women in this study, their feelings of grief and loss did not end, but were something they continued to reconcile and accept over their life course. Of particular note, even for the participants who were in their sixth and seventh decades, the loss was still present, although it lessened in intensity over time.

Wirtberg et al. (2007) highlighted one of these additional non-event transitions, which she deemed "grandchildlessness," (p. 600) when the infertile, childless women in her study, experienced a new loss when their peers and family members became grandparents. Similar to the women in Wirtberg et al.'s study, some of the participants in the current study spoke of the loss of the grandparent role – a loss they had to grieve and

reconcile in addition to the loss of motherhood. In this way, as identified in previous studies (e.g., Daniluk, 2001; Cain, 2002; Ireland, 1993; Wirtberg et al., 2007), the reconciliation process to permanent, unintentional childlessness appears to include accepting that the losses will likely continue over the life course, with childless women needing to finding other ways of meeting and fulfilling their developmental needs (e.g., to nurture others).

Interestingly, the women in the study emphasized their feelings of grief and loss more prominently than feelings of anger or bitterness. The prevalence of feelings of grief and loss in response to childlessness has been previously identified in the literature (e.g., Hunt Anton, 1994; Ireland, 1993). For the participants in the current study, the reaction may be cohort specific. Of note, those who expressed anger and bitterness were those who tried unsuccessfully to become pregnant, and those who had elected to remain in relationships in which their partner refused to have children. In both of these situations the common factor was a sense of powerlessness in terms of their declining fertility, and their relationship circumstances. Research suggests that the current cohort of women are delaying childbearing based on a belief that they will be able to have children later when they are ready, if necessary with the assistance of reproductive technologies (Benzies et al., 2006; Maheshwari et al., 2008; Wyndham et al., 2012). It remains to be determined how these women will feel if they are eventually faced with permanent childlessness.

On a related note, another important finding from this study was the role of the advanced reproductive technologies in potentially extending the reproductive window within which women can attempt to become mothers. To some extent, the women in this study who were still in their 40s and had not reached menopause, struggled to accept and

come to terms with their unintentional childlessness because they still held out a small amount of hope that they could become pregnant. Previous studies have found that the current cohort of women in their 20s, 30s and 40s do not have an accurate understanding of age-related fertility decline (e.g., Daniluk et al., 2012; Maheshwari et al., 2008; Tough et al., 2007). Women appear to have a false sense of assurance that when they are ready to have a child, that they can access assisted reproductive technologies (e.g., in vitro fertilization) to do so, regardless of how old they are (Daniluk et al., 2012; Tough et al., 2007; Wu & MacNeill, 2002). As a result, women may incorrectly think that they have longer to successfully pursue a pregnancy than they actually do. In the current study, the women believed that they were still fertile long after it was likely that they would be able to bear a child, which had an important impact on the process of acknowledging and reconciling their permanent childlessness. The faint possibility that they could still possibly have a child with the assistance of assisted reproductive technology if their circumstances changed and they found the right partner, prolonged the ‘holding out hope’ period, and postponed coming to terms with the reality of their permanent childlessness. This fits with Schlossberg et al.’s (1995) concept of “delayed non-events” wherein individuals convince themselves that an event (in this case, motherhood) is just delayed. However, as time passes, they begin to realize that their dream is not going to come true.

Consistent with previous studies (Bergart, 1997; Cain, 2002; Ireland, 1993; Wirtberg et al., 2007), so long as they continued to menstruate, the women in this study hoped that they might be able to become a mother, and thus delayed accepting the reality of their childlessness. Ireland (1993) suggested that the women in her study who were childless by circumstance were stuck in denial that motherhood would eventually happen

in order to avoid the reality of their childlessness. In the current study, maintaining a sense of hope may have been a way for the women to manage the growing fear that they would remain permanent childless, and hold the related feelings of grief and loss over the motherhood role at bay. Unfortunately, the media also perpetuates and encourages the holding out of hope by featuring the pregnancies of Hollywood stars in their 40s and 50s, thereby making it more challenging for childless women to accept and reconcile their childlessness.

Because the availability of assisted reproductive technology allowed the women in the study to hold out hope long past when a viable pregnancy was possible, it was not until they reached menopause that they were able to put the issue of the possibility of a future pregnancy to rest. Interestingly, similar to other childless women in previous research (Ireland, 1993; Morell, 1994; Safer, 1996; Wirtberg et al., 2007), for the women in this study, menopause marked closure and was met with some relief, now that it was no longer possible for them to have a biological child. That said, this relief was often accompanied by an additional sense of loss given the absolute reality that the motherhood role was never going to be a part of their lives. For the participants in this study, the finite biological end to their fertility when they reached menopause often precipitated a resurgence of their feelings of grief and loss. This is further evidence that although the transition to permanent, unintentional childlessness is indeed a “non-event transition” (Schlossberg et al., 1995), reconciliation of this experience is an ongoing and protracted process that occurs throughout the life course and does not end at menopause.

Another important finding in this study involved the extent to which the losses associated with childlessness were “silent” losses for the women in this study. The fact

that their losses were largely unacknowledged by others, led the women to feel isolated and alone. It may be helpful to understand the participants' experience of losses within the framework of "disenfranchised grief" (Doka, 1989, 2002). This concept highlights the social aspect of grief, suggesting that grief that is not acknowledged by others is more complex, and the emotional reactions potentially more intense and difficult to reconcile. Previous studies confirm the lack of social acknowledgement of the losses associated with childlessness (Ireland, 1993; Tonkin, 2010; Vissing, 2002). Consistent with Tonkin's findings, in the current study, the lack of acknowledgment from others caused the women to question the legitimacy of their grief, especially for those who had made decisions that played a role in bringing loss into their lives (e.g., by staying in a relationship with a man who does not want to have children). As a result, these women struggled between a sense of responsibility for their life choices, and feeling hurt and misunderstood when others did not acknowledge the complexity of their decisions.

Another important finding in this study was that the experience of living with, and making sense of, childlessness may be somewhat different for women who are single versus those who are partnered. In the current study, those who were single appeared to be coping with childlessness as well as the additional significant loss of not finding a life partner. In fact, in the current study, the majority of the participants who were single indicated that they felt the loss of a life partner even more intensely than the loss of a child. This is consistent with Hunt Anton's (1994) description of the losses experienced by single, childless women. For childless women who do not have a life partner, their sense of being alone in the world can be particularly salient, leading to fears about the future in terms of *who will be my family* and *who will care for me in my old age*.



Consistent with previous research (Cain, 2002; Ireland, 1993), another important finding of this study was the importance of reconciling regrets and self blame in coming to terms with their decisions to delay childbearing and ultimately, with their permanent unintentional childlessness. In particular, those women who had previous abortion(s) struggled with the reality that a previous pregnancy may have been their only chance to become a mother. Part of reconciling themselves to their childlessness involved an acceptance that they made the best decision they could to terminate their pregnancy, given their life circumstances at the time. By extension, absent in previous accounts of childlessness, yet featured prominently in the current study, was the participants' need to grapple with their degree of culpability or responsibility in making the various decisions they made that ultimately resulted in them ending up permanently childless. The women in the study reflected on their intentions, actions, and decisions to delay childbearing. Unlike infertile women who often attempt to make sense of their infertility and childlessness by questioning fate (Daniluk, 2001), the women in this study struggled with the reality that they were likely fertile at some point in their lives, and had they made different decisions, they may well have been able to have a child.

By extension, and consistent with the findings of Hewlett (2002) and Kemkes-Grottenthaler (2003), in reflecting on their degree of culpability, the women in this study had to reconcile the sad irony that the decisions that they had made with the goal of building a life that would be conducive to eventual parenting, resulted in them not becoming a mother. In pursuing the things they first felt they needed to have in place before becoming a parent (e.g., stable career, financial stability), they found the demands of their careers did not allow room for motherhood, or their career and financial success

resulted in them not being able to find partners, or their time had run out to have a biological child. The findings of this study suggests that women who are unintentionally childless after delay, may need to acknowledge their own role in ending up childless, in terms of the decisions that they made to delay childbearing. As well, they may be better able to reconcile their choices if they feel confident that they made these choices with the intention of building a life that would be conducive to parenting, and a sense of responsibility to their child in mind. Based on the findings of this study it would appear that childless women who are able to reconcile themselves to the fact that they made the best choices they could given the circumstances of their lives, may be better able to accept their role in ending up permanently childless.

Similar to women's sense of culpability and responsibility, for the women in this study the paradox of perceived powerlessness appeared to play a role in the process of living with, and making sense of their unintentional childlessness. As discussed previously in the factors that shaped the women's decisions to delay childbearing, the paradox of choice and powerlessness is a novel finding in the current study. This finding extends Cain's (2002) description of women who are "childless by standards," (p. 100) by illustrating how for women who are unintentionally childless after delay, their standards, or ideal circumstances in which to have a child, foster feelings of powerlessness within the constraints of their personal, relational, and economic realities. In the current study, given that their realities did not fit their ideals, the women made choices to delay childbearing. However, their feelings of powerlessness seemed more salient to them, than viewing themselves as making choices. Cain (2002) and Hunt Anton (1994) describe a group of women who Cain calls "childless by marriage" (p. 110) when

they remain in relationships in which having a child is not an option (e.g., because their partner does not want children, or already has children, etc.). The current study's findings extend Cain's and Hunt Anton's description of this particular group by illustrating the emotional impact of this reality – that is, those women who chose to remain in relationships with partners who did not want to have children, experienced a sense of powerlessness to realize their goal of motherhood. Interestingly, the participants who were eventually able to see themselves as making a choice to stay in their relationship appeared to be better able to reconcile their childlessness, whereas those who saw themselves as having no choice continued to feel powerless, bitter, and frustrated.

Schlossberg et al. (1995) suggest that how an individual appraises a non-event transition, such as their sense of locus of control, impacts how it is experienced. In their theoretical framework for examining the transition to non-parenthood for infertile couples, Matthews and Matthews (1986) also highlighted the importance of locus of control in acceptance of childlessness. Both of these models would suggest that childless women who continue to see themselves as being powerless to their circumstances, may have more difficulty in accepting and coming to terms with the reality of their permanent childlessness.

Along with making sense of their culpability or responsibility in ending up childless, and their perceived powerlessness, consistent with Ireland's (1993) research, the women in the study needed to ask themselves how they ended up in their particular position and address the meaning of childlessness in their lives. Through this meaning-making process, the women needed to acknowledge and confront the reality that their expectations of becoming a mother were not going to be fulfilled. Those who had

previous abortions needed to reconcile that this pregnancy might have been their one chance to become a mother, but given the circumstances of their lives, they had made the best decision. A particularly salient aspect of the women's experience was the need to make sense of their identity as a childless woman – that is, they wondered, “who am I as a woman, if I am not a mother?” Along with this question, was another – if I am not a mother, “who or what will my legacy be?”

Consistent with Ireland (1993), these women were engaged in re-defining their identities as women within the current socio-cultural context in which privileges motherhood as women's most important role. The degree to which they were able to accept their childlessness depended on whether or not they were able to reject these gender norms and expectations. In order to reconcile their unintentional childlessness, the women needed to re-shape their life goals and re-envision their personal identity separate from motherhood. As in previous research on childlessness (e.g., Cain, 2002; Hunt Anton, 1993; Ireland, 1993), the women demonstrated efforts find creative and meaningful ways of filling the space in their lives that was created by childlessness, and re-building their identities as childless women.

In this section, I have endeavoured to highlight the significance of the findings with particular focus on those findings that add to our previous understanding of the lived experience of unintentional childlessness after delay. With these findings in mind, I now turn to the implications for counselling.

### **Counselling Implications**

This study was conducted within a Counselling Psychology framework. Rather than focusing on pathology, Counselling Psychology focuses on “normal” populations

with an emphasis on promoting health and growth as people negotiate developmental issues or life crises over the lifespan (Hiebert & Uhlemann, 1993, p. 291). In this way, this study offers an alternate way of viewing women who are childless. That is, by conceptualizing childlessness through non-pathological lens advocated by the principles of Counselling Psychology, it is conceptualized as an important developmental transition in and of itself, which can lead to personal growth (Schlossberg et al., 1995), rather than a deficiency (Ireland, 1993; Koropecykj-Cox et al., 2007; Lampman & Dowling-Guyer, 1995). In addition, Counselling Psychology is well-suited for this research because it focuses on “individual lifespan development with particular attention to the interaction with sociocultural factors that either enhance or inhibit that development” (Sinacore-Guinn, 1995, p. 261). Counselling Psychology is also concerned with the application of psychological knowledge to developing interventions that enhance individuals’ ability to cope with developmental issues or life crises (Hiebert & Uhlemann; Sinacore-Guinn). As such, the following discussion focuses on how the key findings of this study can inform counselling practice.

Given the finding of the significant role of maternal messages on women’s decisions to delay childbearing, counsellors need to be cognizant of the possibility of maternal messages as an influencing factor in a woman’s decision to delay childbearing. When working with women who are choosing to delay childbearing, it might be helpful to explore the influence of their mother’s experience on their sense of the ideal circumstances in which to have a child. Women may be encouraged to examine their real and perceived fears of replicating their mothers’ fate, and if motherhood is a life goal, assisted to examine the extent to which their fears are realistic and to find ways to take on

the motherhood role on their own terms. Finally, in working with women who are trying to make sense of, and reconcile, their permanent childlessness after delay, it may be important for women to explore the impact of maternal messages on their decision to delay, and ultimately, end up childless (Cain, 2002; Ireland, 1993).

For several of the women in this study, fear precluded empowered decision-making about the timing of childbearing and motherhood. Given this experience, when working with a woman who is delaying childbearing, counsellors could facilitate an exploration of the extent to which her decisions to delay are motivated by fear. These fears need to be worked through, challenged, and to the extent that they preclude informed decision making, mitigated. The process of reconciliation of childlessness may also involve helping a woman make sense of decisions made in the past which may have been impacted by fear, and coming to terms with any related feelings of regret and self-blame (Hunt Anton, 1994).

Given the finding that the paradox of choice and powerlessness has an impact on the process of delaying childbearing, counsellors working with women in their 30s who are delaying childbearing need to be sensitive to the women's personal sense of the paradox of choice and powerlessness. It may be useful for counsellors to validate the constraints of the women's circumstances, and to help them see where they have some control, such as making choices not to pursue childbearing at this time because of their standards or ideals (Ireland, 1993). Counsellors would be well advised to proceed with caution when exploring this topic given that the women in this study often felt judged and blamed by others for their decisions to delay childbearing and ultimately, for their permanent childlessness. Given this sensitivity to judgment, counsellors need to

undertake this type of exploration within a climate of empathy, acceptance, and non-judgment. It is important to remember that the women's standards or ideals might be fairly fixed and deep-rooted given that they appear to be based on beliefs about parenthood and family that they formed when they were growing up – primarily influenced by their early family experiences, and societal norms and expectations. As such, it might take a fair bit of courage to reject these expectations and consider options beyond these ideals. With that in mind, counsellors could help women to entertain different possibilities beyond the more traditional choices in terms of motherhood (e.g., sole support parenthood), and to consider whether they are willing to pay the ultimate price of never becoming a mother, if their ideal circumstances do not materialize (Daniluk, 2001). In this way, counsellors can help support more empowered decision-making.

One of the younger study participants remarked on the value of reading the study findings in that she now had increased “insight” or a “roadmap” into the ongoing nature of the loss and presence of multiple losses, and subsequent reconciliation process that she may well experience as she ages. This has important implications for counselling, in that counsellors can play an important role in educating women who are unintentionally childless by delay that their grief may return at different stages across the course of their lives, and that they may experience losses in reaction to a variety of different experiences as they age. Counsellors should normalize the protracted nature of the process of grief and reconciliation. In this way, unintentionally childless women may be assisted to anticipate potential future losses, allowing them to better cope with these losses as they arise. By giving themselves permission to grieve the multiple losses associated with

childlessness, the acceptance and reconciliation process may be facilitated (Hunt Anton, 1994; Ireland, 1993). By extension, the findings of the study underscore the emotional impact of the lived experience of unintentional childlessness after delay. The experiencing and expression of strong emotions, such as grief and loss, appears to be an important aspect of the meaning-making and reconciliation process. In counselling, women should be provided with the opportunity and support to examine and process these emotional reactions as part of the process of making sense of, and accepting their childlessness.

Given the finding that women may “hold out hope” that a pregnancy is possible in order to keep the related feelings of grief and loss at bay, which ultimately delays the reconciliation process, counsellors need to be sensitive to those women who may see themselves as currently delaying childbearing, or “holding out hope” to have a baby at some point. There may be different reasons for “holding out hope.” It may be due to inaccurate information and unrealistic expectations about the fertility lifespan. Or, it may be in order to avoid the reality of permanent childlessness, and to keep the related feelings of grief and loss at bay. Counsellors would be well advised to examine the women’s personal reasons for holding out hope in order to inform their choice of appropriate interventions. For women who want to keep the feelings of grief and loss at bay, counsellors may help them gradually accept the reality that their fertility is waning, and it is likely that they may end up childless (Ireland, 1993). For those women with inaccurate information, counsellors may play a role in providing psycho-education about the fertility lifespan, and directing them to medical professionals for additional questions (Daniluk et al., 2012). If the woman does not want to accept permanent childlessness, the



counsellor may help her explore other motherhood options such as adoption and third party reproduction (e.g., donor egg, donor sperm, donor embryo; Sewall & Hammer Burns, 2006). In this way, counsellors can play an important role in providing psycho-education to facilitate informed decision-making about fertility, and to advance the reconciliation process.

In the current study, the majority of participants indicated that this was the first time they talked at length about their experience of childlessness with another person. Indeed, consistent with literature that confirms the therapeutic value of telling one's story (e.g., Neimeyer, 2000; White, 2007), several of the participants reflected on how participating in the research interview felt therapeutic in giving them an opportunity to share their experiences without judgment, and to have their losses acknowledged. Given this finding, counsellors may provide women with another important opportunity to have their losses witnessed, acknowledged, and validated, so that the impact of childlessness is lessened (Doka, 1989; 2002; Hunt Anton, 1994; Ireland, 1993; Sewall & Hammer Burns, 2006).

Another important finding in this study was that the experience of living with, and making sense of, childlessness may be somewhat different for women who are single versus those who are partnered. Given this finding, counsellors working with single, unintentionally childless women need to be cognizant of the multiple losses associated with both childlessness as well as the loss of a life partner – two significant non-events that may need to be acknowledged and grieved.

The findings demonstrate that in order to reconcile their childlessness, the women needed to make sense of their feelings of regret, self-blame, and degree of culpability in

ending up childless. In terms of the relevance of these findings for counselling, counsellors can encourage women to express their feelings of regret and self-blame, in an environment of non-judgment and empathy, and can help women explore their role in ending up childless (Ireland, 1993). Along with encouraging women to express these feelings without judgment, counsellors can encourage women to develop a degree of self-compassion and forgiveness for their choices (Hunt Anton, 1994). Counsellors may ask women to consider if in the same circumstances, if they would have chosen similarly or differently. Counsellors may also validate the reality of the constraints of the women's circumstances, which ultimately impacted their decisions.

The finding that women need to make sense of, and reconcile the paradox of choice and powerlessness in ending up unintentionally childless has significant implications for counselling. Counsellors can validate women's feelings of powerlessness within the constraints of their circumstances, while encouraging them to look at the choices they made within these constraints, in order to shift their sense of the locus of control (Ireland, 1993). This may help women alter their appraisal of the situation, which in turn, according to previous understanding of adaptation to a non-event transition, or non-parenthood after infertility (Matthews & Matthews, 1986; Schlossberg et al., 1995), may facilitate the reconciliation of their childlessness.

Along with making sense of their culpability and perceived powerlessness in ending up childless, the women needed to ask themselves how they ended up in their particular position and address the meaning of childlessness in their lives. Counsellors should offer an empathic, non-judgmental environment where women can explore these questions and their implications. Through this meaning-making process, the women in

the current study needed to acknowledge and confront the reality that their expectations of becoming a mother were not going to be fulfilled. Counsellors could assist women to begin to confront this difficult reality (Ireland, 1993). Counsellors could help facilitate the meaning-making process, by asking open-ended questions to guide an exploration of the women's beliefs and values, given that this appears to be an important aspect of the reconciliation process (Ireland, 1993; Sewall & Hammer Burns, 2006). Counsellors could assist women to explore their personal meaning of motherhood and childlessness and acknowledge the impact of societal and gender norms in determining what we deem "normal." Women could be encouraged to explore the possibilities of other valuable roles for women outside of motherhood. In this way, rather than viewing themselves as deficient for being childless, women can be encouraged to consider directing their energy into other meaningful outlets (Ireland, 1993; Sewall & Hammer Burns, 2006). Finally, consistent with previous research (e.g., Bergart, 1997; Boden, 1997; Cain, 2002; Daniluk, 2001; Hunt Anton, 1994; Ireland, 1993; Wirtberg et al., 2007) the study found that in order to reconcile their childlessness, the women needed to re-shape their life goals and re-envision their personal identity separate from motherhood. Counsellors could assist women to explore these possibilities in order come to reconcile their childlessness, and build a meaningful life and identity separate from the motherhood role (Ireland, 1993; Sewall & Hammer Burns, 2006).

In this section I have endeavoured to highlight the significance of the study in terms of the implications for counselling. Now, with the contextual considerations for interpreting the significance of these findings in mind, I turn to the implications for future research.

## **Implications for Future Research**

The present study's purpose was to examine the meaning and experience of unintentional childlessness for women who have delayed childbearing. The findings of this study begin to provide an understanding of the lived experience of this phenomenon, and invite further examinations in order to reveal additional aspects of the experience. Future research may confirm or extend the previous research in several ways.

A longitudinal study could reveal additional information about coping with, and coming to terms with unintentional childlessness after delay. Interestingly, three of the participants suggested that a longitudinal study would be beneficial to explore how women's experience of grief and loss shifts and changes over time, along with how women reconstruct their lives and identities when the motherhood role is no longer an option for them. In this study, the follow up interview produced additional rich and detailed information that served to deepen my understanding of the experience. There are few longitudinal studies in the infertility and involuntary childlessness literature, but what studies there are demonstrate shifts in the meaning of childlessness over time (e.g., Daniluk, 2001; Daniluk & Tench, 2007). It would be interesting to see how the meaning and experience of unintentional childlessness shifts and changes over time, and to begin to identify what factors are important in shaping this experience.

Given the relative homogeneity of the participants in this study, additional research with more diverse populations might reveal valuable information about the roles of ethnicity and cultural context in shaping the meaning and experience of childlessness. It would be important to examine the experiences of unintentional childlessness for women within cultures that prize and value the maternal role, with few acceptable

alternatives for women. By extension, future research might explore the phenomenon with a larger group of women who reflect more diversity in terms of ethnicity, education, sexual orientations, and socio-economic status.

Although the participants in this study were fairly homogeneous in terms of their demographics, there was considerable variation in their reasons for delaying childbearing, and ultimately ending up childless. In this way, their “paths” to childlessness were very different. It appears that the lived experience of single women may be different from partnered women in that the majority of the single women in this study felt the loss of a partner more intensely than the loss of a child. As well, four of the women tried to become pregnant, and 11 did not have a chance to try before time ran out for them. The lived experience of women who delay childbearing and eventually try unsuccessfully to become pregnant through fertility treatments, may warrant further examination as these women are in contact with the fertility medical system, and may have unique needs that may be different than the general group of infertile patients. As the number of women who delay childbearing grows, the number whom are seeking assisted reproduction will inevitably grow as well. If we are to provide effective service to this group, we need to have a better understanding of their unique needs.

It is apparent from this study and from previous research, that partners play an important role in women’s childbearing decisions, including the decision to delay or forego childbearing (e.g., Zabin et al., 2000). In this study, the presence of a suitable, and willing partner was a significant factor in many of the participants’ decisions to delay or forego childbearing. As such, research on the role of partners in women’s reproductive decision-making appears to be warranted. Also, other than the limited research on men

who experience childlessness due to infertility, I am not aware of any research examining the experience of involuntary childlessness for men who end up childless due to other factors (e.g. relationship status, sexual orientation, being with a partner who does not want children). The experiences of involuntary childlessness for men would be an important topic for future research.

Finally, the women shared that it was particularly painful when they began to realize that they might end up unintentionally childless. An increasing number of women are choosing to delay childbearing. Many of these women will inevitably end up unintentionally, permanently childless. More research is needed to increase our understanding of the experience of women at this particular stage in the transition process, if we are to be able to provide women with effective support.

## **Conclusion**

The current study is important in exploring the lived experience of unintentional childlessness after delay, but also by contributing to our understanding that there are normative, healthy female identities outside of the motherhood role. As more women delay childbearing, and the number of those who end up unintentionally childless increases, an understanding of the unique needs and experiences of this group is necessary. In this study, important information emerged about the participants' road to permanent childlessness and the factors that shaped their decisions to delay pursuing motherhood, which adds to our understanding of the reasons women delay childbearing. As well, this research extends our previous understanding of the way in which women live with, and make sense of, permanent unintentional childlessness through an ongoing process of reconciling the multiple losses that emerge across the lifespan.

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## Appendix A: Recruitment Poster

### Version 1



a place of mind  
THE UNIVERSITY OF BRITISH COLUMBIA

# Study on Childlessness after Delayed Motherhood

*Are You A Childless Woman?*

*Did You Wait Too Long To Pursue A Pregnancy?*

*Would You Be Interested In Sharing Your Story With A UBC Researcher?*

This research study is being conducted by Emily Koert, a doctoral student in Counselling Psychology at UBC, under the supervision of Dr. Judith Daniluk.

If you are interested in learning more about this study:

**PLEASE CONTACT**

**Emily Koert**

XXX-XXX-XXXX or XXXXXXXX@XXXXXX.XXX

Version 2



a place of mind  
THE UNIVERSITY OF BRITISH COLUMBIA

## Did time run out to become a mother?

*Are you a childless woman?*

*Did you expect you'd become a mother?*

*Did you postpone having kids –  
waiting for the right timing, partner, or circumstances?*

*And now it's too late?*

**Are you interested in sharing your experiences with a UBC researcher in a  
confidential interview?**

This research study on women's experience of childlessness is being conducted by  
Emily Koert, a doctoral student in Counselling Psychology at UBC, under the  
supervision of Dr. Judith Daniluk.

If you are interested in learning more about this study:

**PLEASE CONTACT**

**Emily Koert**

XXX-XXX-XXXX or XXXXXXXX@XXXXX.XXX

## Appendix B: Recruitment Ad



**a place of mind**  
THE UNIVERSITY OF BRITISH COLUMBIA

### **A STUDY ON CHILDLESSNESS AFTER DELAYED MOTHERHOOD**

Do you find yourself permanently childless after delaying motherhood having always expected that you would one day become a mother?

Are you interested in sharing your experiences with a UBC researcher in a confidential interview?

For more information or to participate in this study contact Emily Koert at XXX-XXX-XXXX or XXXXXXXX@XXXXX.XXX

## Appendix C: Screening Interview Questions and Script

My name is Emily Koert and I am a doctoral student in Counselling Psychology at the University of British Columbia. This research is being conducted for my doctoral dissertation. My supervisor at the university is Dr. Judith Daniluk.

As you know, I am interested in the experiences of women who always expected to have a child but find themselves permanently childless after delaying motherhood. I'd like to ask you a series of questions to determine whether or not you are eligible to participate in this study. Then I'll explain the purpose of this study and offer you the opportunity to ask questions.

1. Did you presume you were fertile?
2. Did you always expect you'd become a mother?
3. Did you delay motherhood?
4. Do you see yourself as being beyond your childbearing years?
5. Do you now see yourself as permanently childless now?

*If the participant answers "NO" to any questions 1-5, I will thank them for their time and tell them that they are not eligible to participate in the study. If they answer "YES" to questions 1-5, I would continue with the following:*

Now I'll describe the purpose of, and details about, the study so that you can determine whether or not you'd like to participate. Please feel free to ask any questions as they arise.

The purpose of this study is to explore the experiences of women who are permanently childless after delaying motherhood. We know that more and more women are delaying childbearing to pursue careers and education, to ensure financial stability and emotional readiness, or to find the right partner. But we have little information about those who delay motherhood until the end of their childbearing years and then find themselves unintentionally, permanently childless and not able to fulfill the goal of becoming a mother. It is important to explore these experiences in order to better understand what it's like to be childless after delaying childbearing, when you always expected you would eventually become a mom.

The study will require two confidential interviews (one in person, one over telephone), which will be tape-recorded and held at a location of your convenience. The first interview will be 1.5 to 2 hours in length and will provide an opportunity for you to talk about your experience of permanent childlessness after delaying motherhood. This interview will be tape-recorded. I will collect demographic information at this time. You will be able to stop the interview at any time if you need a break or if you want to discontinue your participation.

A few months later, I will contact you for a second interview, which will last approximately 30 minutes. Approximately 2 weeks before this interview, I will send you a summary of what I see as the common themes coming out of all of the participants' interviews. When we talk, we can have a conversation about whether or not the summary resonates with your experience. This interview will be conducted over the telephone.

Your participation is voluntary. You can decide not to answer particular questions and/or to stop the interview(s) and withdraw your participation at any time. Your information is confidential. You will select a pseudonym to protect your identity. Any identifying information will not be shared with anyone other than my research supervisor.

Do you have any questions about the research process? If not, would you agree to participate? Could we set up a time for the first interview?

Name:

Phone Number/Email (including preferred method of contact):

First Interview Time/Place:



## **Appendix D: Counselling Resources**

Karen Kranz, Registered Psychologist (Cost)  
(XXX-XXX-XXXX)

Holly Yager, Registered Clinical Counsellor (Cost)  
Well Woman Counselling Services  
(XXX-XXX-XXXX)

Family Services of Greater Vancouver (Cost – Sliding scale based on income)  
Counselling Program  
(XXX-XXX-XXXX)

24 Hour Distress Line (Free)  
Greater Vancouver  
(XXX-XXX-XXXX)

## Appendix E: Informed Consent



**a place of mind**  
THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Education Vancouver Campus  
Educational & Counselling Psychology,  
And Special Education  
284 - 2125 Main Mall  
Vancouver, B.C. Canada V6T 1Z4

### Principal Investigator:

Dr. Judith Daniluk, Professor  
Department of Educational & Counselling Psychology and Special Education  
University of British Columbia, Vancouver, BC  
(XXX-XXX-XXXX)

### Co-Investigator:

Emily Koert, MA, PhD student  
Department of Educational & Counselling Psychology and Special Education  
University of British Columbia, Vancouver, BC  
(XXX-XXX-XXXX)

### Purpose:

This research is being conducted to examine the experience of permanent childlessness after delayed childbearing. The study is being conducted for Emily Koert's doctoral dissertation in Counselling Psychology at the University of British Columbia. The results of this research will be included in a dissertation that will become a public document stored at the university's library. The results of this research may be published in appropriate professional and academic journals, with all identifying information from participants being removed prior to publication.

### Procedures:

The total time commitment will be between 2 to 2.5 hours of time over a three to six month period including the following:

1. The researcher will conduct the first interview at a mutually agreed upon time and place. It will last approximately 1.5 to 2 hours. Using open-ended interview questions you will be asked to describe your experience of unintentional childlessness after delayed motherhood. This interview will be tape-recorded. Demographic details will be taken at this time.
2. The second telephone interview will be approximately 30 minutes. The researcher will provide you with a summary and description of the common themes across the participants via mail approximately 2 weeks before the interview. On the telephone, you will be asked if these themes resonate with your experiences.

### Confidentiality:

Any information gathered in this research study will be kept confidential. Only Dr. Daniluk and the co-investigator, Emily Koert, will have access to the data. Upon signing

the consent form you will be asked to select a pseudonym to ensure confidentiality and protection of your identity. All transcribed interviews will be labeled using a code number. Information will be kept in a locked filing cabinet. No names or initials will be entered into the computer or labeled on tapes or files. The tape recordings of my interviews will be erased after the research has been completed. Identifying details will be altered in any resulting publications on this research.

**Potential Risks and Benefits:**

As with any work requiring a reflection on past and current experiences, there is the possibility that strong feelings could come up that might be somewhat distressing or uncomfortable. If you experience this during the interview, you have the right to stop answering questions and/or to withdraw from the study. A list of counselling resources will be provided at your request.

**Compensation:**

There will be no monetary compensation to participants.

**Contact:**

If you have any further questions or would like more information about this study, you may contact Dr. Judith Daniluk (Principal Investigator) or Emily Koert (Co- Investigator). If you have any concerns about your treatment or rights as a research participant, you can contact the Research Subject Information Line in the UBC Office of Research Services.

**Consent:**

I understand that my participation in this study is entirely voluntary and that I may refuse to participate or withdraw from the study at any time without prejudice of any kind. I have received a copy of this consent form for my own records.

Your signature below indicates that you consent to participate in this study.

---

Participant Signature

Date

Printed Name of the Participant signing above

## Appendix F: Interview Guide: Orienting Statement and Interview Questions

### Research Question

*What is the meaning and experience of unintentional childlessness for women who delayed childbearing?*

### Orienting Statement:

The purpose of this study is to explore the experiences of women who are permanently childless after delaying motherhood. We know that more and more women are delaying childbearing to pursue careers and education, to ensure financial stability and emotional readiness, or to find the right partner. It's now considered acceptable and even desirable for women to wait until their 30s and 40s to pursue a pregnancy. Unfortunately, women's fertility significantly declines with age and the reality is that many women are reaching the end of their childbearing years having not become a mother when they always expected that they would. We don't know how women make sense of this experience or what being permanently childless means to the increasing number of women who end up childless by delay.

I would like to have a conversation with you about this experience. I am interested in any thoughts or experiences that come to mind when you reflect on being permanently childless after always expecting that you would become a mother.

I have a number of questions to assist you in describing your experience. You may want to describe your experience like a story with a beginning, middle, and an end. Or you may want to begin in the middle or in your experience in this moment. You can begin wherever you feel most comfortable.

### Possible Interview Questions (to guide exploration but may not all be used):

1. Can you tell me a bit about your expectations around bearing a child and becoming a mother?
2. Please tell me about the circumstances surrounding your postponement of motherhood. What led you to delay becoming a mother?
3. How did you come to the realization that you were going to be permanently childless? Can you tell me about your experience of this process and what it means to you to live a life without having children and without becoming a mother?
4. How do you experience and make sense of wanting to, but not becoming a mother?
5. What does being 'childless' mean to you?
  - a. How has this changed over time?

- b. There are many ways to describe a woman without children – such as child-free or childless. What term would you be most comfortable having people use in reference to the fact that you do not have children and are not a mother?
- 6. Could you tell me a bit about your experience of being a childless woman within the broader context of your life – for example, your work, your social network, your family and intimate relationships?
- 7. How do you think your life might have been different had you not delayed childbearing?
- 8. When you look into the future, how do you see yourself constructing your life as a childless woman in your 50s? 60s? 70s? 80s?
- 9. If you were talking to a woman in her early 30s who wanted children but was planning to delay childbearing, what might you say to her based on your experiences?
- 10. Is there a metaphor that describes/reflects what never having children means to you?

### Demographic Information

Pseudonym

Age

Ethnicity/Cultural Identification

Marital Status

Sexual Orientation

Family Status/Parental Status

Education Level

Occupation

Income Level (range)

## **Appendix G: Interview Questions for Follow-up Interview**

The purpose of this interview is to review the summary and description of the common themes that I have identified from the interviews with all the participants in the study. You were sent the information and had the opportunity to look over the summary. I would like you to consider the following question:

Do the common themes resonate with your experience of permanent childlessness after delaying childbearing?

If the participant needs prompting, I might ask:

1. Is there enough detail and/or examples to describe the theme?
2. Is there anything missing? Is there anything that needs revising?